



TAXPAYER IDENTIFICATION REQUEST

In order for the Southwest Family Care Alliance to pay you for products or services, we must have your tax identification information. To make this as easy as possible for you, and to be sure that we comply with the Internal Revenue Service regulations, we are providing you with the attached *Substitute Form W-9*. Please complete and mail or FAX the form within (10) days of receipt, even if you are exempt from backup withholding.

It is important that you make sure that the form is complete and correct. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Please check your records to be sure you are providing the correct information. If you have any questions about this, please contact your accountant, lawyer, or tax preparation service.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line. The name of a partnership, corporation, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned. **DO NOT** submit your name with a Tax Identification Number that was not assigned to your name. For example, a pharmacist **MUST NOT** submit his or her name with the Tax Identification Number of a pharmacy he or she is associated with.

Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of our Accounting Manager to ensure that we set up your records with the most current information. Failure to respond in a timely manner may subject you to 28% or more in withholding on each payment or require us to withhold payment of outstanding invoices until this information is received.

Thank you for your cooperation in providing us with this information.

Please mail the completed form to:

Southwest Family Care Alliance
Attn: Provider Network Dept.
28526 US HWY 14
Lone Rock, WI 53556

Or fax the form to:

(608) 647-4754
Attn: Provider Network Dept.

Note to Adult Family Home (AFH) and Community Based Residential Facility (CBRF) Providers: In order to set you up correctly in our accounting system, we require some additional information from AFHs and CBRFs. Please complete the attached **Adult Family Home/CBRF Additional Tax Information Form** and return the form with your W-9.



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

| | |
|--|---|
| <p>Legal Name (as entered with IRS) If Sole Proprietorship or LLC Single Owner, enter your Last, First, MI</p> <hr/> <p>Trade Name Enter Business Name if different from above.</p> <hr/> <p>Remit Address (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>Order Address (where order should be mailed; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>1099 Address (for return of 1099 form; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p> | <p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</p> <p>Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you show the SSN.</p> <p style="text-align: center;">-----</p> <p>Check Only One <u>Required</u> (see "Instructions")</p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p> |
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Certification
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

| | | |
|--------------|---------------|----------------------------|
| Printed Name | Printed Title | Telephone Number () |
| Signature | | Date (mm/dd/ccyy) |

| For Agency Use Only | | |
|---|---------|--------------|
| Agency Number | Contact | Phone Number |
| Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain) | | |

Return completed form via facsimile machine or to the address listed below.
 For your convenience this form has been designed for return in a standard Window envelope.

Forms may be returned to:
 Fax Number: ()
 Attn:

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
 Sole Proprietorships: Enter Last Name, First Name, MI
 LLC Single Owner: Enter owner's Last Name, First Name, MI
 All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
 Sole Proprietorships: Enter Business Name
 LLC Single Owner: Enter LLC Business Name
 All Others: Complete only if doing business as a D/B/A

Remit Address

Address where payment should be mailed.

Order Address

Address where order should be mailed. Complete only if different from remit address.

1099 Address

Address where 1099 should be mailed. Complete only if different from remit address.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number OR Individual Taxpayer Identification Number. **See "What Name and Number to Give the Requester" at right.**

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

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 of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 29% 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.

What Name and Number to Give the Requester

| For this type of account: | Give name and SSN of: |
|--|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or Single-Owner LLC | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Sole Proprietorship or Single-Owner LLC | The owner ³ |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

NOTE: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.