

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** \_\_\_\_\_  
*(Street) (Apt./Suite #)*

**Telephone** \_\_\_\_\_

\_\_\_\_\_ **Fax** \_\_\_\_\_  
*(City) (State) (Zip)*

**Site of Service Address** \_\_\_\_\_  
*(If different than payment address)*

\_\_\_\_\_ **Telephone** \_\_\_\_\_  
*(Street) (Apt./Suite #)*

\_\_\_\_\_ **Fax** \_\_\_\_\_  
*(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.