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| Substitute Form W-9 | Request for Taxpayer Identification Number and certification | Do not send this Form to the IRS. |
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Please complete the following information. Federal law requires Delta Dental to obtain this information when making reportable payment(s) to you. Failure to provide this information may result in a 28 percent federal income tax backup withholding applied to your payments, and you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723.

Instructions: **Complete Part 1:** Complete the row of boxes that corresponds to your tax status.
Complete Part 2: Complete only if you are exempt from Form 1099 reporting.
Complete Part 3: Sign and date the form, and return it to Delta Dental at the address below.

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| Part 1 | Tax Status (Complete one row of boxes only) |
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INDIVIDUALS:

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| Individual Name: | Individual's Social Security Number: |
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SOLE PROPRIETOR:

Note: A sole proprietor may have a "doing business as" trade name, but the legal name is the name of the business owner as it appears on your Social Security card.

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| Business Owner's Name (legal name as it appears on the business tax return) | Business Owner's Social Security Number or TIN | Doing Business As or Trade Name |
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PARTNERSHIP:

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| Name of Partnership (legal name as it appears on the business tax return) | Partnership's Employer Identification Number | Doing Business As or Trade Name |
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Corporation, Exempt Charity, or other Entity:

Note: A corporation may use an abbreviated name or its initials elsewhere, but its legal name is the name as it appears on the IRS EIN (employer identification number) confirmation letter

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| Name of Corporation or Entity (legal name as it appears on the business tax return) | Employer Identification Number |
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| Part 2 | Exemption If exempt from Form 1099 reporting, check the box and circle the qualifying reason below. |
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- 1. Corporation - however, there is NO exemption for medical and health care payments or payments for legal services
- 2. Tax Exempt Charity under 501(a), or IRA
- 3. The United States or any of its agencies or instrumentalities
- 4. A state, the District of Columbia, a possession of the United States or any of their political subdivisions

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| Part 3 | Certification |
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I certify under penalties of perjury, that the tax identification number I have provided is correct and that I am a U.S. person (including a U.S. resident alien)

Signature of person completing this form: _____ Effective date for above business: _____

Name and title of person completing this form (please print): _____

Street: _____ City: _____ State: _____ Zip Code: _____
 Date: _____ Telephone Number: () _____