

# DenteMax<sup>®</sup> Dental Office Information Sheet

Please complete a **Dental Office Information Sheet** for each participating location.  
Please complete a **Provider Service Agreement, Dentist Application and Professional Questions** for each doctor.

You may copy these forms as needed and include additional information on a separate sheet.

**Note: DenteMax contracts each dental office by Tax Identification Number (TIN). All doctors and locations associated with this TIN are considered to participate in the program.**

Section 1: PARTICIPATING DENTAL OFFICE INFORMATION				
OFFICE NAME (Legal Name)		TAX ID USED FOR CLAIMS		OWNER'S NAME
OFFICE NAME (As it should appear in Provider Directory if different)			PHONE NUMBER	
MAIN ADDRESS			SUITE NUMBER	
CITY	COUNTY	STATE	ZIP CODE	FAX NUMBER
INTERNET WEB ADDRESS:		EMAIL ADDRESS:		
CONTACT PERSON AT THIS LOCATION:		TITLE:		PHONE: FAX:
PLEASE LIST ALL PROVIDERS AT THIS LOCATION, AND COMPLETE PARTICIPATING DENTIST APPLICATION FOR EVERY PROVIDER:				

Section 2: MISCELLANEOUS OFFICE INFORMATION					
<b>OFFICE HOURS (INC. EVENINGS AND WEEKENDS):</b>  Mon:                      Thu: Tue:                      Fri: Wed:                      Sat/Sun:		<b>IS YOUR PHONE ANSWERED AFTER HOURS?</b>  <input type="checkbox"/> YES <input type="checkbox"/> SERVICE <input type="checkbox"/> MACHINE  <input type="checkbox"/> NO		<b>DESCRIBE YOUR AFTER HOURS EMERGENCY COVERAGE:</b>	
<b>IS YOUR OFFICE BILINGUAL? (IF YES, WHAT LANGUAGE?)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>IS YOUR OFFICE ACCESSIBLE TO PHYSICALLY DISABLED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DOES YOUR OFFICE MEET OSHA AND CDC STANDARDS AND GUIDELINES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ARE YOU PREPARED FOR A MEDICAL EMERGENCY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DO YOU HAVE A MEDICAL EMERGENCY KIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DO YOU HAVE PORTABLE OXYGEN WITH POSITIVE PRESSURE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>IS SOMEONE IN YOUR OFFICE CPR CERTIFIED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DO YOU HAVE PROPERLY FUNCTIONING OFFICE EQUIPMENT, INCLUDING X-RAY UNITS, DEVELOPING CAPABILITY AND LEAD APRONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>DO YOU HAVE AN ORGANIZED PATIENT CHARTING AND RECALL SYSTEM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>INSTRUMENT STERILIZATION TYPE(S):</b> <input type="checkbox"/> COLD <input type="checkbox"/> AUTOCLAVE <input type="checkbox"/> CHEMICLAVE <input type="checkbox"/> DRY HEAT <input type="checkbox"/> NONE			<b>HAND PIECES STERILIZATION TYPE (S):</b> <input type="checkbox"/> AUTOCLAVE <input type="checkbox"/> BLEEDING LINES <input type="checkbox"/> SURFACE WIPE <input type="checkbox"/> NONE		

I acknowledge that all of the information contained in this application is accurate, complete and truthful to the best of my knowledge. I agree that I will provide written notification to DenteMax of any material change to the above. I understand that I have the right to review and correct any information used in the credentialing process.

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

Signed Agreements and supporting documents should be sent to:

DenteMax Provider Relations Dept.  
28588 Northwestern Hwy, Ste 450  
Southfield, MI 48034

# DENTEMAX PROVIDER SERVICE AGREEMENT

This agreement is between DenteMax®, and the Provider,  
\_\_\_\_\_, a duly licensed dentist, or a  
recognized entity to provide dental services in the state(s) of \_\_\_\_\_

DenteMax is the owner and manager of a Preferred Provider Network which gives Participants access to its Providers through various individual and/or group dental plans.

The Provider desires to perform dental services for the Participants of the DenteMax program.

In consideration of the mutual promises contained herein, the parties agree as follows:

## DEFINITIONS

Network shall mean Preferred Provider Network of dentists who, as Providers, have a contractual relationship with DenteMax to provide dental services under DenteMax established policies.

Provider shall be the owner of the tax identification number, or their duly authorized agent, and all other employees and/or independent practitioners of this entity who are licensed to practice dentistry in accordance with current state laws.

Payor shall mean an employer, administrator, insurance carrier, fund, individual or other entity who is responsible for the payment of the claim.

Participant shall mean persons, who through a dental plan with the Payor or by some other contractual relationship with DenteMax, are eligible to use the Network for dental care.

## I. RESPONSIBILITIES OF PROVIDER

1. Provider agrees to accept the current published DenteMax Fee schedule, or the provider's usual fee if less, as full consideration for dental services provided to Participants. Provider agrees not to bill patient for the balance between the DenteMax fee and the provider's usual charge, if higher. The Participant may be responsible for plan limitations such as copayments, deductibles, and amounts exceeding the benefit maximums.
2. Provider agrees to treat DenteMax Participants as they would any other patient in their practice.
3. Provider is responsible for determining the eligibility and benefit coverage of the Participant.
4. Provider agrees to adhere to the guidelines established by the Payor for claims review and payment. Provider agrees to cooperate and furnish any material or information requested by the Payor or DenteMax required for claim payment and/or claim review.
5. Provider acknowledges that DenteMax is not liable for any payments due to the Provider including but not limited to the claim Payor or the Participant.
6. Provider agrees to accept and be responsible for his/her own acts or omissions in the professional practice of dentistry as well. Nothing in this agreement shall be interpreted or construed to place any such responsibility for professional acts or omissions on DenteMax.
7. Provider agrees to promptly notify DenteMax in writing of any change in status regarding licensure, insurance coverage or other material facts related to the information provided.

## II. RESPONSIBILITIES OF DENTEMAX

1. DenteMax shall provide administrative and management duties in the development and maintenance of the Network.
2. DenteMax shall market its program to groups and individuals with the intent of obtaining Participants who may become patients of the Provider.
3. DenteMax is authorized to list information about the Provider in the DenteMax Provider directory, on the DenteMax web site or other publications.
4. DenteMax shall have the right to amend this agreement by providing written notice. Failure of the Provider to reasonably object within thirty days of DenteMax sending the same shall constitute its acceptance.
5. DenteMax agrees to accept and be responsible for its own acts or omissions, as well as those of its employees, and nothing in this agreement shall be interpreted or construed to place any such responsibility onto the Provider.

## III. GENERAL PROVISIONS

1. This Agreement, the attached information sheets and dentist applications represent the entire agreement between the parties and supersedes all previous agreements, whether written or oral, between DenteMax and Provider.
2. Some states require certain contract provisions which are included by reference and in the attached Exhibit. If there is a conflict between provisions the state law shall take precedence.
3. This Agreement shall be effective when all providers have passed credentialing and are entered into the DenteMax Provider Database. The effective date of these additions shall be the sooner of the 15<sup>th</sup> day or last day of the month in which the change is made. This Agreement shall remain in effect until terminated by written notice of either party, with or without cause. Provider termination will be effective the final day of the month in which they are received.
4. DenteMax and Provider agree that each party is independent from the other and that the provisions of this agreement do not create an employer/employee, principal/agent, partnership, or joint venture relationship between the parties.
5. All notices, including but not limited to change of address and change of license status shall be submitted in writing and delivered either personally or by U.S. Mail postage prepaid to the address below or any new address supplied by the other party.
6. This Agreement may be assigned only by DenteMax.
7. This Agreement shall be governed by the laws of the State of Michigan.

## Sign Here:

**Provider Signature:** \_\_\_\_\_

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DenteMax  
28588 Northwestern Highway  
Suite 450  
Southfield, MI 48034

Phone: 1-800-752-1547  
Fax: 248-327-9201

Source Code: Download from Website



**mail to: [dentemax@compassres.com](mailto:dentemax@compassres.com)**  
**FAX: 814-237-0798**

DENTE *MAX* USE ONLY

**Name:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ☐ DDS ☐ DMD  
First Middle Last

Is there any other name(s) under which you have been known? \_\_\_\_\_ ☐ Male ☐ Female

Street Address		City	State	Zip Code
E-mail Address ( <i>will be kept confidential</i> )		Telephone Number	Fax Number	

☐ Current CV/Resume  
☐ Current Professional Liability Face Sheet  
☐ Current State License Number: \_\_\_\_\_ State: \_\_\_\_\_  
☐ Other Current State License Number: \_\_\_\_\_ State: \_\_\_\_\_  
☐ CDS Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_  
☐ DEA Certificate Number: \_\_\_\_\_ State: \_\_\_\_\_  
**LANGUAGES SPOKEN:**

<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
SOCIAL SECURITY NUMBER <b>REQUIRED - FOR ID PURPOSES ONLY</b>	MM      DD      YYYY <b>DATE OF BIRTH REQUIRED</b>	<b>GROUP BCBSM PIN #</b> "Michigan Only"	<b>INDIVIDUAL BCBSM Pin #</b> "Michigan Only"

**DENTAL SCHOOL:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 Name City State Zip Code  
 Month Year to Month Year Degree Awarded: \_\_\_\_\_  
 Entry Date Graduation Date

**SPECIALTY TRAINING:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name City State Zip Code  
 Month Year to Month Year  
 Entry Date Completion Date  
 Successfully completed? ☐ Yes ☐ No

**WORK HISTORY:** List all employment for the past 5 years. To facilitate the credentialing process, please fill in the month and year.  
All gaps greater than 6 months for the past 5 years are required to be explained on a separate sheet.

Practice/Employer:	Location: City and State	Dates: (inclusive): Month and Year
--------------------	--------------------------	------------------------------------

<b><u>PRACTICE LISTED ABOVE</u></b>	_____	_____/_____ Month      Year	to	<b>PRESENT</b>
_____	_____	_____/_____ Month      Year	to	_____/_____ Month      Year
_____	_____	_____/_____ Month      Year	to	_____/_____ Month      Year

**HOSPITAL AFFILIATION:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name City State Zip Code

**PROFESSIONAL LIABILITY INSURANCE:** \_\_\_\_\_ Policy #: \_\_\_\_\_

Effective Date:        /             Expiration Date:        /             Limits of Coverage: \$        /\$

All Rights Reserved. No part of this document may be reproduced without the express written permission of Compass Resources, Inc. © Compass Resources, Inc. 12/2003  
 \*Compass Resources, Inc. is a credentials verification organization under contract to DENTEMAX.

1. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily? ☐ YES ☐ NO
2. Have you ever been reprimanded, disciplined, counseled or been subject to similar action by any state licensing agency with respect to your license to practice? ☐ YES ☐ NO
3. Has your DEA or state controlled substances registration ever been restricted, limited, suspended (even if the suspension was stayed) or revoked, either voluntarily or involuntarily? ☐ YES ☐ NO
4. Are you currently under any investigation with respect to your DEA or state controlled substances registration? ☐ YES ☐ NO
5. Have you ever been denied hospital privileges or have you ever voluntarily or involuntarily had any hospital privileges revoked, suspended (even if the suspension was stayed), reduced or nonrenewed? ☐ YES ☐ NO
6. Have any disciplinary proceedings ever been instituted against you, or are any disciplinary actions now pending with respect to your hospital privileges or your license? ☐ YES ☐ NO
7. Have you ever been denied, reprimanded, censured, excluded, suspended (even if the suspension was stayed), debarred or disqualified from participation in Medicare, Medicaid or any other governmental or quasi-governmental health-related program? ☐ YES ☐ NO
8. Has your professional liability insurance coverage ever been denied, canceled, reduced, limited, not renewed or terminated by action of an insurance company? ☐ YES ☐ NO
9. Have any professional liability suits ever been entered against you, or are there any claims pending? ☐ YES ☐ NO
10. Have any professional liability claims settlements, not involving litigation or arbitration, ever been paid by you or paid on your behalf? ☐ YES ☐ NO
11. Have you ever been convicted of a felony or do you have any charges pending other than minor traffic offenses? ☐ YES ☐ NO
12. Do you have a medical /psychiatric condition which in any way may impair or limit your ability to perform the essential job functions with or without reasonable accommodations as delineated by the practice of your specialty or privileges you will be requesting? (Please describe any accommodations required) ☐ YES ☐ NO
13. Are you currently using illegal drugs or controlled dangerous substances? ☐ YES ☐ NO
14. If you answered yes to the above question, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ YES ☐ NO ☐ NA

**If you answered yes to any of these questions, please provide an explanation on a separate sheet.**

**In completing and signing this application, I:**

1. attest that the information in this application is complete, accurate, truthful and correct in all respects;
2. understand that the submission of false and/or significantly misleading information or the withholding of relevant information is grounds for denial or termination of the contract;
3. signify my willingness to appear for interviews in regard to my application;
4. authorize CRI or DenteMax representatives to consult with others who have been associated with me and/or who have information bearing on my competence and qualifications;
5. consent to CRI or DenteMax representatives' inspection of all records and documents that may be used to evaluate my professional qualifications and competence to carry out the practice privileges I request, my physical and mental health status, and my professional and ethical qualifications;
6. release from any liability and promise not to sue CRI, DenteMax and their representatives for their compilation and verification of my professional credentials;
7. release from any liability and promise not to sue any individuals and organizations who provide CRI or DenteMax representatives with information — including otherwise privileged and confidential information — concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for panel appointment and practice privileges;
8. agree to provide and update the information requested on my initial application and subsequent reapplications and privilege request forms.
9. agree to maintain professional liability insurance and to notify DenteMax of any changes in coverage or status.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Please print or type

Name (See **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ .....

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the **Part I instructions on page 2**. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number  
| | | + | | | |

or

Employer identification number  
| | + | | | | |

List account number(s) here (optional)

## Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

## Part III Certification

Under penalties of perjury, 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).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

### Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

### Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

