

MTG

Oleh Vynnychok
president

fax: 973-741-2431
admin@mtglimo.com

To comply with the Federal Income Tax Law we are required to keep records of social security number or federal taxpayer identification number for all persons and vendors to whom we make payment. Please provide this information on the form below and the attached W9 form.

Please fax completed forms to me at 973-741-2431 or return to my attention via USPS.

Thank you for your prompt attention to this matter.

Check one: Individual Corporation Limited Other (Please specify)

Federal Employer ID ___ - ___ - ___ - ___ - ___

Social Security # (for INDIVIDUAL only) ___ - ___ - ___ - ___ - ___

Company/Individual Name: _____
(Exactly as registered with the IRS)

Address: _____

Authorized Signature: _____ Date: _____

Title: _____