



MIAMI VALLEY

Regional Planning Commission

10 North Ludlow St., Suite 700
Dayton, Ohio 45402-1855

t: 937.223.6323
f: 937.223.9750
TTY/TDD: 800.750.0750
www.mvrpc.org

Dear **Guaranteed Ride Home Recipient**:

Attached you will find a Standard form and Vendor Application with a list of specified items.

Please select the appropriate box - **Payee** – Any individual/company receiving payments from Miami Valley Regional Planning Commission (Montgomery County). Please complete form to signature, title, and date. It is not necessary to complete the bottom section.

Please include your complete **E-Mail** address.

Please fax back the completed vendor application to TONYA LEE at fax number: 937.223.9750 or email to Rideshare@mvrpc.org.

If any additional information is needed or if you have any questions, please call (937) 223-6323.

Very truly yours,

Tonya Lee
Accountant



Guaranteed Ride Home Reimbursement Form

Reimbursement requested by:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Office Use Only

Date: __/__/____

Gohio Commute User: yes or no

Total Amount: \$_____

Reimbursement Amount: *\$_____

*GRH reimburses participants 80% of a taxicab ride up to 4 times in a 12 month period.

Processed By: _____

Origin of Taxi Ride

Date of Taxicab ride: __/__/____

Company Name: _____

Company Address: _____

Company City, State, Zip: _____

Destination: Home Other: _____

Reason for Ride Home:

 Home Emergency Work Late Driver Emergency Other: _____

I understand the guidelines of the Guaranteed Ride Home program and qualify by being an active Gohio Commute registered user. I hereby release Miami Valley Regional Planning Commission from liability, claims and demands for personal injury; loss, theft, or damage to my personal property; loss of income; consequential damages resulting from delays or absence of a taxicab or termination of the program. Reimbursement processing could take up to 3 weeks. Checks will be issued from the Montgomery County Auditor's Office.

Signature: _____**Please complete and mail form with signed taxi receipt to:**

Rideshare G.R.H.

Miami Valley Regional Planning Commission

10 N. Ludlow St., Suite 700, Dayton, Ohio 45402

Or via email to Rideshare@mvrpc.org

MONTGOMERY COUNTY AUDITOR'S OFFICE
451 WEST THIRD STREET, DAYTON, OH 45422 (937) 225-6348 (PH) (937) 496-7516 (FAX)
Request for Taxpayer Identification and Certification

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Street/PO Box

City

State

Zip

Phone

Fax

Remit Street/PO Box

City

State

Zip

Phone

Fax

Contact email address

Remittance advice email address

Part I Taxpayer Identification Number (TIN)

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). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Click on appropriate circle below for federal tax classification:

Individual/sole proprietor

C Corporation

S Corporation

Partnership

Trust/estate

Exempt payee

Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership)

Other (see instructions)

What type of payments/services do/will you receive/provide from/to Montgomery County (select all that apply)

Extradition Reimbursement Goods Grand Juror Legal Services

Medical & health care services or billing and collecting for such services Reimbursement Other

Rent services Respite Care provider Respite Care family reimbursement Visiting judge

Volunteer Services Other - Describe: _____

Contact Name (Print)

Phone:

Fax #

Part II CERTIFICATION

Under penalties of perjury, I certify that:

- (1) 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
- (2) 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. Person or other U.S. person (defined in the instructions)
- (4) I am or any person associated with the company is not currently under suspension, debarment, voluntary exclusion or determination of ineligibility by any federal agency or determined ineligible by any federal agency within the past three (3) years.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

SIGN
HERE

Signature of U.S. Person

Title

Date