

TOWN OF DERRY NH SUBSTITUTE W9 FORM

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Town of Derry. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information. **ALL INFORMATION SHOULD BE AS IT APPEARS ON YOUR TAX RETURN!**

OWNERS NAME (if sole proprietor or single member LLC) _____

LEGAL BUSINESS NAME _____

ADDRESS _____

REMIT (MAILING) ADDRESS _____

CITY/STATE/ZIP _____

WEBSITE ADDRESS _____

EMAIL ADDRESS _____

TAXPAYER IDENTIFICATION NUMBER (AS IT APPEARS ON YOUR TAX RETURNS)

Social Security number (if sole proprietor or single member LLC) _____ - _____ - _____

Federal Employer Identification Number (if Partnership or Corp) _____ - _____

BUSINESS DESIGNATION (Please check one)

Individual (Sole Proprietor) _____ Partnership _____

Single Member LLC _____ Corporation _____

Partnership LLC _____ Estate or Trust _____

Corporation LLC _____ Nonprofit _____

PRINCIPAL BUSINESS ACTIVITY (List Type of Service or Product Provided) _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

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

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

Please mail or fax this form back to the Town of Derry, Finance Dept, 14 Manning St, Derry NH 03038 Fax number 603-432-6760