

**Taxpayer Identification Number (TIN) and Certification
(Substitute for IRS Form W-9)
COMPLETE BOTH SIDES OF FORM**

Baltimore County, Maryland
Office of Budget and Finance
400 Washington Avenue, Room 148
Towson, Maryland 21204

Certification of TIN and business name are required for all successful bidders prior to issuing a contract or purchase order. Completion of **SIDE 1** of this form is necessary to meet IRS regulations. All MBE/WBE vendors should also complete **SIDE 2**. For questions, contact the Buyer.

SIDE 1

List your **legal business name** below, as shown on your income tax return. **Sole proprietors** should list their individual name as noted on your social security card. You may enter a business name on line 2. Other entities must list your business name as shown on Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the business name line.

1. Name (as shown on your income tax return)											
2. Business name, if different from above											
Address											
City	State	ZIP Code									
Remittance Address, if different from above											
City	State	ZIP Code									
Contact Person		Title									
Phone Number () - Ext:	Fax Number () -										
E-mail address											
Taxpayer Identification Number (TIN)											
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). Note, this is the TIN shown on your federal tax documents.</p>		<p>Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Employer Identification Number <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>									
<p>CHECK HERE IF YOU ARE EXEMPT FROM BACK-UP WITHHOLDING</p> <p>CHECK HERE IF YOU ARE TAX-EXEMPT, EXPLAIN:</p>											
<p>Filing Status (Ownership)</p> <table border="1"> <tr> <td>Individual</td> <td></td> <td>Sole Proprietor</td> </tr> <tr> <td>Corporation</td> <td></td> <td>Partnership</td> </tr> <tr> <td>Limited Liability Company</td> <td></td> <td>Other (explain)</td> </tr> </table>			Individual		Sole Proprietor	Corporation		Partnership	Limited Liability Company		Other (explain)
Individual		Sole Proprietor									
Corporation		Partnership									
Limited Liability Company		Other (explain)									
<p>CERTIFICATION:</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien). 											
Signature of U.S. Person		Date									

SIDE 2

MBE / WBE Certification

Maryland Department of Transportation (MDOT) Certification #: _____ Certification Date: _____ / _____ / _____ Pending: _____	City of Baltimore Certification #: _____ Certification Date: _____ / _____ / _____ Pending: _____
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Business Ownership (Check Only One)

	G	Government Entity		O	Other: _____
	H	Disabled		P	Non Profit
	MA	Minority-owned, Not small business		W	Woman-owned, Small business
	M	Minority-owned, Small business		WA	Woman-owned, Not small business
	NS	Non-minority-owned, small business		X	Woman-owned, Minority, Small business
	NL	Non-minority-owned, Large business		XA	Woman-owned, Minority, Not small business

Type of Business/Organization

	Association		Attorney
	Government Entity		Educational Institution
	Medical Service Provider		Non-profit Organization
	Other: (explain)		Financial Institution

Ethnicity of Ownership (Check Only One)

	A	Asian American		I	American Indian/Alaskan Native
	B	African American		N	Non-minority
	H	Hispanic American		O	Other Ethnic Group: _____

Incorporation

Incorporation State: _____ OR Date Business Started _____ / _____ / _____

Signature

I certify that the information shown on this registration is true and correct. I will advise the Division of Procurement Services immediately, in writing, of any change affecting this data.

Signature:	Title:	Date:
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