



## COMPANY STATUS/INCORPORATION FORM

Updated: 11/04

Company Name & Address:

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1. Employer Identification Number \_\_\_\_\_

or Social Security Number \_\_\_\_\_

2. Are you Incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Are you an exempt Governmental Agency or Tax Exempt

Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Please check the box that best describes the type of transaction for which payments are made to you. (Check more than one box if necessary.)

Materials Only

Materials & Services

Services Only

Professional Fees

Rents

Royalties

Commissions

Other (Describe) \_\_\_\_\_

5. Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

\*Failure to return this information by January 1<sup>st</sup> may subject disbursements to 20% withholding.\*