

**Butler County Ohio**  
**Substitute Form W9 / Ohio Reporting Form**  
**Request for Taxpayer Identification Number and Certification**

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to **513-887-3129**; or by mail to:

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

To **properly complete** the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the **"Yes"** box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

Business name/disregarded entity name, if different from above.

Check appropriate box for federal tax classification: (check only one box) If Individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC)  C Corporation  S Corporation  Partnership  Trust/Estate
- Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) \_\_\_\_\_
- Other \_\_\_\_\_  Exempt from backup withholding

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)

Requestor's name and address

Address Line 2

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

City, state, and ZIP code

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.

For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):

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and / or

Social Security Number (SSN):

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**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes  
 No

If "Yes" is checked, you **MUST** complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)  
/ /

Birth date (MM / DD / YY)  
/ /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes  
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

**Part V 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).
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 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.
3. I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding 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.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of  
U.S. person \_\_\_\_\_

Date \_\_\_\_\_