



**Taxpayer Identification Number Request**  
**Substitute Form W-9**

**Part 1: US Individuals, Sole Proprietors and Non-Corporations (Complete only ONE box in this Part. Choose the box that applies)**

**US Individuals** (Form 1099 reportable) Individuals are not a “doing business as” a company or alternative.

Individual Name (print) as shown on your tax return:

\_\_\_\_\_

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

**US Sole Proprietor:** (Form 1099 reportable) A sole proprietorship may have a “doing business as” trade name but the legal name is the business owner. If you supplied your personal SSN as the Tax ID, you must provide your name as it is issued with your SSN. If you provided an EIN issued to you by the IRS for your business, you must provide the legal business name registered for the EIN.

Business Owner's Name (print) as shown on your tax return:

\_\_\_\_\_

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

OR

Business EIN \_\_\_\_\_

Business or Trade Name (print) \_\_\_\_\_

**Non-Corporations (US Partnership, LLP, LLC or Trust, etc):** (Form 1099 Reportable)

Name of Partnership/LLP, LLC, Trust, etc.(print) as shown on your tax return:

\_\_\_\_\_

Partnership's/Company's EIN \_\_\_\_\_

*(If Part 1 has been completed, skip to Part 3 on the next page. If Part 1 does not apply to your entity, proceed to Parts 2 and 3 on the next page)*



## Part 2: Corporation, Exempt Charity, or Government Agency

### US Corporation (must be a "C" or "S" corporation only), exempt charity, or Federal, State or Local Government Agency

Name of Corporation or Entity (print) as shown on your tax return:

\_\_\_\_\_

State Incorporated: \_\_\_\_\_ Business EIN \_\_\_\_\_

**Possible Exemption** (Please check the correct exemption below. If no box is checked, a 1099 WILL be issued regardless of status.)

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Corporation: *not medical, healthcare, or legal service provider*

☐

Corporation: *Medical, healthcare, or legal services (all 1099 reportable)*

☐

Tax exempt charity under 501(a), or IRA

☐

US Government: The United States or any of its agencies or instrumentalities, a state, the District of Columbia, a possession of the United States, or any of their political subdivisions

☐

A foreign government or any of its political subdivisions located in the US or US territories

**Part 3: Signature** I am a US person (including US resident alien). I certify under penalty of perjury that the Tax Identification Number and associated individual or company name provided on this form is correct.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **For Office Use Only:**

Supplier Number: \_\_\_\_\_ Reportable: \_\_\_\_\_ Reviewed by: \_\_\_\_\_