# CITY OF MONTEREY

## VENDOR DATA RECORD

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

<table>
<thead>
<tr>
<th>PLEASE RETURN TO:</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Monterey</td>
<td></td>
</tr>
<tr>
<td>735 Pacific Street Suite A</td>
<td></td>
</tr>
<tr>
<td>Monterey Ca. 93940</td>
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<tr>
<td>Fax# (831) 646-3455</td>
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</tbody>
</table>

## VENDOR'S BUSINESS NAME/LLC NAME

If Individual/Sole Proprietor/Single-Member LLC, enter Vendor's Full Name (Last, First, M.I.)

### MAILING ADDRESS

(Include Name, Street or P.O. Box Number)

(City, State, and Zip Code **)

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

- **INDIVIDUAL/SOLE PROPRIETOR**
- **PARTNERSHIP**
- **EXEMPT CORPORATION (Non-Profit)**
- **LIMITED LIABILITY CORPORATION (LLC)**
- **ALL OTHER CORPORATIONS**
- **ESTATE OR TRUST**
- **MEDICAL CORPORATION (including dentistry, 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, enter

Employee Identification Number (EIN) | Social Security Number (SSN)