REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Document Type: Initial Entry [ ] Revision [ ]

VENDOR/PAYEE ID: _______ _______ _______ _______ _______ (9) SUFFIX: _______ (2) (Optional)

VENDOR/PAYEE NAME: ________________________________ (40)

REMIT TO ADDRESS: ____________________________________________________________ (40)

________________________________________ (30) ______________________________ (9)

(26) STATE _______ | (2) ZIP

Please answer the four questions below and sign at bottom. Incomplete forms will delay payment.

A. The vendor/payee ID number provided above is: Federal ID # [ ] Social Security # [ ]

B. Is vendor/payee incorporated: Yes [ ] No [ ]

C. Is a medical or legal service ever provided by vendor Yes [ ] No [ ]

D. Is vendor/payee an employee of Nassau County: Yes [ ] No [ ]

Certification - Under penalties of perjury, I certify that (1) The number shown on this form is my correct identification number (or I am waiting for a number to be issued to me), and (2) 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. (3) The information provided on this form is correct to the best of my knowledge.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply.

PLEASE SIGN HERE

DATE _______ TITLE ____________________________

Office use Only: Nassau County Comptroller

Form submitted by: ____________________________ (Name)

240 Old Country Road

Mineola, NY 11501

(NC Department)

Office use only

TYPE: V or E ADMIN ST: P PAY IN: R TAX IN: IND: F or S RESTRED: N 1099 REPORT: Y or N

ALPHA SORT:

Form# 700-W9

CO-4529. 5/99