

W-9 Information Form

Complete this form and send it along with the completed and signed W-9 form.

SJD's Name: _____

SJD's email: _____

Name of Person or Entity Paid with NAWGJ Funds: _____

Total Amount Paid: \$ _____ **Date Paid:** _____

Amount for Services: \$ _____ *(fees for services rendered only)*

Describe the Service Rendered: _____

Amount for Other: \$ _____ *(ex: reimbursements for travel, meals, rent of facility or equipment)*

Describe the "Other": _____

Attach this completed form to the completed & signed W-9. Send both forms to:

Robin Ruegg, NAWGJ CFO, 15635 Eddington Way, Apple Valley, MN, 55124
Email: nawgjrrfinance@gmail.com