

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

Check One: Identification Number _____
 _____ 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

TITLE
PLEASE INCLUDE FEDERAL IDENTIFICATION NUMBER ON ALL INVOICES