

**(Individuals Only)**

**SUBSTITUTE W-9 FOR ARIZONA PRIORITY CARE**

1. **Name as shown on your social security card/income tax return- Name is required:**

\_\_\_\_\_

2. **Federal Tax Classification:**

Individual/sole proprietor or single-member LLC

3. **Address (number, street, and apt no):**

\_\_\_\_\_

4. **City, state and Zip Code:**

\_\_\_\_\_

5. **Enter your social security number (SSN) below.**

\_\_\_\_\_

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 Services (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified me that I am no longer subject to withholding; and
3. I am a U.S. Citizen or other U.S. person.

**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/SS.

**Signature of U.S Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Vendor Name** \_\_\_\_\_ **EZ Cap ID** \_\_\_\_\_