





**Background Information:**

All applicants please complete this section individually. If this is an Agency Application, this section must be completed **for all persons** providing services.

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

Have you ever been or are currently in the process of being denied, revoked, suspended, limited, not renewed, or subject to probationary conditions or limitations from any of the following:

- 1. Medical or Allied Professional License in any state \_\_\_Yes \_\_\_No \_\_\_N/A
- 2. Membership on any hospital or institution's staff \_\_\_Yes \_\_\_No \_\_\_N/A
- 3. Board of Medical Examiners or Medical Society \_\_\_Yes \_\_\_No \_\_\_N/A
- 4. Malpractice or Liability Insurance coverage \_\_\_Yes \_\_\_No \_\_\_N/A
- 5. Medicaid or Medicare program participation \_\_\_Yes \_\_\_No \_\_\_N/A

Have you had any of the following?

- 1. Any malpractice claims, suits, settlements or arbitration proceedings in the past five (5) years. \_\_\_Yes \_\_\_No
- 2. Any conviction of a felony? \_\_\_Yes \_\_\_No
- 3. Any chemical dependency or substance abuse problems that you have been treated for, or are currently being treated for? \_\_\_Yes \_\_\_No
- 4. Any chronic or recurring illness or a major physical or mental disability, treated or untreated, that may limit your ability to practice? \_\_\_Yes \_\_\_No

\*Please provide an attached short explanation for any question(s) answered "yes."

**Release Statement**

I fully understand that any misstatements in or omissions from this Application will constitute cause for termination or denial from participation in the BBCBC Provider Network. I hereby affirm that the information furnished is true and complete to the best of my knowledge.

I authorize release of any information pertaining to my past and present credentials and qualifications. I also release BBCBC and all BBCBC representatives from any liability for their acts performed in good faith and without malice in evaluating my credentials and qualifications.

Further, I release all individuals and organizations that provide information to BBCBC regarding my claims, settlements, judgments, suspensions, restrictions, education, professional competence, character, and other qualifications.

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

**Required Documents:**

**\*Please attach the following documents for all persons who may provide services to BBCBC clients.**

- \_\_\_\_\_ Typed professional description of the services you wish to provide for BBCBC clients
- \_\_\_\_\_ Proof of current professional Liability Insurance  
(must show liability limits of 1,000,000, 3,000,000)
- \_\_\_\_\_ Copy of all credentials (degree, transcripts, etc.)
- \_\_\_\_\_ Copy of current State Licensure (if applicable)
- \_\_\_\_\_ Completed W-9 form (attached)
- \_\_\_\_\_ Resume or vitae with listed professional experience
- \_\_\_\_\_ Maximum Rate and Services sheet (attached)  
**\*Initials required\***
- \_\_\_\_\_ Work Sample, if applicable (ex. Copy of past completed report for client)

Please submit complete application and required documents to:

Big Bend Community Based Care, Inc.  
Attn: Jacqueline R. Luke  
525 North Martin Luther King Jr. Blvd  
Tallahassee, FL 32301

BBCBC MAXIMUM RATES FOR SERVICES FY 2009-2010

Any services/rates not listed on this document will be collectively reviewed and approved or denied on an individual basis. Please attach a separate sheet with all applicable information, to include a service description and rate, for panel consideration.

Assessment & Evaluation Services

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the service and rate.
Biopsychosocial Evaluation - Mental Health Diagnosis	\$250.00	Per Event	Master's Degree	YES	\$75.00	<i>JK</i>
Counties Served:	<i>Bay, Calhoun + Jefferson</i>					
Where will this service be provided (office, in-home, etc.)?	<i>Office</i>					
Substance Abuse Assessment	\$250.00	Per Event	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
Anger Management Assessment	\$250.00	Per Event	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
Psychiatric Evaluation	\$450.00	Per Event	Licensed Psychiatrist	YES		
Counties Served:	<i>Leon, Gadsden + Liberty</i>					
Where will this service be provided (office, in-home, etc.)?	<i>Office</i>					
Psychological Evaluation (including Personality Assessment, if needed) (also known as "Psychological Testing")	\$450.00	Per Event	Licensed Psychologist	YES		<i>JK</i>
Counties Served:	<i>Leon, Gadsden + Liberty</i>					
Where will this service be provided (office, in-home, etc.)?	<i>Office</i>					
Developmental Evaluation	\$450.00	Per Event	Licensed Psychologist	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

**BBCBC MAXIMUM RATES FOR SERVICES FY 2009-2010**

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**Assessment & Evaluation Services**

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the service and rate.
<b>Biopsychosocial Evaluation - Mental Health Diagnosis</b>	\$250.00	Per Event	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Substance Abuse Assessment</b>	\$250.00	Per Event	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Anger Management Assessment</b>	\$250.00	Per Event	Master's Degree	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Psychiatric Evaluation</b>	\$210.00	Per Event	Licensed Psychiatrist	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Psychological Evaluation (including Personality Assessment, if needed) (also known as "Psychological Testing")</b>	\$450.00	Per Event	Licensed Psychologist	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Developmental Evaluation</b>	\$450.00	Per Event	Licensed Psychologist	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

Attachment/Bonding Assessment	\$450.00	Per Event	Licensed Psychologist	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					
IQ Testing	\$100.00	Per Event	PhD/ Licensed Psychologist	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					
Autism Testing	\$450.00	Per Event	Licensed Psychologist	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					
Parenting Evaluation	\$550.00	Per Event	Licensed Psychologist	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					
Psychosexual Evaluation	\$700.00	Per Event	Licensed Psychologist	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					

**Notes Regarding Psychological Evaluations:**

1. All Psychological Evaluations include an initial psychological interview, as well as the specific testing indicated and any consultation with Client or appropriate involved parties.
2. Parenting and Psychosexual Evaluations are paid at a higher rate due to the specialized training required of the evaluator and the complexity of the evaluation.
3. If the initial evaluation turns up a need for additional testing, the evaluator can do a follow-up visit and receive \$250 for the additional testing visit.

**Treatment Planning & Modification**

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the agreed upon rate.
Dev. Of Individualized Treatment Plan - Substance Abuse Diagnosis	\$97.00	Per Event	Signed off on by LPHA	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

Dev. Of Individualized Treatment Plan - Mental Health Diagnosis	\$97.00	Per Event	Signed off on by LPHA	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Treatment Plan Review - Substance Abuse Diagnosis	\$48.50	Per Event	Signed off on by LPHA	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Treatment Plan Review - Mental Health Diagnosis	\$48.50	Per Event	Signed off on by LPHA	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Medication Management	\$60.00	Per Event	Psychiatrist or other Physician	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				

Therapy Services

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the agreed upon rate.
Individual Therapy	\$18.33	Per 15 minute unit	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
Family or Couples Therapy	\$18.33	Per 15 minute unit	Master's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
Group Therapy	\$6.67	Per 15 minute unit	Bachelor's Degree	YES		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

<b>Art Therapy (Individual)</b>		\$18.33	Per 15 minute unit	Master's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Play Therapy (Individual)</b>		\$18.33	Per 15 minute unit	Master's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Music Therapy (Individual)</b>		\$18.33	Per 15 minute unit	Master's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Substance Abuse (Individual)</b>		\$18.33	Per 15 minute unit	Master's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Substance Abuse (Group)</b>		\$6.67	Per 15 minute unit	Bachelor's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Anger Management (Group)</b>		\$6.67	Per 15 minute unit	Bachelor's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
<b>Domestic Violence (Family)</b>		\$18.33	Per 15 minute unit	Master's Degree	YES	
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

Domestic Violence (Individual)	\$18.33	Per 15 minute unit	Master's Degree	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Grief & Loss (Individual)	\$18.33	Per 15 minute unit	Master's Degree	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Grief & Loss (Group)	\$6.67	Per 15 minute unit	Bachelor's Degree	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Sexual Abuse Victims (Group)	\$6.67	Per 15 minute unit	Bachelor's Degree	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				
Sexual Abuse Victims (Individual)	\$18.33	Per 15 minute unit	Master's Degree	YES
Counties Served:				
Where will this service be provided (office, in-home, etc.)?				

Battersers' Intervention Program

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the agreed upon rate.
BIP Enrollment Fee	\$30.00	Per Event	Certified by DCF BIP Program	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
BIP Assessment	\$60.00	Per Event	Certified by DCF BIP Program	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						

<b>BIP Program (Group)</b>	\$15.00	Per Person Per Session	Certified by DCF BIP Program	NO	
Counties Served:					
Where will this service be provided (office, in-home, etc.)?					

**Parent Education & Training Services**

Service Name	Maximum Rate Allowed	Unit of Service	Minimum Qualifications	Billable to Medicaid	If less than Maximum Rate, please list amount here	Initial below if willing to provide. This acknowledges the agreed upon rate.
Parenting Education (Individual)	\$75.00	Per Hour	HS Diploma and Evidence of Training in Parenting Education	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						
Parenting Education (More Than One Participant/Class setting)	\$15.00	Per Participant Per Hour	HS Diploma and Evidence of Training in Parenting Education	NO		
Counties Served:						
Where will this service be provided (office, in-home, etc.)?						



- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

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

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). 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.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

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 instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## 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 income tax return. 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 entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return 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. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**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.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f)), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## 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 a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 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 or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but 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.

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

## Part II. 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, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

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 tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

## 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 or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	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 and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<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.) Also see *Special rules regarding partnerships* on page 1.

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.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide 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 Archer MSA or HSA. 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.