

To receive payment all Agents, WYO Companies, and State Associations must submit a one-time only Vendor Payment Form. Fill out this form and submit it with your reimbursement documentation.

**NOTE:** 1099 Payee # / Corp. ID # required for payment to be processed. Failure to provide this information will result in a 31% tax withholding.

**Vendor Information**

Please print

Make Checks Payable to: \_\_\_\_\_

**Remit to Address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Vendor Tax Information**

**Under what name and address do you file income tax information to the IRS?**

Check here if same as above.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Vendor Tax Identification**

**For the payee identified above, please check the appropriate designation and provide the corresponding information.**

Corporation

Corporate Federal ID # \_\_\_\_\_

Sole Proprietorship

Social Security # \_\_\_\_\_

Partnership

Owners' Names and Social Security #'s

Name \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agent Signature

Date

**LFS Team FloodSmart JV Use Only**

Paying Entity \_\_\_\_\_ Vendor # \_\_\_\_\_ Entered Date \_\_\_\_\_