



Appendix 1.

Tax Information Form

Only fill this out if the Contractor has had multiple contracts totalling more than \$500 worth of work with the AMS within the calendar year. If this information has already been submitted to the AMS within the calendar year, then you do not need to submit it again.

Contractor Legal Name: _____

SIN of Contractor: _____

Phone Number: _____

Mailing Address (e.g.: Residence, P.O. Box): _____