

TAX STATUS (Complete One)

Name of Company or Corporation:

Taxpayer Identification Number(FIN):

Name of Sole Proprietorship:

Sole Proprietor:

Taxpayer Identification Number(SSN):

Name of Individual:

Taxpayer Identification Number(SSN):

Name Of Partnership:

Taxpayer Identification Number(FIN):

IF YOU ARE EXEMPT FROM 1099 REPORTING, CHECK (✓) THE QUALIFYING EXEMPTION:

Corporation	US Governmental Agency/Municipality
Financial Institution	Exempt from tax under 501(a) or IRA
Trust or Estate	Foreign Government or Company
Other (Please explain):	

CHECK (✓) ONE OF THE FOLLOWING IF YOUR BUSINESS IS CERTIFIED AS A:

Disadvantaged Business Enterprise

Minority Business Enterprise

If so, please indicate ethnic origin: _____

Women Business Enterprise

Name and address of agency that provided your MBE or WBE certification:

Name: _____

Address: _____

Date Certified:

Date Certification expires:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE:

TYPED OR PRINTED NAME:

TITLE:

DATE: