

# 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

Give form to the requester. Do not send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> 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.

Social security number								
or								
Employer identification number								

**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.)

Sign Here	Signature of U.S. person >	Date >
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### 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 or 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.

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TO BE FILLED OUT BY CITY DEPARTMENT ONLY

PEOPLESOFT VENDOR RECORD CODING FORM

\_\_\_ ADD      \_\_\_ VENDOR  
\_\_\_ UPDATE    \_\_\_ EMPLOYEE

TO: SUKY FLORES INFO ENTRY OPERATOR  
TEL #: (915) 541-4179 FAX #: (915) 541-4347

DEPARTMENT: \_\_\_\_\_  
NAME: \_\_\_\_\_

IRS-WITHOLDING 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  
\_\_\_ Travel Request                \_\_\_ Mileage