

**West Oxford Agricultural Society**

**W-9 FORM**

Date: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal law requires that we report to the Internal Revenue Service amounts paid to you during the year for personal or contractual services, rentals, and other forms of payment if such payments Aggregate \$600.00 or more during the year. We are also required to include your Taxpayer Identification Number (TIN). If you fail to provide your TIN, we are required to withhold 20% of the amount payable to you. If you have been notified by the IRS that you are subject to backup withholding, we must withhold 20%.

Please write your TIN below. Your TIN is your Social Security Number for individuals or sole Proprietors. For partnerships, your TIN is your Employer Identification Number (EIN).  
Please also sign and date the certificate and enter your address.

**TIN:** \_\_\_\_\_

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

I certify that the above number is my correct Taxpayer Identification Number, and that I am Not subject to backup withholding.

We are not required to report amounts paid to corporations.  
If you are incorporated, please write your corporate name below and sign where indicated.

**CORPORATE NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_