



Payee Information Form

TOWN USE ONLY

New Vendor

Update Vendor Information

Reimbursement Only

Vendor I.D.: _____

Town of Ellington – Finance Department
55 Main Street
Ellington, CT 06029

Telephone Number: (860) 870-3115
Fax Number: (860) 870-3158

Payment terms are Net 30, unless otherwise stated **AND** agreed to by the Town.

Legal Name: _____

(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business the name of owner of the business is required.)
Company or Business Name (if different from above): _____

Legal Mailing Address:

Line 1: _____
Line 2: _____
Line 3: _____
City: _____
State: _____ Zip: _____

Payment/Remit to Address: OR Same as PO Mailing Address

Line 1: _____
Line 2: _____
Line 3: _____
City: _____
State: _____ Zip: _____

Contact Name: _____
E-mail Address: _____
Phone: _____
Fax: _____

Contact Name: _____
E-mail Address: _____
Phone: _____
Fax: _____

Vendor Type (check only one):

Vendor* Reimbursement Only

*If "Vendor": Provider of: Goods Services Goods/Services Type of Services Offered: _____

Type of Organization (check only one):

Employer Identification Number:

Social Security Number/ITIN:

- Individual – US citizen or US permanent resident
- Individual – Non-US citizen & non-US perm resident
- Limited Liability Corporation
- Sole Proprietorship
- Partnership – US
- Corporation – US (includes 501(c)3 non-profit corp)
- Government Agency – US

OR

Non-US: Corporation Partnership Gov Agency

Exempt Status yes no

Vendor Ownership Type (please check those that apply):

Any type of Minority business must be at least 51% owned and controlled by one or more individuals who qualify as minority.

Majority Minority Women Owned Other _____

Conflict of Interest:

- Yes No Are you or any Officer, Owner or Partner in this company an employee of the Town of Ellington?
- Yes No Are any family member's employees of the Town of Ellington? If yes, please state who: _____

Note: You must provide a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) AND a legal business address that corresponds to the tax identification number given on this form in order for the Town to process your payment(s). The Town is required by Federal law where applicable to report such payments along with the SSN/FEIN to Federal and State agencies where required by law. Your failure to provide a correct name and Taxpayer Identification Number will subject your payments to federal income tax withholding. Vendors required, please attach a W-9.

I Certify that I have examined this form and determined to the best of my knowledge, the information provided is complete and accurate.

Name of Individual completing form (print name and title if applicable):

Telephone #:

Individual or Authorized Company Representative (Signature):

Date: