

## W-9 FORM



ESI Ergonomic Solutions is required by law to report certain payments made to vendors to the Internal Revenue Service (IRS). In order to comply with Federal Law regarding FORM 1099, we are requesting the following information. **Failure to provide us with a correct taxpayer ID number may subject you to backup withholding on all payments we make to you, and may subject you to a penalty.**

**NAME** (as shown on your income tax return)

**BUSINESS NAME/DISREGARDED ENTITY NAME** (if different from above)

### CHECK APPROPRIATE BOX FOR A FEDERAL TAX CLASSIFICATION

☐ INDIVIDUAL/SOLE PROPRIETOR    ☐ C CORP    ☐ S CORP    ☐ PARTNERSHIP    ☐ GOVERNMENT AGENCY  
☐ TAX EXEMPT ORGANIZATION    ☐ OTHER (please explain) \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER** (please list whichever applies to above entity)

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER (EIN): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CERTIFICATION:** Under penalties of perjury, I certify that the number and information shown on this form is correct to the best of my knowledge.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_

**Please complete and return this form promptly to ensure timely registration for Spiff Payments.**

Please email forms to: [info@esiergo.com](mailto:info@esiergo.com)