



# New Castle County Request for Taxpayer Identification Number

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, you may be subject to a \$50 penalty imposed by the IRS under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, we are required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

- Instructions:**
1. Complete Part 1 by selecting the one row of boxes that corresponds to your tax status.
  2. Complete Part 2 if you are exempt from Form 1099 reporting.
  3. Complete Part 3 to sign and date the form.
  4. Return this completed form to us by mail or by fax.

**Part 1 - Tax Status:** Complete only one row of boxes.

**Individuals:**

Individual Name: (First name, middle initial, last name)	Individual's Social Security Number - - - - -
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**Sole Proprietor:**

*A sole proprietor may have a doing business as trade name but the legal name is the name of the business owner.*

Business Owner's Name: (REQUIRED)	Business Owner's Social Security Number - - - - - or Employer Identification Number - - - - -	Business or Trade Name (OPTIONAL)
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**Partnership:**

Name of Partnership:	Partnership's Employer ID Number - - - - -	Partnership's Name on IRS records (see IRS mailing label)
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**Corporation, exempt charity or other entity:**

Name of Corporation or Entity:	Employer Identification Number - - - - -	Are you incorporated? Yes No <input type="checkbox"/> <input type="checkbox"/>	List all DBA or TA business names.
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**Part 2 - Exemption:** If exempt from Form 1099 reporting, check here  and circle your qualifying exemption reason below

1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
2. Tax Exempt Charity under 501(a), 501(c)(3), or IRA.
3. The United States or any of its agencies or instrumentalities.
4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions.
5. A foreign government or any of its political subdivisions.

**Part 3 Certification:** I certify under penalties of perjury that the Tax Identification Number provided is correct.

Person completing this form: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

**Please fax this completed form to (302) 395-5252 or return it to:  
New Castle County ■ Attn: Purchasing ■ 87 Read's Way ■ New Castle, DE 19720**