Form
SUB W-9

STARK COUNTY, OHIO
SUBSTITUTE FORM W9/OHIO REPORTING FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Part I — **Business Ownership and Address Information**

Corporation or business name

Individual, Business owner, or DBA name

Check appropriate box for organization type

1.) ☐ Individual/ Sole Proprietor 2.) ☐ Multi-Shareholder Corporation 3.) ☐ Single-Shareholder Corporation 4.) ☐ Partnership 5.) ☐ Non-Profit Organization

Check appropriate box for service type

☐ General Service ☐ Medical ☐ Rent ☐ Easement ☐ Land Purchase
☐ Legal ☐ Other _____

Address

City, state, and ZIP code

Requestor's name and address

Angela Kinsey
Stark County Auditor
110 Central Plaza S, Suite 310
Canton, OH 44702
Fax 330-451-7102

Part II — **Taxpayer Identification Number (TIN) and/or Social Security Number (SSN)**

Taxpayer Identification Number (TIN) ☐☐ - ☐☐☐☐☐☐☐

☐ Not applicable

State law now requires *individual business owners* and *single-shareholders* to provide their TIN (if applicable) or SSN along with their birth date

Social Security Number (SSN) ☐☐☐ - ☐☐ - ☐☐☐☐

Birth Date MM-DD-YYYY ☐☐ - ☐☐ - ☐☐☐☐

Legal Name _____

Part III — **Signature**

1. The information shown on this form is correct
2. As of this date I have not been notified by IRS of backup withholding.

Signature _____ **Date** _____