

Community Players of Concord NH

ALTERNATE W-9 FORM

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

PLEASE USE THIS FORM TO PROVIDE THE REQUEST INFORMATION

Pursuant to IRS Regulations, you must furnish you taxpayer Identification Number (TIN) to the Players whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, **A RESPONSE IS REQUIRED.**

If a service provider is 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 \_\_\_\_\_

ADD'L or D/B/A/ NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN/FIN \_\_\_\_\_ - \_\_\_\_\_

PRINCIPAL ACTIVITY (select only ONE)

\_\_\_\_\_ Service Provider \_\_\_\_\_ Product/Merchandise Provider \_\_\_\_\_ Other Provider

List principal type of service product or other you provide \_\_\_\_\_

DESIGNATION (select ALL which apply to you/your organization)

_____ Individual	_____ Government	_____ Personal Service Corporation
_____ Sole Proprietor	_____ Estate or Trust	_____ Health Care Provider
_____ Partnership	_____ Corporation	_____ Non-Profit (attach copy of exemption)

*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 # \_ ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return when completed to: Community Players of Concord NH  
PO Box 681  
Concord NH 03302-0681