



This is a fillable PDF form. Enter the appropriate information, save it to your device or print.

I. Business Name

Name: Alliance for Human Services; Taxpayer ID (EIN or SSN): 46-3412223; Address: 2045 W. Grand Ave Ste B #50820; City: Chicago; State: IL; Zip Code: 60612; Telephone: 3126130097; Web Address or URL: https://allianceforhs.org/

Other W-9 forms and substitutions are not accepted.

II. Contact Names

III. Type of Organization

nonprofit

IV. Tax Reporting

Purchase Order Contact: Gayle Nelson; Email: gayle@allianceforhs.org; Telephone: 3126130097; Accounts Payable Contact: Gayle Nelson; Email: gayle@allianceforhs.org; Telephone: 3126130097; Remit Address: 2045 W. Grand Ave Ste B #50820

Tax Reporting options: Rent, Healthcare, Non-employee Comp, Proceeds to Attorney, Other (4)

City: Chicago; State: IL; Zip Code: 60612

Office Use Only: New, Existing, Entered by, Date, Approved by, Date

V. Electronic Payment Information

The County's Preferred Payment Method is Electronic. Bank Name: Lake Forest Bank and Trust; Account Number: 0000588105; Routing Number: 071925334; Remittance Email: gayle@allianceforhs.org

VI. Vendor Certification

This information is collected for reporting purposes only and not vendor selections

Please check any of the following that apply to the ownership of your firm



For each box checked, a copy of the certification is required

Minority-owned business (MBE), Woman-owned business (WBE), Business Enterprise Program (BEP), Small Disadvantaged Businesses (SDB), Lake County Local Business, Veteran-owned Business Enterprise (VBE), Service-Disabled Veteran-owned Business Enterprise (SDVBE), Veteran-Owned Small Business (VOSB), Persons with Disabilities Owned Business Enterprise (PDDB), N/A - These categories do not apply to my business



Questions? Hold your mouse over any check box for definitions of each certification

I certify by completion of this form that:

- 1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income.
3. I am a U.S. person.

By providing bank and account information and signing this form, I/we authorize Lake County Government and the financial institution identified to deposit all payments due automatically, in accordance with agreed upon payment terms.

Signature: [Handwritten Signature]

Date: 8/18/2021