

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Substitute Form W-9
(December 1997)

Return this form to: Dept. of Medical Asst. Service
600 E. Broad Street, Suite 1300
Richmond, VA 23219
Attn: Keith Collins, Fiscal Division-5th Floor

Return this form to the
requestor within 30 days.

Each person or organization doing business with the Commonwealth of Virginia must provide the following information.

ORGANIZATION ENTITY:

Check Only One:

Social Security No.

Employer Identification No.

- Individual
- State Employee
- Sole Proprietor
- Federal Agency
- State Government
- Local Government
- Political Subdivision
- Corporation
- Medical Corporation
- Legal Corporation
- Partnership
- Estates
- Trusts
- Non-Profit Organization

OR

ENTER THE FOLLOWING:

LEGAL NAME _____
(Must match the Social Security Number, if applicable)

TRADE NAME _____
(Must match the Employer Identification No., if applicable)

ADDRESS _____

Check Remit./Mailing Address _____

Contact Person _____

Telephone No. _____

Please Answer the Following Questions:

Is your organization (association, club, religious, charitable, or other group) tax exempt under IRS Code Section 501(a)?

YES _____ NO _____

Are you a Real Estate Agent?

YES _____ NO _____

Is your organization (association, club, religious, charitable, or other group) incorporated?

YES _____ NO _____

Cerification: Under penalties of perjury, I certify that:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

(You must cross out item (2) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.) (See Signing the Certification under Specific instructions on the Form W-9 Instructions.)

Signature _____

Date _____