



TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS DISCLOSURE CERTIFICATION

DIVISION OF SPECIALIZED CARE FOR CHILDREN
3135 Old Jacksonville Road
Springfield, IL 62704-6488
Toll Free (877) 791-5170
FAX (217) 558-0773

To All Providers:

Please complete, sign and date this form and return it to DSCC (see address above). Forms returned to DSCC by Fax (see number above) are also acceptable.

This form MUST be completed and returned to DSCC BEFORE payment can be issued for any service.

(Please Print or Type)

Taxpayer's Name _____
(Payee/Legal name as recorded on Federal Tax Documents)

Business Name _____
(DBA Name)

Provider Name _____
(Individual providing service)

Payment Address _____ **Telephone** () _____
(Street) (Apt./Suite #)
_____ **Fax** () _____
(City) (State) (Zip)

Site of Service Address _____ **Telephone** () _____
(If different than payment address)
_____ **Fax** () _____
(Street) (Apt./Suite #)
_____ **Title** _____
(City) (State) (Zip)

Provider Contact Name _____ **Title** _____

Legal Status (doing business as) (Check only one)

(Note: If you are a Limited Liability Company, you must also check the appropriate tax classification.)

| | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Tax-exempt entity | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Owner of sole proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Disregarded entity |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Government entity | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Corporation (all other) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Partnership |

Please enter your Taxpayer Identification Number (TIN) here *

(Note: If you are doing business as an individual, enter your Social Security Number [SSN]; as a Sole Proprietor, enter your SSN or your Employer Identification Number [EIN]; in all other cases, enter your EIN.)

_____ — OR — _____
Social Security Number (SSN) Employer Identification Number (EIN)

*If you do not have a TIN, see the back of this form for instructions.

Please enter your individual and/or group National Provider Identifier (NPI) here (if applicable)

_____ — AND/OR — _____
Individual NPI Group NPI

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien) and to the best of my knowledge, the name, taxpayer identification number, and legal status indicated above are correct. 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.

X _____
Signature of U.S. Person

X _____
Date

INSTRUCTIONS FOR COMPLETING FORM 15.49

Taxpayer Name

Individual – Enter the name as shown on your Social Security card.

Sole Proprietor – Enter owner’s name as shown on his/her Social Security card.

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, enter the owner’s name. If you are classified as a partnership or a corporation, enter the LLC’s name.

Other Entities – Enter your business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity.

Business Name

Enter your business, trade or “doing business as (DBA)” name here if applicable. 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, enter the LLC’s name.

Provider Name

Enter the name of individual that is providing the service.

Payment Address

Enter the address where you want all payments to be mailed.

Site of Service Address

Enter the address where services will be performed (if different than the payment address).

Provider Contact Name

Enter the name of a contact person for communication with your business.

Legal Status

Check appropriate classification of the business as registered with the tax identification number. If you are a limited liability company, you must also check the appropriate tax classification (disregarded entity, corporation or partnership).

Taxpayer Identification Number (TIN)

Enter your Social Security number if you are an individual. Enter your Social Security number (SSN) **or** your Employer Identification Number (EIN) if you are a sole proprietor. If you prefer to use your SSN for payments, then enter your SSN. For all other cases, enter your EIN. If you do not have a TIN see the instructions below.

National Provider Identifier (NPI)

Enter your individual and/or group National Provider Identifier (NPI).

INSTRUCTIONS FOR APPLYING FOR SSN AND EIN

If you do not have a Taxpayer Identification Number (TIN), apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals) from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities) from your local Internal Revenue Service office.

To complete the certification if you do not have a TIN, write “Applied For” in the space for the TIN, date this form and return it to DSCC. As soon as you receive your TIN, complete a copy of this form showing the TIN number, sign, date and return the form to DSCC. **DSCC cannot approve or pay for services/supplies until the TIN is received.**

If you have a question about how to complete this form, please call DSCC at (877) 791-5170 for assistance.