

CHIMACUM SCHOOL DISTRICT #49 PO BOX 278, CHIMACUM, WA 98325

**REQUEST FOR
TAXPAYER
IDENTIFICATION
NUMBER**

The Internal Revenue Code Requires a form 1099 for payments to every person or organization (including certain corporations) for services performed in the course of trade or business. Further, the law requires us to withhold 31% on reportable amounts paid to individuals, organizations, and certain corporations who have not supplied us with their correct Employer Identification Number

(EIN) or Social Security Number (SS#)

Please complete the information below, fold this letter so that Chimacum School District's address shows on the outside, and then return it within 10 days of receipt. If you have any questions, please call Theresa at (360) 732-4090 ext. 277 or Fax (360)732-4336.

Thank you for your cooperation

Please complete ALL sections below:

1. WA State **UBI#** - -

AND

2. (PLEASE CHECK APPLICABLE BOX BELOW)

Corporation **EIN#** -

-OR-

-OR-

Partnership **SS#** - -

Individual

Sole Proprietorship _____
Name of Owner

Other (Please explain) _____

➤ **What is the OFFICIAL name registered to the IRS for this number?** _____

Please provide your "REMIT TO" address (Where you wish us to mail your checks) if different
From the address on the mailing label on the back of this letter

3. **REMIT TO Name:** _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone contact: _____ (_____) _____
Name Area Code Number

FAX: (_____) _____
Area Code Number

SIGNATURE REQUIRED FOR PAYMENT

4. Authorized Signature: _____

Print Name: _____

Title: _____ Date: _____