

**ALTERNATE FORM W-9  
PAYER'S REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION**

Pursuant to IRS Regulations, you must furnish your TIN to the Town, whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you, to avoid this 31% withholding and to ensure that accurate tax information is reported to the IRS, please use this form to provide the requested information and return it to the originating Town Office.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name and TIN which is required on this Alternate W-9.  
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

Name \_\_\_\_\_

**As shown on IRS tax return**

Additional or  
D/B/A Name \_\_\_\_\_

Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER (TIN) used on IRS tax return**

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

FIN \_\_\_\_ - \_\_\_\_\_

**PRINCIPAL BUSINESS ACTIVITY (you must select one)**

- Service Provider                       Product/Merchandise Provider  
 Other

\_\_\_\_\_  
List the principal type of service or product provided

**BUSINESS DESIGNATION (you must indicate ALL that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Personal Service on                   |
| <input type="checkbox"/> Legal Services                 | <input type="checkbox"/> Health Care Provider                  |
| <input type="checkbox"/> Partnership/LLP                | <input type="checkbox"/> Non-Profit (attach copy of exemption) |
| <input type="checkbox"/> Estate or Trust                | <input type="checkbox"/> Corporation/LLC                       |

Under penalty of perjury, I declare that the information provided is true, correct, and complete, to the best of my knowledge and belief.

NAME & TITLE (Print or type)

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_