

**CITY OF MONTEREY
VENDOR DATA RECORD**

Vendor No. _____

(Required in lieu of IRS W-9 when doing business with the CITY OF MONTEREY)

PLEASE RETURN TO:	<i>(Name, Address, & Phone # of Requesting Dept)</i> City of Monterey 735 Pacific Street Suite A Monterey Ca. 93940 Fax# (831) 646-3455	PURPOSE; Information contained in this form will be used to prepare information returns (IRS Form 1099) and EDD reporting. Prompt return of this fully completed form will prevent delays when processing payments.
VENDOR'S BUSINESS NAME/LLC NAME		
IF INDIVIDUAL/SOLE PROPRIETOR/SINGLE-MEMBER LLC, ENTER VENDOR'S FULL NAME <i>(Last,First, M.I.)</i>		
MAILING ADDRESS <i>(Number and Street or P.O. Box Number)</i>		
<i>(City, State, and Zip Code **)</i>		Telephone Number
**for addresses outside of California, complete FTB form 587 (non-residents) or form 590 (withholding exemption)		
E-MAIL ADDRESS		FAX Number
VENDOR ENTITY TYPE	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> SUBJECT TO BACKUP WITHHOLDING <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> EXEMPT CORPORATION (Non-Profit) <input type="checkbox"/> LIMITED LIABILITY CORPORATION (LLC) <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> OTHER ▶ _____ <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL CORPORATION (including denistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	
VENDOR'S TAXPAYER IDENTIFICATION NUMBER	Enter your TIN in the appropriate box The TIN provided must match the name given to avoid backup withholding. If vendor entity type is a Corporation, If vendor entity type is Individual/Sole Proprietor Partnership, Estate or Trust, enter enter Employee Identification Number (EIN) Social Security Number (SSN) ____ - ____ - _____ ____ - ____ - ____ - _____ NOTE: Payment will not be processed without an accompanying taxpayer identification number	
CERTIFYING SIGNATURE	Under penalties of perjury, I certify that: 1. The number on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, and 3. I am a U.S. person	
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE
	SIGNATURE	DATE
DOING BUSINESS WITH	DEPARTMENT NAME	PHONE
	DEPARTMENT SIGNATURE	DATE

