



12 SE 1st Street
Gainesville, FL 32601-6882

**REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER & CERTIFICATION
(SUBSTITUTE FORM W-9)**

Please print or type name as it is to appear
On the certificate(s):

Please print your mailing address:

Phone: () _____

Social Security Number:

OR

Employer Identification Number:

Email: _____

Please check the appropriate lines below:

I am a Non-resident alien (if so, all
owners must sign)

I am not subject to backup withholding
under Section 3406(a)(1)(c) of the Internal
Revenue Code.

I am subject to backup withholding, as I
have been so notified by the Internal
Revenue Service.

Please check only one below:

Individual/Sole Proprietor

Corporation

Partnership

Other: _____

CERTIFICATION:

Under the penalties of perjury, I certify
That the information provided on this form
is true, correct and complete.

Signature: _____

Date: _____

Office Use Only		
Bidder #		
Date Entered		