

VIVA HEALTH, INC.
TAXPAYER IDENTIFICATION NUMBER (TIN) REQUEST

Please complete the following information for 1099 reporting purposes. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with the correct information (your legal name and TIN as registered with the IRS), your payments may be subject to 31 percent federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the Internal Revenue Service (IRS) under section 6723. Use Form W-9 only if you are a U.S. person (or resident alien). Please complete BOTH parts of this form and return within 10 days.

Part 1: Tax Status CHECK ONE THAT CORRESPONDS TO YOUR TAX STATUS AND COMPLETE THE REQUESTED INFORMATION. See reverse side for instructions.

Individual; OR Sole Proprietor; OR Partnership; OR Corporation, Exempt Charity, or other Entity

A
Grid for Legal Name of Business EXACTLY as printed on an IRS document (see Note 1)

B
Grid for Business Name (D/B/A) used by you if different from above

C Mailing Address:
Two blank lines for address entry

D Tax Identification Number
Grid for TIN entry

EIN SSN
Two boxes for EIN and SSN selection

Please check ONE box to indicate the type of tax identification number used for 1099 purposes.

NOTE 1: TO ENSURE CORRECT INFORMATION, PLEASE COMPARE YOUR NAME AND TIN WITH AN OFFICIAL IRS DOCUMENT (I.E. A 147C LETTER, TAX COUPON, CP 575 NOTICE, OR MAILING LABEL FROM THE IRS). ATTACH A COPY OF THAT DOCUMENT WHEN SUBMITTING THIS FORM. YOU MAY ALSO REQUEST A VERIFICATION DOCUMENT (LETTER 147 C OR FORM SSA-7028) FROM YOUR IRS OR SSA OFFICE.

Part 2: Certification – Please sign and fax to (205) 558-7546. Thank you for your cooperation.

Under penalties of perjury,

- I certify that the number shown on this form is my correct taxpayer identification number.
I am a US person (including a U.S. resident alien)

Contact person completing this form: (Please print) Phone: Fax: E-mail:

E Signature: Printed Name:

Date:

\* FOR INSTRUCTIONS ON A, B, C, D, OR E – SEE SECOND PAGE

## **KEY**

- A This is the legal name of your business as registered with the IRS. This is the name you use to file your taxes. To ensure correct information, please compare your name and tax identification number (TIN) with an official IRS document (i.e. a 147c letter, tax coupon, CP575 notice, or mailing label from the IRS). ATTACH a copy that document when submitting this form. (If you do not have one, you may request a verification document (Letter 147c or Form SSA-7028) from your IRS or SSA office.)
- For individuals, this is the individual's name
  - For sole proprietorships, this is the business owner's name
  - For partnerships, this is the name of the first partner
  - For corporations, this is the name on the articles of incorporation
- B If a "Doing Business As" (D/B/A) trade name exists, please enter it here. This is when you use the same taxpayer identification number as filled out in the W-9, but you submit claims to Viva Health, Inc. using a different name. Enter the D/B/A name here.
- C This address is your mailing address.
- D This is your tax identification number (TIN) as registered with the IRS. This is the TIN you use when filing your taxes.
- For individuals, this is the owner's social security number (SSN)
  - For sole proprietorships, this is the owner's social security number (SSN)
  - For partnerships, this is the employer identification number (EIN)
  - For corporations, this is the employer identification number (EIN)
- E This form needs to be signed by the vendor.

## **Important Information:**

- The completion and submission of this form updates your name, address, and TIN for the accuracy of your 1099 as required by the IRS.
- Contact your accountant or tax preparor for help regarding your legal name and tax id number.
- For questions on how to complete the W-9, please call **(205) 558-7453** or e-mail **1099@uabmc.edu**.