



REQUEST FOR TAX PAYER IDENTIFICATION NUMBER

Return To:

**OCI/Sitwell
14815 Radburn Avenue
Santa Fe Springs, CA 90670**

**PH: 562/802-0464
FAX: 562/926-5561**

As a business, we are required to file Form 1099 for individuals/vendors. In order to properly complete our reporting requirements, we require the following information. Please complete this form and return it to the address shown above. Thank you for your assistance in this regard.

Please check one box only and provide NAME and TAX PAYER IDENTIFICATION NUMBER

Individual / Sole Proprietor

Name: _____

Social Security Number: _____

Incorporated

Not Incorporated

Partnership

Full Business Name: _____

Federal Employer ID Number: _____

Business Address: _____

Mailing Address: _____

Signature: _____

Title: _____

Telephone Number: _____

Date: _____