



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION INSTRUCTIONS

PURPOSE

To add a vendor (reader, in-home aide, eye care vendor, pharmacy, etc.) or make a change in a Tax Identification Number, name, or address an IRS W-9 form must be completed.

PREPARED BY

DSB staff

INSTRUCTIONS

Name (as shown on income tax return): Enter the individual's full name: first name, middle initial and last name.

Business Name (if different from above): Enter full name of business.

Check the Appropriate Box: After reading the directions for this form, check the appropriate box to identify individual/sole proprietor, Corporation, Partnership, Limited Liability Company, or Other.

Enter the Tax Classification (D=disregarded entity, C=Corporation or P=Partnership) _____:
Enter a "D" or "C" or "P" for the correct classification.

Exempt Payee: After reading the directions for this form, check this box if exempt.

Address: Enter the individual's most current street address, city and five digit zip code.

Requester's Name and Address (optional): Enter the full name (first name, middle initial and last name) and full address (most current street address, city and five digit zip code).

List Account Number(s) here (optional): After reading the directions for this form, list out full account number(s) subject to this request.

Part I Tax Identification Number (TIN): After reading the directions for this form, enter the correct TIN in the space provided. If SSN, enter the full 9-digit number in the space provided. If Employer Identification Number, enter the correct number in the space provided.

Taxpayer signs and dates the form.

DISTRIBUTION

Original: Claims Supervisor
NC Division of Services
2023 Mail Service Center
Raleigh, North Carolina 27699-2023
Copy: Eligible Individual
Case Record