

**TOWN OF DERRY NH
SUBSTITUTE W9 FORM**

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Town of Derry. If this number is not provided, you may be subject to backup withholding on each payment. To avoid this withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information. **ALL INFORMATION SHOULD BE AS IT APPEARS ON YOUR TAX RETURN!**

LEGAL NAME (as reported to the IRS) _____

DOING BUSINESS AS (if different from above) _____

LEGAL ADDRESS (street, city, state, zip) _____

REMIT (MAILING) ADDRESS (if different from above) _____

CITY/STATE/ZIP _____

WEBSITE ADDRESS _____

EMAIL ADDRESS _____

TAXPAYER IDENTIFICATION NUMBER (AS IT APPEARS ON YOUR TAX RETURNS)

Social Security number (if individual/sole proprietor) _____ -- _____ -- _____

Federal Employer Identification Number (all others) _____ -- _____

TAXPAYER TYPE (Please check one)

Individual/Sole Proprietor _____

Partnership _____

LLC 1099 Vendor _____

Corporation _____ (C) _____ (S) _____

LLC Exempt _____

Estate or Trust _____

Non-Profit Corporation _____

Other (Please specify) _____

Non-Profit Not Incorporated _____

PRINCIPAL BUSINESS ACTIVITY (List Type of Service or Product Provided) _____

TELEPHONE NUMBER _____ **FAX NUMBER** _____

Under penalties of perjury, I declare that the information provided is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

Please mail or fax this form back to the Town of Derry, Finance Dept, 14 Manning St, Derry NH 03038 Fax number 603-432-6760 Attention Debbie