

Merchant Services • 4 Northeastern Boulevard, Salem, NH 03079-1952 • www.chasepaymentech.com • Phone: (603) 896-6000 • Fax: (603) 896-8715 • Merchant\_Services@ChasePaymentech.com

## **IRS Reporting Information Update Request**

Merchants with Taxpayer ID number changes

## This form is used in conjunction with the federal W-9 or W-8 form to update the Taxpayer ID Number within Chase Paymentech's systems to ensure that our records match the IRS. A W-9 or W-8 form must accompany this request.

Company Legal Name:	Company #
Requestors Name:	Contact Phone:
	(Include Country code)
Requestors Email Address:	
Please indicate which change(s) you are requesting to be made to Chase Paymentech's system(s):	
Change to your existing Tax Pa (W-9 Required for each new Taxpayer ID for US may be required for existing International mercha	Merchants, W-8 is required for each new Taxpayer ID for Canadian Merchants, W-8
Provide New Tax ID Number:	Effective Date of Change: (Required)
<b>Company</b> (all of the divisions under this con <b>or</b>	npany will utilize the new Taxpayer ID)
Business Unit #/No.	All TD's Yes No (if no provide list of Division numbers below)
Transaction Division #/No.(s) only	
1099K Contact Name:	
1099K Mailing Address:	to the address listed on the W-9 supplied (only required on new Taxpayer ID #'s)
	han address provided on your W-9)
	<b>Tarchy's existing Tax Payer Identification Number</b> Merchants, W-8 is required for each new Taxpayer ID for Canadian Merchants, W-8 m a US Taxpayer ID)
Provide New Tax ID Number:	Effective Date of Change: (Required)
Business Unit #/No.	All TD's Yes No (if no provide list of Division numbers below)
1099K Contact Name:	
1099K Contact Email Address	
	to the address listed on the W-9 supplied (only required on new Taxpayer ID #'s)
(If different t	han address provided on your W-9)
On behalf of	I,, represent and warrant
<i>(Merchant Legal Nam)</i> that I have the authority to change and/or a is accurate and should be used as requeste	dd taxpayer Id information and I verify that the above taxpayer Id information
Authorized Signature * (*Must b	Title Date Date Date