

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

NAME: _____

ADDITIONAL or DBA NAME: _____

REMIT ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME/BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ Fed ID # (EIN/FIN): _____

PRINCIPAL ACTIVITY (select only ONE)

[] Service Provider [] Product/Merchandise Provider [] Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

[] Individual/Sole-Proprietor [] Government [] Personal Service Corp
[] Partnership/LLP [] Estate or Trust [] Health Care Provider
[] Corporation/LLC [] Non-Profit (attach exemption) [] Legal Services

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

NAME & TITLE (print or type): _____

TELEPHONE #: _____ TOLL FREE #: _____ FAX #: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN WHEN COMPLETED TO: CATHERINE GOFF
DIVISION OF TRAVEL AND TOURISM
PO BOX 1856
CONCORD NH 03301
(Phone) 603-271-2665
(FAX) 603-271-6870