

**Barb Leach**  
*Payroll Specialist*

**Sue Reed**  
*Payroll & Benefits  
Data Specialist*

**Polk County  
Department of Administration**

100 Polk County Plaza, Suite 220  
Balsam Lake, WI 54810  
Tel - (715) 485-9212 Fax - (715) 485-9119

**Maggie Wickre**  
*Bookkeeper*

**Jamie Carlson**  
*Staff Accountant*

**Tammy Waters**  
*Accounts Payable*

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(DATE)

NAME  
ADDRESS  
CITY, STATE, ZIP

In order for Polk County to comply with Internal Revenue Service (IRS) regulations, this letter is to request that you complete and return this form and the enclosed W-9 within 5 business days.  
**Failure to provide this information will result in delayed payments or backup withholding.**

Please return this form and the W-9, even if you are exempt from backup withholding, **within 5 business days** of receipt of this letter. Make sure that the forms are complete and correct.  
**Failure to respond in a timely manner may subject you to a 28% withholding on each payment, or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line of the W-9.

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Is your business a Corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If a Corporation, do you provide Medical or Legal Services for Polk County \_\_\_\_Yes \_\_\_\_No

Signature \_\_\_\_\_

Teleph \_\_\_\_\_ one No. \_\_\_\_\_

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Thank you for your cooperation in providing us with this information. Please return this form and W-9 to: Or you may fax this form and W-9 to: 715.485.9119. Thank you.

**Tammy Waters**  
**Accounts Payable/Administrative Assistant**  
**Polk County Government Center**  
**100 Polk County Plaza Ste 220, Balsam Lake, WI 54810**