



City of Nashua
Accounts Payable Department
229 Main Street - Nashua, NH 03060

Phone (603) 589-3175
Fax (603) 589-3344

Accounts Payable Vendor Packet

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SUBSTITUTE W-9 & Vendor Information Form

This form was developed to comply with the IRS regulations and to assist the City of Nashua in paying providers and vendors for their goods and services. You, as a payee, are required by law to provide us, as a payer, your correct Taxpayer Identification Number (TIN). If this number is not provided, you may be subject to a 28% withholding on each payment. To avoid this 28% withholding and to insure that accurate tax information is reported to the IRS, please use this form to provide the requested information.

Legal Name (as shown on your income tax return)

Business Name (if different from above, DBA)

Physical Address

Mailing Address

City, State, Zip

City, State, Zip

Check appropriate box for federal tax classification (required)

Individual/Sole Proprietor
 Corporation

Partnership
 S Corporation

Trust/Estate

Exempt Payee

OR

Limited Liability Company (please check type below)

Individual/sole proprietor
 or single-member LLC

C Corporation

S Corporation

Partnership

Taxpayer Identification Number (TIN) (required)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

- -

OR

Taxpayer Identification Number

-

Principal Business Activity

List Type of Service or Product Provided

Payment Terms:

Accounts Receivable Contact Name:

Phone:

Fax:

E-Mail:

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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, and I am a U.S. citizen or other U.S. person.

Print Name

Title

Date

Telephone

Substitute W-9 Form Instructions

➤ Purpose of Form W-9

To obtain a correct tax identification number from payees for tax reporting purposes.

➤ Summary Instructions for Substitute Form W-9

❖ Individual/Sole Proprietor

- Enter Individual's name, as shown on individual's federal income tax return, on the "**Name**" line.
- Enter business name or DBA (Doing business as) on "**Legal Business Name**" line.
- Check off Individual/Sole Proprietor.
- Enter **Social Security Number**.

❖ Corporations, S Corporations or Partnerships

- Enter business name (as shown on entity's Federal Income Tax form) on "**Name**" line.
- Enter legal name if different from above, on "**Legal Business Name**" line.
- Check off appropriate box: Corporation, S Corporation, or Partnership.
- Enter **Taxpayer Identification Number**.

❖ Trusts & Estates

- Enter individual's name, as shown on individual's federal income tax return, on the "**Name**" line.
- Enter Trust name on "**Legal Business Name**" line.
- Check off Trust/Estate and Exempt Payee box if your trust qualifies.
- Enter **Social Security Number** or **Taxpayer Identification Number**.

❖ Limited Liability Company (LLC)

- Enter LLC's name on the "**Name**" line.
- Enter legal name if different from above, on "**Legal Business Name**" line.
- Under LLC, check off one of the following: Individual/Sole Proprietor, C Corporation, S Corporation or Partnership
- Enter **Taxpayer Identification Number**.



City of Nashua

Financial Services Division – Accounts Payable
229 Main Street - Nashua, NH 03061

(603) 589-3175
Fax (603) 589-3344

MAILING ADDRESS FOR INVOICES

To Our Valued Vendors, Suppliers and Contractors:

To facilitate the proper and timely payment of your invoice, **all invoices** must contain a valid **Purchase Order Number**.

- Please mail **City of Nashua Accounts Payable Invoices** to:

City of Nashua
Attn: Accounts Payable
PO Box 2019
Nashua, NH 03061-2019

*Include the City Department and Contact Name in the **SHIP TO** portion of your invoice

- You can also **e-mail** City invoices to: vendorapinvoices@nashuanh.gov

- Please mail **Nashua School District Invoices** to:

Nashua School District
141 Ledge St.
Nashua, NH 03060