



TAXPAYER IDENTIFICATION NUMBER REQUEST

Delta Dental of Colorado is required by law to obtain the following information from you when making a reportable payment to you. If you do not provide Delta Dental of Colorado with this information, your Delta Dental payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide Delta Dental of Colorado with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under Section 6723.

Instructions: Your Tax Identification Number (TIN) is the number that appears on your Quarterly Withholding Form 941, or on your annual Federal tax return. Your TIN is either an Employer Identification Number (EIN) or your Social Security Number (SSN). The SSN is used only if you are a sole-proprietor, or have formed a single-owner Limited Liability Corporation (LLC), and do not have an EIN. Check the box that applies to your type of organization. If you have an LLC, then check the "other" box and write in "LLC" on the information line next to the "other" box.

The Business Entity Name is the name associated with your Tax Identification Number. If you file your business tax return under an EIN, the Business Entity Name is the name as it appears on your Federal business tax return. If you are a sole-proprietor, or have formed a single-owner LLC, then enter your name as it appears on your social security card even if you have an EIN. The IRS requires single-owner LLC's to use their individual name as the "Business Entity Name", and to list the "doing business as" name on the 2nd line (Business Name).

The Business Name line should only be used for "doing business as" names if you are a sole-proprietor, a single-owner LLC, or if you operate your business under a name that is different than your legal name used for your Federal business tax returns. Please type or print clearly. Sign, date and return this form to Delta Dental of Colorado.

Taxpayer Identification Number (TIN)

Please check the appropriate box: Individual/Sole Proprietor Corporation Partnership Other

\*\*TIN: Circle one: This is my EIN (or) SSN

TIN input grid

If this is a new TIN, please provide the effective date:

Business Entity Name:

Business Name (DBA):

Business Address:

Service Office Address (number, street and suite #)

City, State, Zip Office Telephone

Dentist Listing

The above TIN applies to the following dentists billing services through the above listed business entity (attach a separate sheet if more space is needed):

Dentist listing table with columns for Name and License #

Certification: I certify under penalty of perjury that the Taxpayer Identification Number and registered Business Entity Name I have provided is correct.

Signature: Office Fax: Print signer's name & title: Date:

Please return this completed form by mail or fax Attention: Provider Records, Delta Dental of Colorado, P.O. Box 5468, Denver, CO 80217-5468 Fax Attention: Provider Records, 303-741-2230 THANK YOU FOR YOUR COOPERATION.