

# KOHL'S

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Date: \_\_\_\_\_

To: Kohl's Department Stores, Inc. Vendors

RE: Request for 1099 Information

Our office has made payment of an invoice to your organization. The Internal Revenue code requires a Form 1099 to be filed annually for all payments exceeding \$600.00 to any unincorporated entity. It is our policy to obtain tax identification numbers from all vendors.

Please complete the following and the attached W-9 form.

Type of Business :

\_\_\_\_\_ CORPORATION \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ OTHER

Employer Identification Number (EIN) \_\_\_\_\_

OR

Social Security Number (SSN) \_\_\_\_\_

**Name Associated with EIN or SSN** \_\_\_\_\_

D/B/A: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please return both forms to: Kohl's Department Stores, Inc. OR These forms can be faxed to us at  
Attn: Accounts Payable # 262-703-6321  
P.O. Box 359  
Milwaukee, WI 53201

Thank you for your help in supplying this information.

Accounts Payable