



Department of Social Services

7551 Court Street
 P.O. Box 217
 Elizabethtown, N.Y. 12932

John P. O'Neill
 Commissioner

Area Code: 518

Temporary Assistance 873-3470 Fax 873-3472	Medicaid Dept. 873-3450 Fax 873-3499	Child Care 873-3885 873-3431 Fax 873-3467	Food Stamps 873-3428 Fax 873-3472	HEAP 873-3445 873-3446 Fax 873-3816	Fraud Unit 873-3636 Fax 873-3816	Child Support 888-208-4485 Fax 873-3382	Family & Child Svcs 873-3420 Fax 873-3467	Protective Svcs.-Adults 873-3550 Fax 873-3794	Coordinated Care Unit 873-3550 Fax 873-3794	Legal for Family Svcs 873-3497 Fax 873-3467	Accounting Unit 873-3460 Fax 873-3462	Staff Development 873-3410 Fax 873-3779
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Vendor Tax Identification Number Form

9 Digit Taxpayer Identification Number (Complete One)

Social Security Number: _____ Federal Employer ID No: _____

Name: _____
 (Name associated with TIN should be exactly as it is listed with IRS/SSA)

Address: _____

PLEASE NOTE: Checks returned to this agency due to a change of address will be held until written notification from you to verify the new address is received.

Business Designation (Check One)

_____ Individual	_____ Corporation
_____ Sole Proprietorship	_____ Public Service Corp.
_____ Partnership	_____ Governmental/Non-Profit
_____ Estate/Trust	

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete.

_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Signature	_____ Date Telephone

Agency Use Only

Case Number _____	Worker _____
Pay Type _____	Vendor ID _____
Approved by _____	Bics or Accounting System _____