

# Substitute Form W-9

# Taxpayer Identification Number Request

To: \_\_\_\_\_ Account Number: \_\_\_\_\_

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 30% federal income tax backup withholding. Also, if you do not provide this information you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding pre-empts any state or local law remedies such as a right to a mechanic's lien. If you do not furnish a valid TIN or if you are subject to backup withholding, the payor is required to withhold 30% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all back up withholding as a credit for taxes paid on your federal income tax return.

**Instructions:** Complete Part 1 by checking the box and completing the information that corresponds to your tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return it to us in the enclosed envelope.

## Part 1 Tax Status: (complete one row of boxes)

Individual Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sole Proprietor Business Owner's Name \_\_\_\_\_

Business Owner's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trade or Business Name \_\_\_\_\_ / Business EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Partnership EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Corporation

Please answer questions below if you are a corporation:

- |  |   |   |
|--|---|---|
| 1. Corporation providing legal services?   | Y | N |
| 2. Corporation providing medical services? | Y | N |

Limited Liability Company EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tax-Exempt or Not-for-Profit under § 501(C)(3) EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Government Entity EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estate or Trust EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

All other Entities EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part 2 Exemption:** If exempt from Form 1099 reporting, check here:   
and circle your qualifying exemption reason below

1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
2. Tax exempt Charity under § 501(C), or IRA.
3. The United States or any of its agencies or instrumentalities.
4. A State, the District of Columbia, a possession of the United States, or any of their political subdivisions.
5. A foreign government or any of its political subdivisions.

**Part 2 Signature:** I am a U.S. person (including a U.S. resident alien).

Person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please return this form to our office at 3137 Mill Bay Road, mail it in the enclosed envelope or fax to 907-486-8723 Thank you for your cooperation.