

Southwest Florida Water Management District
 Finance Administration
 2379 Broad Street
 Brooksville, Florida 34604-6899
 (352) 796-7211 Fax: (352) 544-5132

PLEASE RETURN BY MAIL OR FAX.
 This form must be received from all prospective vendors in order to be included in the District's purchasing system. If you have any questions, or need assistance, please call 352-796-7211, ext. 4133.

Request for Taxpayer Identification Number and Supplier Classification

Taxpayer Identification

Legal Name (as reported on income tax return): _____

Business Name (if different from above): _____

Owner's Name (if Individual or Sole Proprietor): _____

Mailing Address (for purchase orders): _____	City _____	State _____	Zip Code _____
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Telephone Number: _____	Fax Number: _____	Toll-free Number: _____
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Contact Person: _____	Title: _____	E-mail Address: _____
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Remit Address (if different from mailing address): _____	City _____	State _____	Zip Code _____
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Telephone Number: _____	Contact Person: _____	Title: _____
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Organization Type (check appropriate box) (REQUIRED)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC (Limited Liability Company)	<input type="checkbox"/> LLC (Limited Liability Corporation)	<input type="checkbox"/> LLP (Limited Liability Partnership)
<input type="checkbox"/> OTHER (Government, School/College, Non-Profit, Utility, Professional Assn.): _____	PLEASE IDENTIFY OTHER CLASSIFICATION: _____	<input type="checkbox"/> Exempt from backup withholding

Taxpayer Identification Number (TIN)

Employer Identification Number (9-digits)	Social Security Number (9-digits)																				
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Nature of Business (describe major services or commodities that you provide.)

COMMODITIES: _____

SERVICES: Legal Appraisals Well Drilling Educational Security Temporary Media Construction

Other (describe type of service) _____

Business Representation (The District supports the growth and development of certified Minority and Women-Owned business enterprises and reports M/WBE and Small Business spend activity to the State of Florida) (If applicable, select only one.)

AFRC = African American ASIA = Asian American HISP = Hispanic NATV = Native American

WOMN = Woman Owned SERV = Social Services Small Business Veteran Other _____

Do you accept VISA credit cards for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you prefer to receive payments electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No Visit http://www.swfwmd.state.fl.us/business/contproc/ to sign up.
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CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to issued to me), and
- 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
- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE	Signature of U.S. Person ► _____	Date ► _____
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DISTRICT USE ONLY: SRVC_AREA _____ VCUST_ID _____ Entry Date _____ By: _____

VC _____ District Contact: _____

INSTRUCTIONS

Taxpayer Identification

It is very important that you provide accurate information that matches how you report information on Federal tax documents.

Specific Instructions for Name:

- **Sole Proprietor.** Enter your **individual** name as shown on your social security card on the "Owner's Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line. (Leave "Legal Name" blank.)
- **Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Owner's Name" line.** Enter the LLC's name on the "Business Name" line.
- **Other entities.** Enter your business name as shown on required Federal tax documents on the "Legal Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business Name" line, if different.

Organization Type

It is required that you select one status in this section. If you select **Other**, please indicate your status in the space provided (i.e., government, school/college, professional association, utility, non-profit).

Taxpayer Identification Number (TIN)

- **Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get a Social Security Number (SSN), your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box.
- If you are a **sole proprietor** and you have an Employer Identification Number (EIN) you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.
- If you are a single-owner **LLC** that is disregarded as an entity separate from its owner, enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

The Taxpayer Identification Number (SSN or EIN) you provide to the District will not be used for any purpose other than to comply with Internal Revenue Service reporting requirements.

Nature of Business

- **Commodities** – Please provide the commodity codes identifying the commodities you offer from the listing available at <http://www.swfwmd.state.fl.us/business/contproc/>.
- **Services** – Please check the service that best defines your services. If an appropriate choice is not listed, check Other and provide a brief description.

Business Representation

If your business meets the requirements of a "**Small Business**" or "**M/WBE**" according to the definitions that follow (s. 288.703, Florida Statutes, Commercial Development and Capital Improvements), it is important that you select the correct classification to assist the District in properly reporting its spend activity with your business to the State of Florida.

"**Small business**" means an independently owned and operated business concern that employs 200 or fewer permanent full-time employees and that, together with its affiliates, has a net worth of not more than \$5 million or any firm based in this state which has a Small Business Administration 8(a) certification. As applicable to sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.

"**Minority business enterprise**" means any small business concern as defined in subsection (1) which is organized to engage in commercial transactions, which is domiciled in Florida, and which is at least 51-percent-owned by minority persons who are members of an insular group that is of a particular racial, ethnic, or gender makeup or national origin, which has been subjected historically to disparate treatment due to identification in and with that group resulting in an under representation of commercial enterprises under the group's control, and whose management and daily operations are controlled by such persons. A minority business enterprise may primarily involve the practice of a profession. Ownership by a minority person does not include ownership which is the result of a transfer from a nonminority person to a minority person within a related immediate family group if the combined total net asset value of all members of such family group exceeds \$1 million. For purposes of this subsection, the term "related immediate family group" means one or more children under 16 years of age and a parent of such children or the spouse of such parent residing in the same house or living unit.

"Minority person" means a lawful, permanent resident of Florida who is:

- (a) An African American, a person having origins in any of the racial groups of the African Diaspora, regardless of cultural origin.
- (b) A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (c) An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
- (d) A Native American, a person who has origins in any of the Indian Tribes of North America prior to 1835, upon representation of proper documentation thereof as established by rule of the Department of Management Services.
- (e) An American woman.

Social Services means not-for-profit vendors who enable disadvantaged individuals (i.e., inmates, handicapped, disabled) to be productive citizens.

Veteran – If selected, please indicate if under 8A classification.

Other – If selected, please provide the description of authorized category not provided as a selection.



Please ensure that a response has been provided for the two questions regarding possible payment methods.



Certification

An authorized representative of the business, who is able to certify that the information regarding the TIN is accurate, should sign this document.