Vendor Information form:

Please send it back to IPMS NATS 2024 coordinator Bob Clift at nats.vendors2024@gmail.com

|  |  |
| --- | --- |
| Wisconsin Seller’s Permit Number (15 digits starting with 456) (If applicable) | 456- |
| SSN (last 4 digits) |  |
| FEIN (last 4 digits) (if applicable) |  |
| Exemption Code (if no FEIN or Seller’s Permit and claiming Exempt Occasional Sales please use code **4**) |  |
| Legal Business Name (if not sole proprietor) |  |
| Doing Business As (DBA, if applicable) |  |
| Vendor Contact Name (Last) |  |
| Vendor Contact Name (First) |  |
| Vendor Phone Number |  |
| Mailing Address |  |
| Email Address |  |
| City |  |
| State |  |
| ZIP |  |
| Multilevel Marketing Company (if claiming Code 2) |  |

Occasional Sale Exemption see [pub 228](https://www.revenue.wi.gov/DOR%20Publications/pb228.pdf) , page 8.