



IRS W-9 INFORMATION REQUIRED FOR 1099 REPORTING

REMITTANCE INFORMATION

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

TAX IDENTIFICATION NUMBER: _____ - _____ - _____ - _____

OR

SOCIAL SECURITY NUMBER: _____ - _____ - _____

ARE YOU A:

Yes No

Corporation/Sub S Corporation? _____
Non-Profit Entity? _____
Sole Proprietorship/Partnership/LLC? _____
Other? _____

Please Specify: _____

If sole proprietorship, please print owner's name: _____

IS THIS PAYMENT FOR:

Yes No

Goods sold to us? _____
Service performed? _____
Both: _____

Prepared By: _____ **Date:** _____

Title: _____

Vendor #: _____