

Butler County Ohio
Substitute Form W9 / Ohio Reporting Form
Request for Taxpayer Identification Number and Certification

Landlords

Direct payment to Landlords can only be made when name is on file with the Auditor's Office; if not complete this form for direct payment may be made. In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return to your Veteran Benefits Coordinator when returning the Landlord Statement; suppliers may fax form to : 513-887-3519 – Attention: Anna, if more comfortable doing so. (Allow 7-10 days for processing.)

Butler County Veterans Service Commission



315 High Street – 1st Floor
 Hamilton, Ohio 45011
 Phone: (513) 887-3600
 Fax: (513) 887-3519

1021 Central Avenue
 Middletown, Ohio 45044
 Phone: (513) 425-8688
 Fax: (513) 425-8739

Email Address: vsc@butlercountyohio.org

To **properly complete** the form, the following information must be provided:

- Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), organization type, and address.
- Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the **"Yes"** box to indicate that you are the sole owner, you must provide the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county. **Additionally, you must provide the sole owner's SSN in Part II, even if a TIN has already been provided.**
- Part IV, **sign** the form and **enter today's date.**

For definitions of Part I and II of this form, please refer to IRS Form W-9.

Part I Business Ownership and Address Information

Individual's / Business owner's name (if sole owner of your business, sole owner of an LLC or sole owner of a corporation)	
Business name, if different from above	
Check appropriate box for organization type <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding	
Address Line 1 (number, street, and apt. or suite no.)	Requestor's name and address Auditor of Butler County 130 High Street, Fiscal Services Dept. Hamilton, OH 45011
Address Line 2	
City, state, and ZIP code	

Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)

For suppliers that have a TIN, this must be entered. For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.	Taxpayer Identification Number (TIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	And / or Social Security Number (SSN) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part III Additional Information Required by the State of Ohio for Independent Contractors

Are you the sole owner of your business that provides goods or services for compensation under a written or verbal contract with Butler County? <input type="checkbox"/> Yes Or <input type="checkbox"/> No		
If Yes is checked above, then you must complete the information for date of good or service provided, birth date, and type of good or service.	Date good or Service was provided (MM / DD / YY) / /	Birth Date (MM / DD / YY) / /

Describe the type of good or service you will be providing to the county.

Part IV Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the 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.
- I am a US person (including a US resident alien).

Certification Instructions: You must cross out exempt from backup withholding above if you have been notified by the IRS that your are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

Signature of U.S. person _____ Date _____