



To Whom It May Concern:

We have been requested to set you up as a vendor with the City of Gahanna and are required by law to have on file a Form W-9 with the Taxpayer Identification Number (TIN) for any business or individual to whom we make payments. **If the information requested is not provided federal laws obligate us to withhold 28% from each reportable payment due you, and you may be subject to a \$50 penalty imposed under Section 6723 of the Internal Revenue Code.**

As required by Senate Bill 9 of the 126<sup>th</sup> General Assembly, we are required to have on file a declaration regarding material assistance/no assistance to a terrorist organization (DMA). The DMA form must be completed in full by any private entities before entering into a contract with a government entity to conduct business or receive funding. Per Revised Code 2909.33, “[a]ny answer of “yes” to any question, or the failure to answer “no” to any question...shall serve for purposes of this section as a disclosure that the entity has provided material assistance to an organization listed on the terrorist exclusion list. **In accordance, with that section, the City of Gahanna is prohibited from conducting business if a “yes” answer is given to any question or you fail to answer “no” to a question.**

In accordance with the Ohio Revised Code, we are required by law to have a Certification of Compliance with Ohio Campaign Finance Laws on file. **No political subdivision shall award any contract for the purchase of goods or services costing more than \$500 to a corporation or business trust**, except a professional organization organized under Chapter 1785 of the Revised Code, estate, or trust if any of the following has made, as an individual, within the two previous calendar years, taking into consideration only owners for all of that period, one or more contribution totaling in excess of \$1000 to the Auditor or [other holder of public office] who have responsibility for award of this contract or to the campaign committee of the Auditor or [holder of public office], or any candidate for these offices.

Please assist us in fulfilling these requirements by completing the enclosed required forms. Also, please complete the Vendor Information form. This is to verify accurate vendor information for The City of Gahanna.

Please complete all four of the attached forms as soon as possible and return by mail to 200 S. Hamilton Road, Gahanna, OH 43230, or fax to 614-342-4161. ***Failure to complete these forms could result in a delay of payment or the nullification of a contract.***

We thank you for your cooperation. If you have any questions or concerns, please do not hesitate to contact us directly at 614-342-4060.

Sincerely,

City of Gahanna Finance Department



Vendor Information Form:

Vendor Name: \_\_\_\_\_

Other Name (DBA): \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax ID/Social Security Number: \_\_\_\_\_

Type of Organization (Please Circle):

Corporation   Partnership   Sole Proprietor   Ltd. Liability

Discount Information: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Special Terms/Conditions: \_\_\_\_\_

Are you an individual, the sole shareholder of a corporation, or the sole member of a limited liability company? \_\_\_\_No \_\_\_\_ Yes

If you answered yes, please provide your date of birth. \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type see specific instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3. Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
: : :
: : :
OR
Employer identification number
: : : : : :
: : : : : :

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer 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, and
3. I am a U.S. citizen or other U.S. person (defined below).

**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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**GOVERNMENT BUSINESS AND FUNDING CONTRACTS**  
 In accordance with section 2909.33 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

**COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR**

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION**

LAST NAME		FIRST NAME		MI
BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X  
\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



## CERTIFICATION OF COMPLIANCE WITH OHIO CAMPAIGN FINANCE LAWS

Pursuant to Ohio Revised Code § 3517.13, no state agency or political subdivision shall award any contract for the purchase of goods or services costing more than \$500 to a corporation or business trust, except a professional organization organized under Chapter 1785 of the Revised Code, estate, or trust if any of the following has made, as an individual, within the two previous calendar years, taking into consideration only owners for all of that period, one or more contribution totaling in excess of \$1000 to the Mayor or [other holder of public office] who have responsibility for award of this contract or to the campaign committee of the Mayor or [holder of public office], or any candidate for these offices.

- (1) Each owner of more than 20% of the corporation or business trust;
- (2) Each spouse of an owner of more than 20% of the corporation or business trust;
- (3) Each child of 7 to 17 years of age of an owner of more than 20% of the corporation or business trust.

The law imposes a collective contribution limit of \$2000 on any combination of the above named parties, or any political action committee associated with the corporation or business trust.

For contracts that have been awarded, the above contribution limits apply from the date that the contract was awarded through one year after the contract is terminated.

Pursuant to the Ohio Revised Code § 3517.992(R), whoever knowingly makes a false statement on a certification is guilty of a felony of the fifth degree and the contract that includes the certification shall be rescinded. The law also provides for fines for failure to comply with these provisions.

To the best of my knowledge and belief as the appropriate official of \_\_\_\_\_  
responsible for \_\_\_\_\_, I \_\_\_\_\_, do hereby certify  
that \_\_\_\_\_ is in compliance with all requirement as set forth in  
Ohio Revised Code §3517.13.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
Date \_\_\_\_\_