



# 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) 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:   
Date:  Title:   
Phone: