

**CITY OF ELIZABETH CITY  
VENDOR TAX IDENTIFICATION NUMBER VERIFICATION FORM**

Pursuant to Internal Revenue Service Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the City. If this number is not provided, you may be subject to a 30% withholding on each payment. To avoid this 30% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the City, please use this form to provide the requested information.

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9-Digit Taxpayer Identification Number**

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
OR  
Federal Employer Identification  
Number \_\_\_\_\_ - \_\_\_\_\_

Business Designation (Check One) \_\_\_\_\_ Individual  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Estate/Trust  
\_\_\_\_\_ Corporation  
\_\_\_\_\_ Public Service Corp.  
\_\_\_\_\_ Tax Exempt (Not-for-Profit/  
Governmental)

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone