



TAX ID REQUEST FORM

The Internal Revenue Service (IRS) requires that we report to them payments made to vendors on the information return, Form 1099. In order to comply with the IRS, we request that you complete the Name/Taxpayer Identification Number (TIN) combination below. The combination will be used by the IRS to help identify and verify the accuracy of any tax return you submit to them. **We are required by the IRS to withhold 31% of payments made to you if you do not furnish us with a TIN.**

Name of Business (Which you use for reporting to the IRS as either an individual, a corporation or a partnership): _____

Address of Business (Which you use for reporting to the IRS include, Number, Street, and Apt. or Suite Number)

City, State, Zip Code: _____

Part 1 Tax Status (Complete one category in print or type)

You are performing services as (check one) 3) An individual o Sole Proprietor o Partnership o Corporation Other (Please describe, i.e., tax exempt, government entity, etc.)

Are you a corporation that provides medical & health care services or bills & collects payments for such services?

Yes No

Please fill out your Tax I.D. # used to report to the IRS (If you are an Individual or Sole Proprietor you are required to give both your Social Security Number and your Employer Identification Number, if you have one).

My Social Security Number is: _____ -- ____ -- _____

Employer Identification Number is _____ -- _____

Part 2 Certification

Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and** " I am exempt from backup withholding.

Signature: _____ **Date:** _____

Type or Print Name and Title: _____

Phone Number: _____