CITY OF EL PASO
BUILDING PERMITS AND INSPECTIONS DEPARTMENT

REFUND REQUEST FORM

☐ Individual ☐ Company ☐ Other

NAME: __________________________________________

ADDRESS: __________________________________________

CITY ______________________ STATE ________ ZIP CODE ________

TELEPHONE # (____) __________________________

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: __________________________________________

TITLE: __________________________________________

TELEPHONE # (____) ______________________ FAX # (____) __________________________

REASON FOR REQUEST __________________________________________

________________________________________

________________________________________

SIGNATURE OF RECIPIENT ______________________ DATE: __________

DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR # __________________________

DEPARTMENT ID # __________________ ACCOUNT # __________________

FUND # __________________ CLASS # __________________

VOUCHER # __________________

REQUESTED BY __________________ PHONE # __________________ DATE: __________

APPROVED BY __________________ DATE: __________

Building Permits and Inspections Director
Request for Taxpayer Identification Number and Certification

Name

Business name, if different from above

Check appropriate box: [ ] Individual/ [ ] Sole proprietor [ ] Corporation [ ] Partnership [ ] Other [ ] Exempt from backup withholding

Address (number, street, and apt. or suite no.) Requester’s name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II  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), and
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 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
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Signature of U.S. person

Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester’s form. However, this form must meet the acceptable specifications described in Pub. 1167, General Rules and Specifications for Substitute Tax Forms and Schedules.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.
CITY OF EL PASO
PURCHASING DEPARTMENT

VENDOR PAY TO ADDRESS: SALES ADDRESS: IF SAME AS W9 CHECK BOX HERE □

STREET: _________________________________ SUFFIX # ( )

CITY: __________________ STATE _________ ZIP CODE __________________

CONTACT NAME & TITLE ________________________________

TEL# ( ) __________________ FAX# ( ) ________________

E-MAIL ADDRESS: __________________ WEB PAGE: ____________________

VENDOR STATUS:

(Yes ___) (No ___) Small business concern (Less than $1,000,000.00 Annual Receipts or 100 employees.)

(Yes ___) (No ___) Disadvantage business concern (At least 51% owned by one or more socially disadvantaged individuals; or, a publicly-owned business at least 51% of the stock owned by one or more of such individuals.) If your company is certified please send us a photo copy. We need to have an updated copy of the certificate on file. DBES include (Please mark one:)

( ___) Black Americans  ( ___) Hispanic Americans

( ___) Native Americans  ( ___) Asian-Pacific Americans

(Yes ___) (No ___) Woman-owned business (At least 51% owned by a woman or women who also control and operate it. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means being actively involved in the day-to-day management.)

(Yes ___) No ___ Handicapped (At least 51% owned by a person or persons with an orthopedic, hearing, mental or visual impairment which substantially limits one of more of his/hers/their major life activities.)

(Yes ___) No ___ Local business enterprise (At least 51% of which is owned by a resident or residents of El Paso County and the principal place of business is in El Paso County.)

(Yes ___), No ___ Hub (Historically underutilized business) If your company is certified please send us a photo copy. We need to have an updated copy of the certificate on file.

TO BE FILLED OUT BY CITY DEPARTMENT ONLY

PEOPLESOFT VENDOR RECORD CODING FORM

__ADD ___ VENDOR
__UPDATE ___ EMPLOYEE

TO:  SUKY FLORES INFO ENTRY OPERATOR  DEPARTMENT: ____________________________

TEL #: (915) 541-4179  FAX #: (915) 541-4347  NAME: ____________________________

IRS-WITHHOLDING REQ’D INFORMATION. (City Department must mark one of the following. If vendor is not providing Rental Property, Medical Svcs., or Attorney Svcs., please mark Non-Employee Compensation.)

__ Rents ___ Med & Healthcare Payment (Svcs) ___ Attorney Proceeds ___ Non-Employee Compensation

__ Pension ___ Garnishments ___ Tuition Reimbursement

__ Refund ___ Settlement ___ Mileage

__ Travel Request: __________________

7/28/2004 ___________________________________________________________________________