

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Sole proprietorship (using a social security number for the taxpayer ID)
- 4) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 5) A valid trust, estate, or pension trust
- 6) Corporation
- 7) LLC
- 9) Partnership
- 10) Organizations that are tax-exempt under Internal Revenue Service

**3. Fill in your taxpayer identification number below: (please complete only one)**

**A) If you circled number 1-3 above, fill in your Social Security Number.**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**B) If you circled number 4-10 above, fill in your Federal Employer Identification Number (EIN).**

\_\_\_\_\_ - \_\_\_\_\_

**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding..

If I circled category 10 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

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

Title (if applicable) \_\_\_\_\_