

STATE OF ALABAMA
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
STATE COMPTROLLER'S OFFICE

INSTRUCTIONS: In order to receive payment by the State of Alabama, a correct tax identification number, name and address must be on our files. Please complete and return this form as soon as possible to:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
P.O. BOX 303017, MONTGOMERY, AL. 36130-3017

PART I - TAXPAYER IDENTIFICATION NUMBER, NAME AND ADDRESS

Identification Number

Check One: Federal Employer Identification Number (FEIN)
 Social Security Number (SSN)

Name: _____

Address: _____

Part 2 – Circle the designation that identifies your type of trade or business.

1 – CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION. (A corporation formed under the laws of any state within the U.S.)
2 – NOT FOR PROFIT CORPORATION (Section 501 (e) (3))
3 – PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST
4 – SOLE PROPRIETORSHIP OR SELF-EMPLOYED (ID. number must be SSN)
5 – NON CORPORATE RENTAL AGENT
6 – GOVERNMENTAL ENTITY (City, State or U.S. Government)
7 – FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY.

**NOTE: Failure to complete and return this form may subject you to backup
Withholding in the amount of 20% of future payments pursuant to Section 3406,
Internal Revenue Code.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE DATE () TELEPHONE

SIGNATURE

DATE

() _____

TITLE
PLEASE INCLUDE FEDERAL IDENTIFICATION NUMBER ON ALL INVOICES