

Minnesota Management & Budget – Substitute Form W-9

Note: Only complete this form if you are claiming Cooper/Sams award payment

PLEASE BE ADVISED! Collecting a Cooper/Sams Volunteer Ambulance Award may have Federal, State, or other tax implications. The EMSRB asks you to please consult your tax professional before proceeding to request an award payout. The EMSRB will not counsel you on tax related matters.

Claimant Name and Address:

SUBJECT: Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of \$50.)

The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return.

Please complete items 1, 2, and 3 below. **Send or fax the completed form to the address in the upper right corner, or e-mail to christopher.popp@state.mn.us.**

1. Check your tax filing status below and enter your social security number or federal employer identification number. If you have been issued a separate Minnesota tax identification number, write it in the space provided.

If you have recently applied for a taxpayer number, write "Applied For" in the space for the number.

<p>(Check One)</p> <p><input type="checkbox"/> Individual: Use SSN</p> <p><input type="checkbox"/> Sole Proprietorship: Use SSN or FEIN</p> <p><input type="checkbox"/> Corporation: Use FEIN</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Legal Partnership: Use FEIN</p> <p><input type="checkbox"/> Tax Exempt Organization: Use FEIN and list the section number of the IRS code under which you are claiming exemption: _____</p> <p><input type="checkbox"/> Other: Please explain on reverse side and include a tax number.</p>	<p>VENDOR NUMBER (IF KNOWN): _____</p> <p>_____ -- _____ -- _____ SOCIAL SECURITY NUMBER (SSN)</p> <p>_____ -- _____ -- _____ FEDERAL EMPLOYER IDENTIFICATION (FEIN)</p> <p>_____ -- _____ -- _____ MINNESOTA TAX I.D. NUMBER (IF APPLICABLE)</p>
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2. Print the full name belonging to the social security number or employer identification number written above.

(Print Name)

3. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.

Signature: _____ Phone No.: _____ Date: _____

PRIVACY ACT NOTICE - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable income or interest and certain other payments to a payee who does not furnish a TIN to a payer.

FOR MMB USE Only	TYPE	IND	TIN	USED