DO NOT SUBMIT TO THE IRS - SUBMIT FORM TO THE NEW YORK CITY AGENCY 10/14 REVISION	THE CITY OF NEW YORK SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION				
TYPE OR F	PRINT INFORMAT	TION NEATLY. PLEAS	E REFER TO INSTRUCT	ONS FOR MORE INFO	
Part I: Vendor Informa	ation				
1. Legal Business Name: IRS Letter 147C -or- Social Sec			2. If you use DBA, ple	ease list below:	
3. Entity Type (Check one only): Non-Profit Corporation LLC		Church or Church-Controlled Organization Government City of New York Employee		Personal Service Corporation Individual/ Sole Proprietor Trust	
Joint Venture	Partnership/ LLC	Single Member LLC (Individual)	Resident/Non- Resident Alien	Non-United States Business Entity	Estate
Part II: Taxpayer Identi	ification Numbe	er & Taxpayer Ident	ification Type		
 Enter your TIN here: (I Taxpayer Identification Employer ID Number (EIN 	n Type (check app		Individual Taxpayer ID Number (I	ITIN) N/A (Non-U	nited States Business Entity)
Part III: Vendor Addres	sses				
1. 1099 Address:		Number, Street, and	d Apartment or Suite Number	City, State,and Nin	e Digit Zip Code or Country
2. Account Administrator Address:		Number, Street, and Apartment or Suite Number		City, State,and Nine Digit Zip Code or Country	
3. Billing, Ordering & Payment Address:		Number, Street, and Apartment or Suite Number		City, State, and Nine Digit Zip Code or Country	
Part IV: Exemption fro	m Backup With	holding and FATCA	A Reporting (See Instru	ictions)	
Exemption Code for Ba	ackup Withholding		Exemption Code for	FATCA Reporting	
Part V: Certification					
as a result of a failure to rep 3. I am a US citizen or other U 4. The FATCA code(s) entered The Internal Revenue Service Sign	form is my correct Taxp Withholding because: (a bort all interest or divide IS person, and d on this form (if any) in	a) I am exempt from Backup N nds, or (c) the IRS has notifie dicating that I am exempt fror	Withholding, or (b) I have not been ad me that I am no longer subject to	b Backup Withholding, and	
Here:	Signature		Phone Number	Date	
	Print Preparer's Name		Phone Number	Contact's E	E-Mail Address:
Submitting Agency Code:		FOR SUBMITTIN	NG AGENCY USE ONLY		
Contact's E- Mail Address:			Telephone Number:	()	
Payee/Vendor Code:					
DO NOT FORWARD W	/-9 TO COMPTROL	LER'S OFFICE. AGENC	IES MUST ATTACH COMPLE	TED W-9 FORMS TO TH	EIR FMS DOCUMENTS.