



# MIAMI VALLEY

Regional Planning Commission

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

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

Dear **Guaranteed Ride Home Applicant:**

Attached you will find a Vendor Application with a list of specified items needed to set up the reimbursement.

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 email or mail this form to the contact information listed below.

If you have any additional questions or need assistance completing this form, please call 937.223.SAVE.

Sincerely,

**Laura Henry**

Manager of Programs & Public Outreach  
Miami Valley Regional Planning Commission  
10 North Ludlow St., Suite 700  
Dayton, Ohio 45402  
937.223.SAVE

[Lhenry@mvrpc.org](mailto:Lhenry@mvrpc.org)



# 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](mailto: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

**RETURN TO OR CONTACT FOR QUESTIONS:  
VENDOR MAINTENANCE  
MONTGOMERY COUNTY AUDITOR'S OFFICE-4TH FLOOR  
451 WEST THIRD STREET, DAYTON, OH 45422  
(937) 225-6348 (PH); (937) 496-7516 (FAX)**