

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Return to:

_____ PTA/PTSA

Address

City, State, Zip Code

As a business, we are required to file Form 1099. In order to properly complete our reporting requirements, we need certain information from you. Please complete the following and return to the address shown above. Thank you for your assistance.

Please **check one box** only and provide name and Taxpayer Identification Number.

Individual/Sole Proprietor

Name _____

Social Security Number ____ - ____ - _____

Corporation **Partnership** **Estate or Trust**

Full Business Name _____

Federal Employer Identification Number (E.I.N.) ____ - _____

Business Address _____

Mailing Address _____

Signature _____ Title _____

Telephone Number (____) _____ Date _____