

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Each person/organization doing business with the Commonwealth must provide the following information or be subject to backup withholding.

1 _____ AND/OR _____
Social Security Number **Federal Identification Number**

2 _____ 3 _____
Dun & Bradstreet Number **eVA Registration Date** N/A

Check Only One:

0*	<input type="checkbox"/> Other	8*	<input type="checkbox"/> Medical Corporation
2	<input type="checkbox"/> Federal Agency	9	<input type="checkbox"/> Non-Reportable Individual
3	<input type="checkbox"/> State Agency	A*	<input type="checkbox"/> Partnership
4	<input type="checkbox"/> Local Government	B*	<input type="checkbox"/> Estate
5	<input type="checkbox"/> Political Subdivision	C*	<input type="checkbox"/> Trust
6	<input type="checkbox"/> Corporation	D*	<input type="checkbox"/> Limited Liability Company
7*	<input type="checkbox"/> Sole Proprietor or Reportable Individual		

* Indicates vendor may be eligible to receive a form 1099

LEGAL NAME _____

TRADE NAME _____

Order Address _____

Contact Person _____ Telephone No. _____

E-mail Address _____ FAX No. _____

Remittance Address _____

Contact Person _____ Telephone No. _____

IS THIS BUSINESS: Minority Owned₁ Y / N Woman Owned₂ Y / N Small₃ Y / N

- 1) A business enterprise that is owned or controlled by one or more socially or economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to African Americans, Hispanic Americans, Asian Americans, American Indians, Eskimos, and Aleuts.
- 2) Business enterprise at least 50% of which is owned by females or in the case of a publicly owned business at least 51% of the stock of which is owned by females.
- 3) Corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated, has either fewer than 100 employees or less than \$1,000,000 in annual gross receipts.

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number(s) shown on this form is/are my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. 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 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.

Certification Instructions - You must cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Signature _____ Date _____