



# VENDOR W-9 REQUEST FORM

The law requires that we maintain accurate taxpayer identification numbers for all individuals and partnerships to whom we make payments, because we are required to report to the I.R.S all payments of \$600 or more annually. We also follow the I.R.S. recommendation that this information be maintained for all payees including corporations.

Please complete the following substitute W-9 letter to assist us in meeting our I.R.S. reporting requirements. The information below will be used to determine whether we are required to send you a Form 1099. Please respond as soon as possible, as failure to do so will delay our payments.

## **BUSINESS (PLEASE PRINT OR TYPE):**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_  
**ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**TAX ID #(TIN):** \_\_\_\_\_

(If you are supplying a social security number, please give your full name)

## **REMIT TO ADDRESS (IF DIFFERENT FROM ABOVE):**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_  
**ZIP:** \_\_\_\_\_

## **TYPE OF ENTITY (CIRCLE ONE):**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| Individual                          | Sole Proprietor                     |
| LLP (Limited Liability Partnership) | LLC (Limited Liability Corporation) |
| Partnership                         | Charitable/Nonprofit                |
| Incorporated                        | Government Agency                   |
| Corporation                         | Medical                             |
| Other (Please describe)             |                                     |

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_