REQUEST FOR TAXPAYER IDENTIFICATION NUMBER - SUBSTITUTE W-9 FORM

(Use this form in place of IRS W-9 Form)

U.S. Resident - Individual / Sole Proprietor (Form 1099 reportable) (Complete ONE box only)

Legal Name (as entered with IRS): 
Trade Name (DBA): 

Purchasing Information (where purchase orders should be sent)

Email Address: 
Fax Number: 
Phone Number: 

(Most preferred method for PO distribution)

Remit to Address (where the payment should be mailed)

PO Box or Number and Street
City, State, Zip+4
Phone Number: 
Email Address: 

Entity Designation (check only one type)

☐ Individual ☐ Sole Proprietorship ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ General ☐ LLC

(Check All That Apply)

☐ Do you provide medical services? ☐ Exempt from Tax (under 501 A thru E)? ☐ Minority owned business?
☐ Are you providing legal services? ☐ Are you a Government Entity? ☐ Women owned business?

If you are an individual have you ever been an employee for the state of MT or agency of the state of MT?

☐ Yes ☐ No

Tax Payer Identification Number (TIN) (Provide Only One)

Social Security Number: - - - 
Employer Identification Number: - 

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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 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.
3. I am a US Person (including a US resident alien).

Signature: 
Printed Name: 
Title: 
Phone: 

Date: 
UM Substitute W-9 Form - Revised 03/2013