



Kristen M. Scalise CPA, CFE, Summit County Fiscal Office

175 S. Main St., Accounting Room 406, Akron, OH 44308

PRECINCT ELECTION OFFICIAL SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

This Area for Summit County Use ONLY			
County Department Doing Business with the Vendor:	Department Contact/Employee Name:	Phone # :	Assigned Vendor Number
Board of Elections	Josh Brickner	330-643-5432	B

Please PRINT or TYPE all information	
Name (as it appears on your tax records) No nicknames	<input type="checkbox"/> New Address
Street Address, City, State, Zip	<input type="checkbox"/> Name Change
Mailing Address, if different than above.	Failure to return a completed form will subject you to backup withholding and/or penalties..
Social Security Number	<p>You have received this correspondence because Summit County Board of Elections is employing you or will. Please provide your Social Security Number (SSN). This form will assist us in determining if the payments we make to you are subject to IRS tax reporting requirements. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding</p>
Certification: The number shown on this form is my correct taxpayer identification number.	
Signature of owner of Social Security Number	
Date	
Phone	

The information collected on this form will be used solely to update our administrative records.

If you have any question, please call us in Accounting at (330) 643-2672. Thank you.

You will receive no payments until we have received a completed , signed form via mail or fax at the above address or at Fax Number (330) 643-2077