

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

523 Ashmun Street
 Sault Ste. Marie, MI 49783
 Phone: (906) 635-6050
 Fax: (906) 632-6622

Taxpayer Identification Number Request (Substitute Form W-9)

Please help us upgrade our records by completing the following information. We are required by law to obtain this information from you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the Internal Revenue Service for failure to provide us with your correct Tax Payer Identification Number.

Instructions: Find your tax status and fill in the boxes to the right of your tax status. Complete the address section. Sign and date the form, and please fax the completed form to us at (906) 632-6622 or mail to the above address. Please put to the attention of the Accounting Department.

IMPORTANT: YOU MUST USE THE LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD OR FORM CP 575. THE SAULT TRIBE WILL ONLY ISSUE CHECKS TO LEGAL NAME OF RECORD THAT MATCHES THE CORRESPONDING SOCIAL SECURITY NUMBER OR I. D. NUMBER.

P	INDIVIDUAL	Individuals Legal Name: _____	Social Security Number: ____-____-____
P	SOLE PROPRIETOR NO FEDERAL EMPLOYER I.D. #	Owner's Legal Name: _____	Social Security Number: ____-____-____
IMPORTANT: COMPLETE ONLY THE SOLE PROPRIETOR SECTION THAT APPLIES, DO NOT COMPLETE BOTH			
N	SOLE PROPRIETOR WITH FEDERAL EMPLOYER I. D. #	Business Name: _____	Federal Employer I. D. Number: ____-____-____
N	PARTNERSHIP	Legal Name of Partnership: _____	Partnership I. D. Number: ____-____-____
C	CORPORATION	Legal Name of Corporation: _____	Federal Employer I. D. Number: ____-____-____
N	PROFESSIONAL CORPORATION	Legal Name of Professional Corporation: _____	Federal Employer I. D. Number: ____-____-____
C	TAX-EXEMPT ENTITY (CHECK ONE)	Legal Name of Entity: _____	Federal Employer I. D. Number: ____-____-____
C	<input type="checkbox"/> Charitable Corporation	_____	_____
C	<input type="checkbox"/> Governmental Division	_____	_____
C	<input type="checkbox"/> Association	_____	_____
C	<input type="checkbox"/> OTHER: _____	_____	_____

Address: _____

City: _____ State: _____ Zip: _____

Person completing this form: _____ Title: _____

Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email: _____

FOR SAULT TRIBE USE ONLY	
TYPE: <u>V OR EAT</u> <small>CIRCLE ONE</small>	OTHER: _____ <small>LIST</small>
S.T. CONTACT PERSON: _____	VENDER # : _____
RESPONSIBLE COST CENTER: _____	PHONE NUMBER & EXTENSION: _____
PROGRAM NAME: _____	
SEND ORIGINAL TO: SAULT TRIBE ACCOUNTING, 523 ASHMUN STREET	