

# 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:	
Department:	
Address:	Vendor #:

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals 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.**

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

**PAYEE TYPE:** Individual (Complete Individual Section and sign) Business (Complete Business Section and sign)

### INDIVIDUAL

LEGAL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(NAME USED ON LEGAL AND TAX DOCUMENTS)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP+4: \_\_\_\_\_  
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP+4: \_\_\_\_\_  
(ADDRESS USED FOR WARRANT REMITTANCE)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUSINESS

ORGANIZATION PROVIDES:  Product / Merchandise  Service  Both or  Medical / Legal Services

#### BUSINESS TYPE - Choose one of the following:

Sole Proprietors: Enter the legal first name, middle initial, and last name below. SSN: \_\_\_\_\_ or EIN: \_\_\_\_\_

Partnerships: Enter the legal name as it appears on the partnership agreement below. EIN: \_\_\_\_\_

Limited Liability Company (LLC): Enter the legal name as it appears on the legal document creating the LLC below. EIN: \_\_\_\_\_

Subsidiary If a Subsidiary, Parent Co Name: \_\_\_\_\_ Parent Co EIN: \_\_\_\_\_

Corporations: Enter the legal name as set forth in the corporate charter or other legal document creating the corporation below. EIN: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ Corporation Type: (Check if one of the following)  Non Profit (Tax Exempt)  Subsidiary

If a Subsidiary, Parent Co Name: \_\_\_\_\_ Parent Co EIN: \_\_\_\_\_

Other: \_\_\_\_\_ Enter the legal name as it appears on the legal and tax documents below. EIN: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_  
(NAME USED ON LEGAL AND TAX DOCUMENTS)

BUSINESS NAME (if different from Legal Name): \_\_\_\_\_  
(NAME USED IN DOING BUSINESS - DBA)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP+4: \_\_\_\_\_  
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)

REMITTANCE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP+4: \_\_\_\_\_  
(ADDRESS USED FOR WARRANT REMITTANCE)

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREVIOUS OWNER / BUSINESS NAME: \_\_\_\_\_ PREVIOUS TIN: \_\_\_\_\_

CHANGE OF BUSINESS TYPE / OWNERSHIP AS OF: \_\_\_\_\_ (Taxpayer Identification Number)

### REQUIRED INTERNAL REVENUE 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. The person signing this form certifies:

- The number shown on this form is the payee's correct taxpayer identification number, and
- 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
- The payee is a U.S. person (including a U.S. resident alien).

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_