PHS-W-9 Form (Request for Taxpayer Identification and Certification)

Part I – Employee / Contractor Information

Full Name: _____

Business Name / DBA (if applicable): _____

Address: _____

City / State / ZIP Code: _____

Taxpayer Identification Number (TIN):
■ Social Security Number (SSN): --__
■ Employer Identification Number (EIN): -_____

Part II – Federal / State Tax Classification
Check the appropriate box:
■ Individual / Sole Proprietor
■ C Corporation
■ S Corporation
■ Partnership
■ Trust / Estate
■ Limited Liability Company (LLC) – Enter tax classification: _____
■ Other: _____

Part III – Certification
Under penalties of perjury, I certify that:
The TIN provided above is correct.
I am not subject to backup withholding (unless indicated below).
I am a U.S. person (including a U.S. resident alien).
■ Backup Withholding: Check this box if you are currently subject to backup withholding.

Signature
I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature _____

Printed Name _____

Date _____

Instructions for Employee / Contractor:
• Complete all fields accurately.
• Sign and date the form.
• Submit to your HR, payroll, or finance department.
• Notify the employer if your TIN or tax classification changes.