

State of Alaska

Request for Taxpayer ID# and Information Substitute Form W-9

RETURN COMPLETED FORM TO:

Fax #:	(To be completed by State of Alaska)
Attention:	Phone #
Department:	
Address:	Vendor #:

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals, partnerships or limited liability companies for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.

- Please provide the requested information below to determine if a Form 1099 is required.
- This information must match the information that you provide to the Internal Revenue Service for Tax Reporting.
- Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.

INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
LEGAL NAME: _____		SSN: _____
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING)		
ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)		
REMITTANCE ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE IF DIFFERENT FROM ABOVE)		
PHONE: _____	FAX: _____	EMAIL: _____

BUSINESS	BUSINESS	BUSINESS
ORGANIZATION PROVIDES: <input type="checkbox"/> Product / Merchandise <input type="checkbox"/> Service <input type="checkbox"/> Both or <input type="checkbox"/> Medical / Legal Services		
BUSINESS TYPE – Check the appropriate box/s:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation – General	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Legal Services Corporation	
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Medical Services Corporation	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Nonprofit Corporation	
LEGAL NAME: _____		
(NAME TAX ID IS ASSIGNED TO AND USED FOR TAX REPORTING)		
BUSINESS NAME (if different from Legal Name): _____		
(DOING BUSINESS AS [DBA] NAME)		
TAX ID USED FOR TAX REPORTING:	SSN _____	or EIN _____
ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)		
REMITTANCE ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE IF DIFFERENT FROM ABOVE)		
CONTACT NAME: _____		
PHONE: _____	FAX: _____	EMAIL: _____
IF CHANGE OF BUSINESS TYPE / OWNERSHIP:	DATE OF CHANGE: _____	
PREVIOUS OWNER / BUSINESS NAME: _____		
PREVIOUS TAX ID: _____		

REQUIRED INTERNAL REVENUE SERVICES STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, the person signing this form certifies that:

1. The number shown on this form is the payee's correct taxpayer identification number, and
2. The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and
3. The payee is a U.S. person (including a U.S. resident alien).

Printed Name: _____	Title: _____
Signature: _____	Date: _____