



CITY OF LOVELAND
FINANCE DEPARTMENT
Civic Center • 500 East Third • Loveland, Colorado 80537
(970) 962-2695 • FAX (970) 962-2918 • TDD (970) 962-2620

Dear W-9 Recipient:

Our records indicate you are a provider with whom the City of Loveland does business. **The Internal Revenue Service requires** the City of Loveland to keep your tax identification number on file. The number you submit to us will depend on your business status. Normally, an individual should submit his/her Social Security number; and a business should submit its Federal Tax I.D. Certificate number. (Note: If the check is made payable to an individual, we then need a Social Security number to match it up to.)

Please complete, sign and return the attached W-9 form. An individual should record his/her name **EXACTLY** as it appears on his/her Social Security card (**including a middle initial if applicable**). A business should record its name EXACTLY as it appears on the Federal Tax I.D. Certificate.

Also, it would be helpful if you would answer the following:

Is this entity incorporated? YES ___ NO ___ **Ltd Liab Company?** ___
(or Ltd Liab Prtnrshp)

Which of the following best describe your business:

Products Only ___ Service/Labor Only ___ Both Products and/or Svc. ___

If reporting a Social Security Number, **complete** name as shown on card is:

Phone: () _____ Fax: () _____ Email: _____

REMIT NAME/ADDRESS if different than W-9: _____

Payments will be withheld until we receive your completed W-9 form.

If you do not provide us with your correct taxpayer I.D. number, you would be subject to a **\$50 penalty**, and we would be required by the Internal Revenue Service to withhold **28%** of any 1099 reportable payment which are owed to you.

If you have any questions, please contact the Accounting Division at (970) 962-2310.

Thank you for your cooperation.

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

▶ **Section references are to the Internal Revenue Code.** ▶ **See separate instructions.**
▶ **Give this form to the withholding agent or payer. Do not send to the IRS.**

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).

Do not use this form for:

Instead, use Form:

- A beneficial owner solely claiming foreign status or treaty benefits W-8BEN
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) W-8EXP
- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) W-8BEN or W-8IMY
- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization
3 Type of entity (check the appropriate box): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Grantor trust <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation <input type="checkbox"/> International organization	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box.	
City or town, state, and ZIP code	
6 U.S. taxpayer identification number (required—see instructions)	7 Foreign tax identifying number, if any (optional)
<input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	
8 Reference number(s) (see instructions)	
9 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary)	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	

Part II Certification

Sign Here

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States and are includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Capacity in which acting