


OCCUPATIONAL TAX REFUND

	THE CITY OF BOWLING GREEN SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM REQUEST FOR TAXPAYER ID NO. & CERTIFICATION Return to: occupationalrefund@bgky.org		
Part I: Vendor Information			
1. Legal Business (or Individual) Name:	2. If you use a Doing Business As (DBA) name, please list below:		
Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type			
1. Enter your TIN here (REQUIRED): 	Check appropriate box: <input type="checkbox"/> Individual/Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC* <input type="checkbox"/> Other:		
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer Identification No. (ITIN)			
*Circle tax classification: D-disregarded entity, C-corporation, P-partnership			
Part III: Remit To Information			
Number, Street:	Apt or Suite #:	Contact Name:	Phone Number:
City:	State:	Zip Code:	Email:
			Fax Number:
Part IV: Primary Administrative / 1099 Reporting Address (if different than Part III)			
Number, Street:		Apartment or Suite No.:	
City:	State:	Zip Code:	Country:
Part V: City of Bowling Green Business Tax Requirement			
Business Tax License #			
Part VI: Certification			
Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN) AND I am a US citizen (including a US resident alien).			
Authorized Signature	Title	Date	

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	City of Bowling Green ACH Payment Enrollment Form Return to: occupationalrefund@bgky.org (*) Denotes a required field		
*Type of Transaction (Select one): <input type="checkbox"/> New <input type="checkbox"/> Cancel			
*Vendor Name (as it appears on bank account):		*Vendor Nine Digit Tax ID # (SSN or EIN):	
*Vendor ACH Contact Name:	*Vendor ACH Contact Phone:	*Vendor ACH Contact Email:	
*Name of Bank:		*Branch Name and Location:	
Bank's ACH Coordinator:		Bank's ACH Coordinator Phone number:	
*Bank Account #:	*Nine Digit Transit Routing #:	*Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Certification			
I certify that I have read and understood the lower portion of this form. By signing and/or submitting this form, I authorize payments to be sent to the financial institution named above and to be deposited to the designated account.			
_____ Authorized Signature		_____ Title	
		_____ Date	

PLEASE READ THIS CAREFULLY

The information on this form is confidential and is required to process payment data from the City of Bowling Green to the financial institution and/or its agent. Failure to provide the requested information may delay or prevent receipt of payments through the ACH program.

Cancellation of ACH Payments:

Payments will be made electronically via ACH until cancellation by the City of Bowling Green or the vendor.

Cancellation by the City of Bowling Green: ACH payments will be canceled on the effective date of any of the following:

- Change of financial institution or account information
- Change of the vendor to inactive status.

Cancellation by the Vendor: You may stop receiving payments via ACH at any time by completing an ACH Payment Enrollment Form. On a new form, check the Cancel box, fill in vendor name, Social Security or Tax Id number, account number and account type, then sign and date the form in the Certification Section.

Change in Financial Institution:

To change the financial institution into which you deposit funds, you must first **cancel** your ACH payment (see above), then complete a new enrollment form to start ACH payments with the new financial institution.

Responsibilities:

- You are responsible for verifying (with your bank) the accuracy of your bank account number when your enrollment form is completed
- You are responsible for notifying the City of Bowling Green if you change banks or account number. You must complete a new ACH Payment Enrollment Form and begin the ACH payment process again.
- You must complete an ACH Payment Enrollment Form to **cancel** that ACH payment (see above for instructions).
- You are responsible for payment of any charges that may be incurred against your account as a result of receiving an ACH payment.
- You must repay the City of Bowling Green if an overpayment occurs as the result of payment via ACH.

Miscellaneous:

• A **pre-notification** may be processed upon receipt of this ACH Payment Enrollment Form to verify banking information is correct. If any problems occur during the processing of the **pre-notification** vendor payments will continue as they were prior to completing the ACH Payment Enrollment Form until corrections can be made.