



MONROE COUNTY FINANCE DEPARTMENT
124 N COURT ST
SPARTA, WI 54656

9/12/2022

To: Vendors

From: Diane Erickson

Subject: Taxpayer Identification Number

Under the Tax Equity and Fiscal Responsibility Act of 1952, you (as payee) are required to provide us (as payor) with your correct Taxpayer Identification Number (TIN). If you do not provide us with your correct number, you may be subject to penalties and 28% withholdings on all future payments.

If you are an individual or sole proprietorship, your TIN is your Social Security Number. A Sole Proprietorship must also provide us with the owner's name.

If you are not an Individual, your TIN is your Federal Identification Number (FIN).

Note: Please make sure the TIN provided matches the name above, or provide us with the appropriate name for the TIN.

Limited Liability Company Note: Please check the appropriate box in the line on the following page for the Tax Classification of the single-member owner. DO NOT Check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **NOT** disregarded from the owner for U.S. Federal Tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the Tax Classification of its owner.

Monroe County Finance Dept
ATTN: Diane
124 N. Court Street
Sparta, WI 54656

If you have any questions about form, please contact Diane Erickson at 608-269-8707.



MONROE COUNTY FINANCE W-9 FORM

124 N COURT ST SPARTA, WI 54656 | PHONE: 608-269-8707

VENDOR NAME: (as shown on your Income Tax Return)

DBA: (if different from above)

STREET ADDRESS:

CITY, STATE AND ZIP CODE:

TAXPAYER IDENTIFICATION NUMBER (TIN):

TAXPAYER IDENTIFICATION NUMBER (TIN)

SOCIAL SECURITY NUMBER **OR**

EMPLOYER IDENTIFICATION NUMBER

TYPE OF BUSINESS: (CHECK ONE)

INDIVIDUAL/SOLE PROPRIETOR

SINGLE-MEMBER LLC OWNER'S NAME (PRINT)

LIMITED LIABILITY COMPANY

C. CORPORATION S. CORPORATION PARTNERSHIP

INC. HEALTHCARE OR MEDICAL SERVICE

UNINCORPORATED MEDICAL SERVICE

TAX EXEMPT (EXPLAIN)

OTHER (EXPLAIN)

NATURE OF BUSINESS:

SERVICE PROVIDED

GOODS PROVIDED

VOLUNTEER DRIVER

RENTALS

OTHER (EXPLAIN)

CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PRINTED NAME:

PHONE NUMBER:

DATE:

SIGNATURE REQUIRED: