

# TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS DISCLOSURE CERTIFICATION

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 The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) (see address above). Forms returned to DSCC by fax (see number above) are also acceptable.

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Taxpayer's Name				
	(Payee/legal na	ame as recorded on F	ederal Tax Docume	ents)
Business Name	(0.04			
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Provider Name	(Individual prov	viding corvice)		
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	(Street)		(Apt./Suite #)	Fav
	(City)	(State)	(Zip)	Fax
Site of Service Address	(Oily)	(Glate)	(2,0)	
one of betwice Address	(If different that	n payment address)		
	•	, ,		Telephone
	(Street)		(Apt./Suite #)	
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	(City)	(State)	(Zip)	
Provider Contact Name				Title
Individual Owner of sole propriet Corporation providing Corporation (all other)	or billing medical ar	Governmen	o rvices nt entity	elassification.)  Limited Liability Company  Disregarded entity  Corporation  Partnership
Owner of sole propriet Corporation providing Corporation (all other) Other Please enter your Taxpayer	or billing medical ar	Partnership nd/or health care se Governmer  ber (TIN) here*	orvices at entity	Limited Liability Company Disregarded entity Corporation Partnership
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# INSTRUCTIONS FOR COMPLETING FORM

#### **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.

<u>Limited Liability Company (LLC)</u> – 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 the 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.