

Barb Leach
Payroll Specialist

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Payroll & Benefits
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Polk County
Department of Administration

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

Jamie Carlson
Staff Accountant

Maggie Wickre
Bookkeeper

Tammy Waters
Accounts Payable

SECOND REQUEST

Date

Name
Address
City, State and Zip

In order for Polk County to comply with Internal Revenue Service regulations, this letter is to request that you complete this form and the enclosed W-9. **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 or 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.

Is your business a Corporation? _____ Yes _____ No

If a Corporation, do you provide Medical or Legal Services for Polk County ____ Yes ____ No

Signature _____

Telephone No. _____

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

Tammy Waters
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