

CITY OF NEWBURGH
CITY COMPTROLLER'S OFFICE
CITY HALL
83 BROADWAY
NEWBURGH, NEW YORK 12550

FOR DEPARTMENT USE ONLY

TO:

VENDOR NUMBER:

DATE:

FROM: ACCOUNTS PAYABLE DEPARTMENT

SUBJECT: REQUEST FOR TAXPAYERS IDENTIFICATION NUMBER AND ADDRESS INFORMATION

As PER THE CURRENT TAX LAW, I.R.S. REGULATIONS REQUIRE A 31% BACK-UP WITHHOLDING FROM PAYMENTS ISSUED TO CERTAIN TAXPAYERS. AS YOU ARE A VENDOR OR RECIPIENT OF PAYMENTS FROM THE CITY OF NEWBURGH, WE MAY HAVE TO ISSUE FORM 1099-MISCELLANEOUS TO YOU BY JANUARY 31ST OF EACH YEAR.

IN ORDER TO COMPLY WITH I.R.S. REPORTING REQUIREMENTS, WE REQUIRE THAT THE ATTACHED W-9 FORM BE COMPLETED IN FULL, SIGNED AND RETURNED *WITH ORIGINAL SIGNATURE TO* THE CITY COMPTROLLER'S OFFICE IMMEDIATELY. FAILURE TO RETURN ORIGINAL FORMS SHALL DELAY PAYMENT. *COPIES AND FAXED **FORMS RECEIVED BY THIS OFFICE WILL NOT BE ACCEPTED; ORIGINALS ONLY!!!***

WE ARE ALSO REQUESTING THAT YOU COMPLETE THE ADDRESS INFORMATION BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR ACCOUNTS PAYABLE DEPARTMENT AT (845) 569-7395 OR (845) 569-7362. THE FAX NUMBER TO THIS DEPARTMENT IS (845) 569-7490.

CORRESPONDENCE CORRECTION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

REMIT TO-NAME/ADDRESS IF DIFFERENT FROM ABOVE:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____