MONROE COUNTY FINANCE
124 N COURT ST
SPARTA, WI 54656

07/17/2019

To: Vendors

From: Diane Erickson

Subject: Taxpayer Identification Number

Under the Tax Equity and Fiscal Responsibility Act of 1952, you (as payee) are required to provide us (as payor) with your correct Taxpayer Identification Number (TIN). If you do not provide us with your correct number, you may be subject to penalties and 28% withholdings on all future payments.

If you are an individual or sole proprietorship, your TIN is your Social Security Number. A Sole Proprietorship must also provide us with the owner's name.

If you are not an Individual, your TIN is your Federal Identification Number (FIN).

Note: Please make sure the TIN provided matches the name on the attached W9, or provide us with the appropriate name for the TIN.

Limited Liability Company Note: Please check the appropriate box in the line on the following page for the Tax Classification of the single-member owner. DO NOT Check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **NOT** disregarded from the owner for U.S. Federal Tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the Tax Classification of its owner.

Monroe County
ATTN: Purchasing Coordinator
124 N. Court Street Sparta, WI
54656 Fax: 608-366-1809

If you have any questions about form, please contact Lisa Hanson at 608-269-8006.

MONROE COUNTY FINANCE W-9 FORM

124 N COURT ST SPARTA, WI 54656 | PHONE: 608-269-8707 | FAX: 608-366-1809

Vendor Name: (as shown on your Income Tax Return)

DBA:

Address:

Type of Business (Check One)

- ☐ Individual
- ☐ Sole Owner's Name (Print)
- ☐ Proprietor
- ☐ Corporation

Limited Liability Company

- ☐ C. Corporation ☐ S. Corporation ☐ Partnership
- ☐ Inc. Health Care or Medical Service
- ☐ Unincorporated Medical Service
- ☐ Tax Exempt (Explain)
- ☐ Other (Explain)

Taxpayer Identification No.

SS#

SS#

FIN#

FIN#

FIN#

FIN#

FIN#

FIN#

FIN#

Nature of Business

- ☐ Service Provided
- ☐ Goods Provided
- ☐ Volunteer Driver
- ☐ Rentals
- ☐ Other (Explain)

CERTIFICATION: Under penalties of perjury, I certify that the above information is correct.

Printed Name | Phone # | Fax # | Date

Signature Required