

Town of Glastonbury

2155 MAIN STREET • P.O. BOX 6523 • GLASTONBURY, CONNECTICUT 06033-6523

Dear Vendor:

In order to comply with the Internal Revenue Code (IRC) we are required to have your taxpayer information on file (Section 6109 of the IRC). Even if you are a corporation, tax-exempt organization, government agency or other exempt payee, this information is still required. Please complete the form below or attach a W-9 and return or fax back the data requested. Failure to comply with this request will result in non-payment and/or removal from our vendor file. INCORRECT TAX REPORTING MAY ALSO OCCUR.

Thank you for your cooperation in this important matter.

		#
Vendor Name		
Mailing Address		
_		
Remittance Address		
-		
Telephone #		Fax #
F	ederal Tax Identificati	on#
_	Or	
	Social Security Number	
PLEASE CHECK AP		
Are you a Corporation?	Parntership?	Sole Proprietor?
Non-Profit?Oth	er (please specify)	Both?
Do you provide a produ	ict?Service_	Both?
SHOULD YOU BE IS	STIFD A 10002	YES NO
		TON OR A NON-PROFIT
	and the second s	
		A SERVICE, PLEASE CHECK 1099
"YES". A 1099 WILI	BE ISSUED ONLY	WHEN \$600 OR MORE IS EARNED.
TELEPHONE #(860)	652-7588	FAX # (860) 652-7590

(Rev 3/99)