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

Alan Harold
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** _____