

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

Requestor's name and address
Alan Harold
Stark County Auditor
110 Central Plaza S, Suite 310
Canton, OH 44702
Fax 330-451-7102

City, state, and ZIP code

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 _____