



Provider Tax Identification Reporting Form
(Substitute IRS Form W-9)

IF YOU ARE FILING THIS FORM AS A BUSINESS, COMPLETE THIS SECTION:

Legal Name: _____

Doing Business As (DBA) Name: _____

Federal Employer Identification Number: _____

IF YOU ARE FILING THIS FORM AS AN INDIVIDUAL, COMPLETE THIS SECTION:

Individual Name: _____
Last Name First Name MI

Social Security Number: _____

Business or Home Address: _____
Street Address City/State Zip

Mailing Address: _____
Street Address City/State Zip

Telephone: _____

Pursuant to Internal Revenue Service regulations, providers must furnish their taxpayer identification number (TIN) to the State. If this number is not provided, you will not receive payments.

Check the type of entity that applies to your account:

Individual/Sole Proprietor or Single-Member LLC
C Corporation
S Corporation
Partnership
Trust/Estate

Limited Liability Company
C Corporation
S Corporation
Partnership
Other

Under penalty of perjury, I declare that I have examined this request and to the best of my knowledge and belief it is true, correct, and complete.

Print Name

Date

Signature (original signature only, electronic signatures will not be accepted)

**RETURN COMPLETED FORM TO YOUR CASE WORKER OR TO THE COUNTY DoHS OFFICE.
INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED.**