

**Taxpayer Identification Number**

I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**

I am a U.S. citizen or other U.S. person.

**Name:** \_\_\_\_\_

**Taxpayer Identification Number:**

**Social security number** \_\_\_\_\_

**or**

**Employer identification number** \_\_\_\_\_

*(If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN or EIN. If completing this certification for a limited liability company (LLC) that is a disregarded entity, enter the name of the single member (owner) followed by the name of the LLC and a TIN (SSN or EIN) that is assigned to the owner, not the LLC. Check the legal status that corresponds to the owner. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)*

**Legal Status (check one):**

\_\_\_ Individual

\_\_\_ Government

\_\_\_ Sole Proprietor / Sole Member LLC

\_\_\_ Nonresident Alien

\_\_\_ Partnership/Legal Corporation

\_\_\_ Estate or Trust

\_\_\_ Tax-exempt

\_\_\_ Pharmacy (Non-Corp.)

\_\_\_ Corporation providing or billing  
medical and/or health care services

\_\_\_ Pharmacy/FuneralHome/Cemetery  
(Corp.)

\_\_\_ Corporation NOT providing or billing  
medical and/or health care services

\_\_\_ Limited Liability Company (select  
applicable tax classification)

\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\* C = corporation

P = partnership

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

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