Print Form Reset Form

TOWN OF PITTSFORD

VENDOR TIN VERIFICATION FORM

PLEASE PRINT THIS FORM AND MAIL OR FAX TO:

Town of Pittsford – 11 S. Main Street – Pittsford, NY 14534 – FAX: 248-6247

Pursuant to Internal Revenue Service Regulations, vendors must furnish their Taxpayer Identification Number (TIN). If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate information is reported to the IRS and the State, please use this form to provide the requested information.

Name: _____

(If joint names, list first and circle the name of the person whose TIN is shown below)

Legal Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

9 Digit Taxpayer Identification Number *(Complete One)*:

Social Security Number: _____ Federal Employer ID No: _____

Business Designation *(Check One):*

- ☐ Individual
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Estate/Trust
- ☐ Corporation
- ☐ Public Service Corporation
- ☐ Governmental/Non-Profit

Other Tax Account Numbers:

State Sales and Use Tax Number _____

State Employers Withholding Tax No. _____

State Unemployment Tax Number _____

State Corporation Income Tax No. _____

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct and complete.

Name: _____ Title: _____

(Print or Type) *(Print or Type)*

Signature: _____ Date: _____

Telephone: _____ Extension: _____ FAX: _____