# SUBSTITUTE W-9 FORM

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**1. Please complete general information:**

Taxpayer Name SHELBY COUNTY GOVERNMENT Phone Number 901-545-4630

Business Name (if applicable) SHELBY COUNTY COMMUNITY SERVICES AGENCY

Address 100 NORTH MAIN - SUITE 1300

City MEMPHIS State TN ZIP Code 38103

**2. Circle the most appropriate category below: (please circle only one)**

1) Individual (not an actual business)
2) Joint account (two or more individuals)
3) Custodian account of a minor
4) a. Revocable savings trust (grantor is also trustee)
   b. So-called trust account that is not a legal or valid trust under state law
5) Sole proprietorship (using a social security number for the taxpayer ID)
6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
7) A valid trust, estate, or pension trust
8) Corporation
9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
10) Partnership
11) A broker or registered nominee
12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

**3. Fill in your taxpayer identification number below: (please complete only one)**

**1) If you circled number 1-5 above, fill in your Social Security Number.**

___ - ___ - ___

**2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

6 2 - 6 0 0 0 8 4 1

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature [signature] Date 7/28/08

Title (if applicable)