



# HO-CHUNK NATION

## DEPARTMENT OF TREASURY

Ho-Chunk Nation Treasury Dept.  
W9814 Airport Road  
P.O. Box 640  
Black River Falls, WI 54615

Main Fax: 715-284-1597

Federal Income Tax Law requires us to maintain your taxpayer identification number (TIN) on file. Under Federal Regulation, section 1.6041-1, you are required to provide us with the information on the Form W-9 included in this mailing. If you fail to furnish us with this information, you may be subject to a \$50.00 penalty imposed by the IRS and all payments we make to you could be subject to a 28% backup withholding.

In order for us to complete the Form 1099-MISC properly, we must have your name, address and taxpayer identification number (TIN) under which you report your earnings. If you do business as an INDIVIDUAL or SOLE PROPRIETOR, your TIN number is your SOCIAL SECURITY NUMBER (SSN). If you do not do business as an individual or sole proprietor, then the TIN number is your Employer Identification Number (EIN).

We are not required to file a Form 1099-MISC for you if you are a corporation, tax-exempt organization or other exempt payee. HOWEVER, the law requires that you provide us with your TIN number as well as the type of payee you are.

**\*\* Please provide us with the information required by completing the enclosed Form W-9 and furnishing the information requested on the "Type of Business" page.**

In order to avoid any payment delays, please return both the Form W-9 and the "Type of Business" page as soon as possible. You may return the completed forms to the address provided at top of this page or fax them to "Attn: Accounts Payable" at 715-284-1597.

Thank you for your cooperation.

# Type of Business

## 1. Please circle the type of business you are:

Individual          Sole Proprietor          Partnership          Estate          Trust  
Corporation          Corporation providing health care / medical services  
Tax Exempt Organization          Government Agency          Other \_\_\_\_\_

## 2. Please circle the type of service you are providing:

Miscellaneous          Medical          Rent

## 3. Please circle whether this is for a:

SERVICE          PURCHASE OF MERCHANDISE  
RENT          UTILITIES          CUSTOM ORDER

Business Name: \_\_\_\_\_ Taxpayer Identification Number (TIN): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Terms: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact name at your organization: \_\_\_\_\_

Return to: Ho-Chunk Nation Treasury Dept.  
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OR Fax to: 715-284-1597  
Attn: Accounts Payable