



Taxpayer Identification Number Request Form Substitute Form W-9

Delta Dental of Colorado is required by law to obtain the following information from you when making a reportable payment to you. If you do not provide Delta Dental of Colorado with this information, your Delta Dental payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide Delta Dental of Colorado with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under Section 6723.

Instructions: Your **Tax Identification Number (TIN)** is the number that appears on your Quarterly Withholding Form 941 or on your annual federal tax return. Your TIN is either an Employer Identification Number (EIN) or your Social Security Number (SSN). The SSN is used only if you are a sole proprietor or have formed a single-owner Limited Liability Corporation (LLC) and do not have an EIN. Check the box that applies to your type of organization. If you have an LLC, then check the "Other" box and write "LLC" on the information line next to the "Other" box. **The Business Entity Name** is the name associated with your Tax Identification Number. If you file your business tax return under an EIN, the Business Entity Name is the name as it appears on your federal business tax return. If you are a sole proprietor or have formed a single-owner LLC, then enter your name as it appears on your Social Security card, even if you have an EIN. The Internal Revenue Service requires single-owner LLCs to use their individual name as the "Business Entity Name" and to list the "Business Name (DBA)" name on the second line. The **Business Name (DBA)** line should only be used for "doing business as" names if you are a sole proprietor, a single-owner LLC, or if you operate your business under a name that is different than your legal name used for your federal business tax returns.

TAXPAYER IDENTIFICATION NUMBER			
Please check the appropriate box:			
Sole Proprietor	Corporation	Partnership	Other
TIN:	This is my (check one):		EIN SSN
If new TIN, provide effective date:			
Business Entity Name:			
Business Address:			
City:		State:	Zip:
Office Phone:		Office Email:	

PROVIDER LISTING (TIN above applies to following providers' billing services through the entity listed above.)	
Provider Name:	License#:
Provider Name:	License#:
Provider Name:	License#:

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, (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, and
- I am a U.S. person (including a U.S. resident alien), and
- I am exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Office Fax Number

Printed Name & Title

Date