

W-9 Information Form

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

SJD/RJD Name: _____

SJD/RJD Email: _____

Name of Person or Entity Paid with NAWGJ Funds: _____

Email of Person Paid: _____

Phone number of Person Paid: _____

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

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

Describe the Service Rendered: _____

Amount for Other: \$ _____ (For example: reimbursement for travel, meals, rent of facility or equipment)

Describe the "Other": _____

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

Robin Ruegg, NAWGJ CFO, 15635 Eddington Way, Apple Valley, MN

Email: nawgjrrfinance@gmail.com