Special W-9

Complete all four parts below and return to EDS. Incomplete forms will be returned to you for proper completion.

Provider Name: _____ Provider Number: _____

Part I. Provider Taxpayer Identification Number:

Your tax identification number should be reflected below exactly as the IRS has on file for you and/or your business. Please verify the number on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field (please write clearly in black ink):

_____

Employer Identification Number/Taxpayer Identification Number

_____

Social Security Number **If you do not have an employer ID then indicate social security number if you are an individual or sole proprietor only.

Part II. Provider Tax Name:

Your tax name should be reflected below exactly as the IRS has on file for you and/or your business. Individuals and sole proprietors must use their proper personal names as their tax name. Please verify the name on file (per the last page of your most recent RA) and update as necessary in the correction fields listed below:

Correction Field: _____

Part III. Type of Organization - Indicate below:

__ Corporation/Professional Association _____ Individual/Sole Proprietor
__ Partnership

__ Other: _____ _____ Government: _____

Part IV. Certification

Certification - Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

_____

Signature Title Date

EDS Office Use Only

Date Received: Name Control: Date Entered: