

Mayor  
Barbara Mathis

City Clerk  
Cenlya Galloway

City Manager  
Richard H. Stancil

City Attorney  
Stephanie W. McConnell

**City of Hiawassee**  
"ON BEAUTIFUL LAKE CHATUGE"

50 River Street  
Hiawassee, GA 30546

Phone (706) 896-2202  
Fax (706) 896-4991

Council

Stephen H. Smith  
Jay Chastain, Jr.  
Janet Allen  
Joan Crothers  
Pat Smith

**W-9 Substitute**  
**Hiawassee Vendor Information Packet**

Dear Hiawassee Vendor:

Thank you for your interest in doing business with the City of Hiawassee. In order to comply with current IRS and State of Georgia regulations, you must complete this W-9 Substitute – Hiawassee Vendor Information Packet. The information collected will allow the City to confirm that our records contain the official name of your business, the correct Tax Identification Number (TIN) that the IRS has on file for your business, and your business type. No work can begin or Invoice paid until this form is completed.

In addition, applicable documents regarding the Georgia Security and Immigration Compliance Act must be submitted by vendors who are providing a physical performance of service. For more information on the Georgia Security and Immigration Compliance Act, please visit the Frequently Asked Questions page of the Georgia Department of Audits and Accounts website: <http://www.v.audits.ga.gov>. For more information on EVerify, please visit: <http://www.uscis.gov>.

Instructions for completing the vendor packet:

- Page 2 - Must be completed by all vendors.
- Page 3 - Must be completed by all vendors.
- Page 4 - Must be completed by any vendor who is providing a physical performance of service and has NO employees. The Affidavit of No Employees must be notarized and must include a legible copy of the individual's driver's license.
- Page 5 -Must be completed by any vendor who is providing a physical performance of service and employs one or more employees. The Contractor Affidavit must be notarized and include a valid Federal Work Authorization User Identification Number -this number should be between 46 digits long and should not contain any letters.

The completed vendor packet must be returned to: The City of Hiawassee, City Hall, 50 River Street, Hiawassee, GA 30546.

**W-9 SUBSTITUTE – HIAWASSEE VENDOR INFORMATION FORM**

Business Classification (Check One)

Construction;  Professional Services;  Equipment;  Supplies;  
 Other Services

Primary Information:

\_\_\_\_\_  
Name on IRS Record or Income Tax Return

\_\_\_\_\_  
Business Name, if different from Name on  
IRS Record

\_\_\_\_\_  
(PO Box or street city, state, 9-digit zip)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Purchase Order Information  
(if different from Primary)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
(PO Box or street, city, state, 9-digit zip)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Web Page Address

\_\_\_\_\_  
Contact Name & Title

**W-9 SUBSTITUTE – HIAWASSEE VENDOR INFORMATION FORM  
SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the City of Hiawassee, and will result in payments being withheld until vendor information is provided.

**Federal Tax Classification:**

\_\_\_ Individual/sole proprietor; \_\_\_ Partnership; \_\_\_ C Corporation; \_\_\_ S Corporation; \_\_\_ Trust/estate; \_\_\_ Government; \_\_\_ LLC - enter tax classification (C=Corporation, S=S corporation, P=Partnership); \_\_\_ Other.

**U.S. Taxpayer Identification Number (TIN):**

The TIN provided must match the name on IRS Record (provided on page 1) to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

**Work Status (Yes or No):**

Are you currently an employee or elected Official of the City of Hiawassee? \_\_\_\_\_

Are you currently receiving retirement benefits from any State of Georgia retirement system? \_\_\_\_\_

Do you offer services exclusively to the City of Hiawassee? \_\_\_\_\_

Does Hiawassee provide all of your equipment, supplies and materials? \_\_\_\_\_

Does Hiawassee set your work hours and schedule of work? \_\_\_\_\_

**SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am writing 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.
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.

\_\_\_\_\_  
Signature of U.S. person and vendor representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title of U.S. person and vendor representative

**City of Hiawassee  
W-9 Substitute - Vendor Information Form**

**AFFIDAVIT OF NO EMPLOYEES**

The undersigned, in connection with a proposed contract or subcontract with the City of Hiawassee for the physical performance of service in the State of Georgia, hereby affirms and certifies under penalties of perjury that:

- A) I am a sole proprietor;
- B) I do not employ any other persons;
- C) I do not intend to hire any employees to perform the Contract;
- D) A true, correct and complete copy of my driver's license, issued by a state that verifies lawful immigration status prior to issuance, is attached hereto;
- E) If at any time hereafter, I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract then before hiring any employee, I will:
  - (i) Immediately notify the City of Hiawassee in writing; and
  - (ii) Register with, participate in an use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91, and as amended: and
  - (iii) Provide the City of Hiawassee with all affidavits required by O.C.G.A. §13- 10-90 et seq. and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-07 and 300-10-1-08.

\_\_\_\_\_  
Print Company Name/Name of Sole Proprietor

\_\_\_\_\_  
Signature and Title of Authorized Agent or Office

SUBSCRIBED AND SWORN BEFORE ME ON THIS THIS \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

[Notary Seal]

**NOTE: PLEASE INCLUDE COPY OF DRIVER'S LICENSE.**

**City of Hiawassee**  
**W-9 Substitute - Vendor Information Form**  
**Contractor Affidavit under O.C.G.A. § 13-10-91(b) (l)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Hiawassee has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. §13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and dates of authorization are as follows:

Federal Work Authorization User Identification Number: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Project: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name & Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 201\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

[Notary Seal]