

# REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Return to: CITY OF TEMPLE CITY  
9701 LAS TUNAS DRIVE  
TEMPLE CITY, CA 91780  
ATTN: FINANCIAL SERVICES DEPARTMENT

As a business we are required to have on file a W9 Form for every vendor. In order to properly complete our reporting requirements, we need certain information from you. Please complete the following form and return to the address shown above. Thank you for your assistance.

*Please check one box only and provide name and Taxpayer Identification Number.*

**Individual/Sole Proprietor**

Name \_\_\_\_\_

**Social Security Number**    \_ \_ \_ - \_ \_ - \_ \_ \_ \_

**Corporation**       **Partnership**       **Estate or Trust**

Full Business Name \_\_\_\_\_

**Federal Employer Identification Number**    \_ \_ - \_ \_ \_ \_ \_ \_ \_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**I hereby certify that all statements made on this form are true and complete, and that no misrepresentation of information is being provided.**

*Signature* \_\_\_\_\_

*Title* \_\_\_\_\_

*Telephone Number* \_\_\_\_\_

*Date:* \_\_\_\_\_