

TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION



DO NOT
send to IRS

Please see reverse for complete instructions

Event Name	
Dept / Program	
Date of Service	
Do not retain copy; do not route with other forms for approval.	

<p>LEGAL NAME (As entered with IRS) If Sole Proprietor, 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 Box or Number and Street City, State, Zip Telephone #</p> <hr/> <p>ORDER ADDRESS (If different from primary) PO Box or Number and Street City, State, Zip Telephone #</p> <hr/> <p>REMIT ADDRESS (If different from primary) PO Box or Number and Street City, State, Zip Telephone #</p>	<p>ENTITY DESIGNATION (Check ONE Only)</p> <p>Individual / Sole Proprietor (Circle One) Partnership Corporation Limited Liability Company (MUST check one below) Sole Proprietor Partnership Corporation Government Entity Tax Exempt Charity - 501(a) or 501(c) Hospital exempt from tax or Gov't owned All other entities-Please specify _____</p> <hr/> <p style="text-align: center;">Part I TAXPAYER IDENTIFICATION NUMBER</p> <p>_____</p> <hr/> <p>CHECK ONLY ONE</p> <p>Social Security Number (SSN) Employer Identification Number (EIN) Individual Taxpayer Identification Number for US Resident Aliens (ITIN)</p>
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Part II	<p>CERTIFICATION</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number, AND I am not subject to backup 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 backup 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. I am a U.S. Person (including a U.S. resident alien). <p>Printed Name: _____</p> <p>Signature: _____ Phone: _____</p> <p>Title: _____ Date: _____</p>
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Return Form To:

Laurie Kujawa
UWSP Payment Services
2100 Main St, Rm 041E
Stevens Point, WI 54481

OR

Dept. Name:
Dept. Contact:
Address:

FAX: 715-346-4011

Fax: