

## TAX STATUS QUESTIONNAIRE

1. What type of business, product, or service are you providing (or wish to provide) to the Orange County Government? Or, why are you receiving payments from the Orange County Finance Department \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Which one of the following are you?  
\_\_\_\_\_ (a) Incorporated  
\_\_\_\_\_ (b) Partnership  
\_\_\_\_\_ (c) Individual / Sole Proprietorship  
\_\_\_\_\_ (d) Non-Profit Association or Organization  
\_\_\_\_\_ (e) Other (Please indicate)\_\_\_\_\_

3. What is your Federal Tax Identification Number \_\_\_\_\_

(Or) your Social Security Number \_\_\_\_\_ (PLEASE NOTE: If you are using your Social Security # for your Business Identification Number, please attach a copy of your social Security Card, and a copy of your Green Card (Work Permit) if you have one for working in the United States.

4. Please complete the following: (As per IRS penalty regulations, the Name or Company name listed below **must** correspond (according to their files) with the TIN or SS# listed on line 3 (above).

\_\_\_\_\_  
NAME OR COMPANY NAME (PRINT)

\_\_\_\_\_  
YOUR NAME & TITLE (Please Print)

\_\_\_\_\_  
ADDRESS (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_  
FAX NUMBER

5. Web address \_\_\_\_\_

6. E-mail address \_\_\_\_\_

7. PLEASE RETURN THIS FORM AND THE W-9 FORM WITH YOUR BIDDERS MAILING LIST APPLICATION.