

**Leon County CARES – Substitute Form W-9**  
*Instructions for Leon CARES Individual Assistance Applicants*

Please fill out Part I through Part V of the W-9 form on the following page. If you do not have a bank account, or if you would prefer to receive any awarded funds via check, you may leave Part V blank. Once complete, please upload a **signed** copy of the W-9 form as part of your application in the Leon CARES online portal (*the form must be signed by hand; we cannot accept typed or digital signatures*). If you have any questions, please contact the Leon CARES Call Center Hotline at (855) 203-6584 between 8 a.m. and 6 p.m., Monday through Friday and a representative will be happy to assist you.

**Part I: Vendor Information**

- Box 1: Enter your full legal name. ***Your name must match the name provided in your Leon CARES Individual Assistance application.***
- Box 2: Leave blank.
- Box 3: Check the box next to “Individual/Sole Proprietor or single-member LLC”.
- Box 4: Leave blank.

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

- Box 1 & 2: Enter your Social Security Number and check the box next to “Social Security No. (SSN)”.

**Part III: Address**

- Box 1: Enter your address. ***This must match the address provided in your Leon CARES Individual Assistance application.***
- Box 2: Leave blank.

**Part IV: Certification**

- Enter all information in the fields provided. You do not need to enter any information on the line designated “Printed Title.”
- Sign your name, **by hand**, in the signature field. (*The form must be signed by hand; we cannot accept typed or digital signatures*)

**Part V: Direct Deposit (ACH) – OPTIONAL**

- If you would like to receive any awarded funds via direct deposit, please do the following:
  - Sign and print your name in the spaces provided;
  - Check either “Checking” or “Savings” to indicate the type of account you would like funds deposited to; and
  - Include a copy of a voided check or a letter from your bank that includes the bank routing number and account number.
- If you do not have a bank account, or if you would prefer to receive any awarded funds via check, you may leave Part V blank. In this case, any awarded funds will be paid via check and mailed to you at the address listed in your Leon CARES Individual Assistance application.

**Part VI: Office Use Only**

- Leave Part VI blank.

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**Please be sure that you have printed and signed your name (**by hand**) in Part IV of this form. Once you have completed this form, please upload a copy as part of your application in the Leon County CARES portal.**



DO NOT SEND TO  
IRS - SUBMIT  
FORM TO  
REQUESTING  
AGENCY

FCD 04/2016

**PART I: VENDOR INFORMATION**

1. Legal Business Name: (As it appears on the IRS Income Tax return IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)	2. If you use a DBA/Trade Name, please list below:
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3. Entity Type (Check only one),

<input type="checkbox"/> Individual / Sole Proprietor or single-member LLC	<input type="checkbox"/> Government (Local, State, Federal)
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C _____
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited liability company. Enter tax classification (C=Corporation, S=S corporation, P=partnership) <input style="width:50px" type="text"/>
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/estate	

4. 1099 Reporting: Services provided to the Board of County Commissioners Leon County by vendor:

<input type="checkbox"/> Health care or medical service	<input type="checkbox"/> Royalties
<input type="checkbox"/> Legal or attorney services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rental of Real Property	

**PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE**

1. Enter your TIN here (DO NOT USE DASHES)

2. Taxpayer Identification Type (check appropriate box):

<input type="checkbox"/> Employer ID No. (EIN)	<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> N/A (Non United States Business Entity) <input type="checkbox"/>
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**PART III: ADDRESS**

1. Address: Address Line #1	2. Remittance Address, IF DIFFERENT: Address Line #1
Address Line #2	Address Line #2
Address Line #3	Address Line #3
City State Zip + 4 Code	City State Zip + 4 Code

**PART IV: CERTIFICATION**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), **AND**
- 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**
- I am a U.S. Citizen or other U.S. person.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding**

Printed Name	Printed Title	Telephone Number
Signature	Email	Date (mm/dd/yyyy)

**PART V: DIRECT DEPOSIT (ACH) This is the County's preferred payment method**

**Warning:** The Board of County Commissioners Leon County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account  Checking  Savings

I acknowledge the IAT warning and authorize the Board of County Commissioners Leon County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature	Printed Name
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**PART VI: OFFICE USE ONLY**

OFFICIAL / POC USE ONLY BUSINESS UNIT DATE (mm/dd/yyyy) PHONE NO.  POC (Print name) POC Initials	CLERK OF COURT FINANCE DEPARTMENT USE ONLY
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