



ALTERNATE W-9 FORM

PAYERS REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

Name (as it appears on your tax return): _____

Doing Business As Name (DBA): _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Business Address: _____

City/Town: _____ State: _____ Zip Code: _____

TAXPAYER IDENTIFICATION NUMBER INFORMATION

Please indicate what the number below is - CHECK ONLY ONE:

_____ EMPLOYER IDENTIFICATION NUMBER OR _____ SOCIAL SECURITY NUMBER

NUMBER USED ON IRS TAX RETURN: _____ (This number must be the one assigned to the name given above)

PRINCIPLE ACTIVITY (select one only)

- Service Provider, Product/Merchandise Provider, Other Provider

List principle type of service, product, or other you provide: _____

FEDERAL TAX CLASSIFICATION (select one only):

- Individual/Sole Proprietor/Single Member LLC, LLC (C Corporation), LLC (S Corporation), LLC (P Partnership), C Corporation, S Corporation, Partnership, Non-Profit, Government, Trust/Estate

Under penalty of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief.

Name and Title (print or type): _____

Telephone Number: _____

Signature: _____ Date: _____

Return this signed form to:

For Employment Related: NH Department of Health and Human Services, 129 Pleasant Street, ATTN: DCYF - CDB, Concord, NH 03301

For Preventive and Protective: NH Department of Health and Human Services, 129 Pleasant Street, ATTN: DCYF - Provider Relations, Concord, NH 03301

Keep a copy for your records.