

# IMPORTANT TAX DOCUMENT SUBSTITUTE FORM W-9

## Request for Taxpayer Identification Number

The Internal Revenue Service requests that we obtain your Taxpayer Identification Number (TIN) for information report requirements. 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 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code. Please complete the remainder of this Substitute Form W-9.

1. Taxpayer Name  
(To whom the check is payable) \_\_\_\_\_ (A legal entity name if a corporation or partnership)  
Doing Business as: \_\_\_\_\_ DBA \_\_\_\_\_  
(A division name if a corporation  
of the business if a sole proprietor)
  
2. Taxpayer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Taxpayer Identification Number
  - a. Corporation \_\_\_\_\_  
(List employer identification number)
  
  - b. Partnership \_\_\_\_\_  
(List employer identification number)
  
  - c. Sole Proprietorship \_\_\_\_\_  
(List employer identification number)
  
  - d. Tax Exempt Entity \_\_\_\_\_  
(List employer identification number)
  
  - e. Other-Please Explain \_\_\_\_\_
  
4. Form Completed By \_\_\_\_\_  
(Print name)
  
5. Signature \_\_\_\_\_  
(Signature)
  
6. Today's Date \_\_\_\_\_
  
7. Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

**PLEASE NOTE: INFORMATION REPORTED ON LINES 1-3 MUST BE CONSISTENT WITH DATA ON FILE WITH THE IRS AND SOCIAL SECURITY ADMINISTRATION.**