

TAXPAYER IDENTIFICATION NUMBER (TIN)
VERIFICATION



Wisconsin Dept. of
Administration
Do NOT send to IRS

PRINT OR TYPE See complete instruction on second page.

<p>LEGAL NAME (As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI</p> <hr/> <p>TRADE NAME If doing business as (D/B/A) or business name of Sole Proprietorship.</p> <hr/> <p>PRIMARY ADDRESS (For return of 1099 Form) PO or number and street</p> <p>City, State, Zip + 4</p> <hr/> <p>ORDER ADDRESS (Where order should be sent, if different than above) PO or number and street</p> <p>City, State, Zip + 4</p> <hr/> <p>REMIT ADDRESS (Where check should be sent, if different than above) PO or number and street</p> <p>City, State, Zip + 4</p>	<p>BUSINESS DESIGNATION (Check one)</p> <p><input type="checkbox"/> CORPORATION Are you engaged in the business of providing medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> INDIVIDUAL</p> <p><input type="checkbox"/> SOLE PROPRIETORSHIP</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> General <input type="checkbox"/> Limited</p> <p><input type="checkbox"/> ESTATE/TRUST</p> <p><input type="checkbox"/> OTHER GROUPS OF INDIVIDUALS</p> <p><input type="checkbox"/> ORGANIZATION EXEMPT FROM TAX <small>(under Section 501(a)(c)(d) or 403(b)(7))</small> Are you engaged in the business of providing medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> GOVERNMENT ENTITY OR GOVERNMENT OPERATED ENTITY</p>
<p>TAXPAYER IDENTIFICATION NUMBER (TIN) (Provide One Only) If sole proprietorship provide FEIN if applicable</p> <p>Social Security Number (SSN) _____ - _____ - _____</p> <p style="text-align: center;">OR</p> <p>Federal Employer Identification No. (FEIN) _____ - _____ - _____</p>	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <p>Agency No _____</p> <p>Contact _____</p> <p>Phone Number _____</p> <p>1099 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>VEND <input type="checkbox"/> Addition <input type="checkbox"/> Change</p>
<p>CERTIFICATION</p> <p>Under penalties of perjury, I certify that: I have provided my correct taxpayer identification number and that I am not subject to backup withholding as specified on the reverse side of this form.</p> <p>Signature _____ Phone () _____</p> <p>Title _____ Date _____ <small>Please Print</small></p>	

Return this form to the address listed below. For your convenience, this form has been disgned for return in a standard window envelope

WISCONSIN DEPARTMENT OF JUSTICE
OFFICE OF CRIME VICTIM SERVICES
ATTN: _____
P O BOX 7951
MADISON, WI 53707-7951

Forms may be returned
by use of FAX number:

(608) 264-6364

INSTRUCTIONS FOR COMPLETING SUBSTITUTE W-9

Legal Name

As entered with IRS

Individuals: Enter Last Name, First Name, Middle Initial

Sole Proprietorships: Enter Last Name, First Name, Middle Initial

All Others: Enter LegalName of Business

Trade Name

Individuals: Leave Blank

Sole Proprietorships: Enter Business Name

All Others: Complete only if doing Business as a D/B/A

Order Address

Address where order should be sent if different from primary address

Remit Address

Address where payment should be sent if different from primary address

Business Designation

Check ONE box which describes the type of business entity.

If the business designation is either a corporation or organization exempt from Tax under Section 501(a)(c)(d) or 401, you must indicate if you are engaged in the business of providing medical services by checking yes or no. This does not include health insurance coverage for employees.

Taxpayer Identification Number

If you do not have a TIN, apply for one immediately.

Individuals use federal form SS-05 which can be obtained from your local Social Security Administration Office. Business and all other entities use federal form SS-4 which can be obtained from your local Internal Revenue Service Office.

Provide One Only: Social Security Number OR FEIN Number.

Certification

The person signing this document should be a partner in the partnership, an officer of the corporation, the name of the individual listed or sole proprietor listed under legal name.

In signing this document, you are certifying that all information provided is accurate and complete.

You are also certifying that you have not been notified by the IRS that you are subject to backup withholding because:

A. You are exempt from backup withholding;

Or

B. You are not subject to backup withholding as a result of a failure to report all interest or dividends;

Or

C. That the IRS has notified you that you are no longer subject to such backup withholding.

Penalties

If you fail to furnish your correct Taxpayer Identification Number (TIN) to a requestor, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable casue and not to willful neglect.

If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

If a requestor discloses or uses TINs in violation of Federal law, the requestor may be subject to civil and criminal penalties.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy or your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 3% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.