

# County of Accomack, Virginia

## Request for Taxpayer Identification Number

### Substitute Form W-9

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the County of Accomack, Virginia, Central Accounting Office. If this number is not provided you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure accurate tax information is furnished to the Internal Revenue Service, please use this form to provide the requested information.

**Section 1 (Name/Address):**

Owner's Name (if Sole Proprietor) \_\_\_\_\_  
Legal Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 (Taxpayer Identification No.):**

Social Security Number (9 digits) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Federal Employer Identification Number (9 digits) \_\_\_\_\_ - \_\_\_\_\_

**Section 3 (Business Designation):**

Please Check One: \_\_\_\_\_ Individual  
\_\_\_\_\_ Sole Proprietor  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Estate/Trust  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Personal Service Corporation  
\_\_\_\_\_ Government Entity  
\_\_\_\_\_ Non-Profit Organization

**Section 4 (Principal Business Activity):**

List type of service or product provided

\_\_\_\_\_  
\_\_\_\_\_

Under penalties of perjury, I declare that the information provided is true, correct, and complete, to the best of my knowledge and belief.

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Telephone \_\_\_\_\_