



Approved to contain sensitive information

# TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Logo

Instructions

**DO NOT**  
send to IRS

Event Name/Invoice #	
Dept / Program	
Date of Service	

<p><b>LEGAL NAME</b> (As entered with IRS) If Sole Proprietor, enter your Last, First, MI.</p> <hr/> <p><b>TRADE NAME</b> If doing business as (D/B/A) or business name of Sole Proprietorship</p> <hr/> <p><b>PRIMARY ADDRESS</b> (For return of 1099 Form) PO Box or Number and Street  City, State, Zip  Telephone #</p> <hr/> <p><b>ORDER ADDRESS</b> (If different from primary) PO Box or Number and Street  City, State, Zip  Telephone #</p> <hr/> <p><b>REMIT ADDRESS</b> (If different from primary) PO Box or Number and Street  City, State, Zip  Telephone #</p>	<p><b>ENTITY DESIGNATION</b> (Check ONE Only)</p> <p>Individual / Sole Proprietor (Circle One) Partnership Corporation Limited Liability Company <b>(MUST check one below)</b> 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;"><b>Part I</b>    <b>TAXPAYER IDENTIFICATION NUMBER</b></p> <p>_____</p> <hr/> <p><b>CHECK ONLY ONE</b></p> <p>Social Security Number (SSN) Employer Identification Number (EIN) Individual Taxpayer Identification Number for US Resident Aliens (ITIN)</p>
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<b>Part II</b>	<p><b>CERTIFICATION</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number, <b>AND</b></li> <li>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.</li> <li>I am a U.S. Person (including a U.S. resident alien).</li> </ol> <p><b>Printed Name:</b> _____</p> <p><b>Signature:</b> _____      <b>Phone:</b> _____</p> <p><b>Title:</b> _____      <b>Date:</b> _____</p>
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**Return Form To:**

Laurie Kujawa	<b>OR</b>	Dept. Name:
UWSP Payment Services		Dept. Contact:
2100 Main St, Rm 041E		Address:
Stevens Point, WI 54481		

**FAX: 715-346-4011**      Fax: \_\_\_\_\_