

**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) 302-5892 or Fax (360)732-4336 or email to [theresa\\_burroughs@csd49.org](mailto:theresa_burroughs@csd49.org).

Thank you for your cooperation

**Please complete ALL sections below:**

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

**AND**

2. *(PLEASE CHECK APPLICABLE BOX BELOW)*

Corp (C or S) **EIN#** -

-OR-

-OR-

Partnership **SS#**    -   -

Individual/Sole Proprietor

LLC (C, S, or P) \_\_\_\_\_  
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

eMail: \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Area Code Number

**SIGNATURE REQUIRED FOR PAYMENT**

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_