

City of Yonkers/Yonkers Public Schools One Larkin Center – 3rd Floor Yonkers, New York 10701 (914) 377-6035

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Mike Spano, Mayor Tom Collich, Director

CITY OF YONKERS/YONKERS PUBLIC SCHOOLS Purchasing

Request for New Vendor Code

Dear Vendor:

In order for the City to issue your company a contract or purchase order, we must assign your company a new vendor code.

The Internal Revenue Service (IRS) regulations require that the City have on file a Taxpayer Identification Number (TIN) for all individuals and businesses supplying the City with taxable goods and services.

Please complete (type or print) this form and the attached W-9 form and return to this office via fax or email. Please note, PO Box Numbers are not acceptable as formal street addresses (only remit) for tax purposes.

| Person and/or Vendor Name: Wellcore Consult | ing, LLC | | | |
|--|---|----------------|-------------------|-------------|
| D.B.A. Name: (If applicable) | | - / m - di- | | |
| Address: 139 Lafayette Ave | Ad | dress line 2: | Suite 137 | |
| City: Suffern S | state: NY | _Zip: 10901 | County:_ | Rockland |
| Remit address (If different from above): P.O. B | ox 22 | | | |
| City: Blauvelt S | state: NY | Zip: 10913 | County: | Rockland |
| Vendor website: www.wellcore.org | | | | |
| Contact Person Victoria Shaw | *************************************** | Title | xecutive Director | r |
| Telephone No. 845-304-4371 | 34 | Fax No | | |
| E-Mail: vshaw@wellcore.org | - 10 - Law en | | | 110 |
| Company EIN: <u>4 7 -1 7 9 1 0 3 8</u> | Social Secu | rity No.: | | |
| Industry: Educational Consulting | Receive | es a 1099 Forn | Yes X | _No |
| Do you qualify as a 501C business for non profit | ::Yes | X No. | S-Corporation | Yes X No |
| Are you a Law Firm?Yes X_No Is the | his a Rent I | Payment? | Yes X No | |
| EFT Vendors: Please provide Bank Name/Addre | ss/Branch | Routing Numb | er/Account No | The account |
| name must appear exactly as on bank statement. | | | | |
| | | | | |
| | | 400- | = | |
| To be completed by Yonkers Accounts Payable: | | | | |
| | Ven | dor Code | Entered By | Date |
| PLEASE RETURN VIA EMAIL OR FAX TO | | EMAIL | | FAX |