

KOHL'S

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