**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).
   * *If you are an individual, enter your name and SSN as it appears on your Social Security Card.*
   * *If you are a sole proprietor, enter the owner’s name on the name line followed by the name of the business and the owner’s SSN or EIN.*
   * *If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s name on the name line and the d/b/a on the business name line and enter the owner’s SSN or EIN.*
   * *If the LLC is a corporation or partnership, enter the entity’s business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).*
   * *For all other entities, enter the name of the entity as used to apply for the entity’s EIN and the EIN.*

**Name:** Click or tap here to enter text.

**OR**

**Business Name:** Click or tap here to enter text.

**Taxpayer Identification Number:**

Social Security Number: Click or tap here to enter text.

OR

Employer Identification Number: Click or tap here to enter text.

**Legal Status** (*check one*):

Individual  Governmental

Sole Proprietor  Nonresident alien

Partnership  Estate or trust

Legal Services Corporation  Pharmacy (Non-Corp.)

Tax-exempt  Pharmacy/Funeral Home/Cemetery (Corp.)

Corporation providing or billing  Limited Liability Company (select applicable tax

medical and/or health care services classification)

D = disregarded entity

C = corporation

Corporation NOT providing or billing  P = partnership

medical and/or health care services

**Signature:**   **Date:**

(rev 12/17)