

Form SUB W-9	STARK COUNTY, OHIO SUBSTITUTE FORM W9/OHIO REPORTING FORM REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
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Part I	Business Ownership and Address Information
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Corporation or business name

Individual, Business owner, or DBA name

Check appropriate box for organization type

1.) Individual/ Sole Proprietor 2.) Multi- Shareholder Corporation 3.) Single- Shareholder Corporation 4.) Partnership 5.) Non-Profit Organization

Check appropriate box for service type

General Service Medical Rent Easement Land Purchase

Legal Other _____

Address	Requestor's name and address
City, state, and ZIP code	ALAN HAROLD Stark County Auditor 110 Central Plaza S, Suite 220 Canton, OH 44702 Fax 330-451-7102

Part II	Taxpayer Identification Number (TIN) and/or Social Security Number (SSN)
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Taxpayer Identification Number (TIN)
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Not applicable

State law now requires individual business owners and single-shareholders to provide their SSN and birth date along with TIN (if applicable).

Social Security Number (SSN)
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Birth Date MM-DD-YYYY
 - -

Legal Name _____

Part III	Signature
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1. The information shown on this form is correct

2. As of this date I have not been notified by IRS of backup withholding.

Signature _____ Date _____