

Request for Taxpayer Identification Number and Check Issuance Information

According to federal law, the Cheyenne Housing Authority will be required to withhold 30% federal income tax from your payments if you do not provide us with a correct taxpayer identification number. A "W9-CHA" form must be completed for each address for which you receive payment(s). *An incomplete form will delay processing your initial payment.*

Owner information and primary address:

Owner information on lines 1-5 must be completed regardless of payee information. This information is used for mailing general paperwork regarding your tenant.

1. Name _____
2. Address 1 _____
3. Address 2 _____
4. City, State, Zip _____
5. Phone Number _____

IRS information:

If you are an agent designated by the owner to receive this payment AND who will distribute a 1099-MISC form, you must provide your name and associated Tax ID number or Social Security number on line 6.

If your payment is sent to a bank, use line 12 for the c/o bank name and account number. Do not use a bank name on line 6. Be sure to provide an address other than the banks' on lines 12-14 unless the bank is responsible for your 1099-MISC form.

Caution! The Tax ID number or Social Security number you provide **MUST** match the name you will use when reporting this income to the IRS. The IRS will require 30% backup withholding tax if you do not provide correct information.

You must provide a copy of your Tax ID paperwork or Social Security card (whichever you are using on line 6) with this form. Payee for check and 1099-MISC form (this is where your payments will be sent)

Enter the Tax ID Number or Social Security number that matches the name on line 6

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|--|---|
| 6. Name _____ | Social Security Number
(matches line 6)
_____ - _____ - _____ |
| 7. Address 1 _____ | OR |
| 8. Address 2 _____ | Taxpayer Identification Number
(matches line 6)
_____ - _____ - _____ |
| 9. City, State, Zip _____ | |
| 10. E-mail address _____ | |
| 11. Type of Entity: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ | |

Cheyenne Housing Authority will send your 1099-MISC to the address listed below:
(You cannot use any C/O addresses in this section)

12. Address 1 _____
13. Address 2 _____
14. City, State, Zip _____

Lines 15 -17 are required from the owner or agent completing this form.

15. Please check the appropriate: _____ Owner _____ Agent
16. Are you currently receiving rental payments from CHA? Yes _____ No _____

If yes, please list the payee name(s) if different than the payee shown on this form: (this is not a list of your tenants)

I understand that I must provide a correct Tax ID number for the name shown on line 6 and that a 30% tax withholding will occur if this name and number does not match IRS records. I understand all paperwork must be completed with the CHA before payment for this property may commence. I understand that it is the policy of the Cheyenne Housing Authority to issue checks on or about the first of each month and may be affected by weekends or holidays.

17. Name (please print) _____ Date _____
18. Signature _____ Phone Number _____