

C. EDUCATIONAL RETRAINING PROGRAM

Name of School/Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Course of Study: _____

Program Director: _____ Phone: _____

Please print)

School Expenses

Tuition: \$ _____

Fees: \$ _____

Books: \$ _____

Supplies: \$ _____

Total School Expenses \$ _____

Financial Sources:

Total School Expenses (from previous column) \$ _____

Less Loans Received \$ _____

Less Grants Received \$ _____

Financial Needs Assessment \$ _____

D. DIAGNOSIS OF MEDICAL CONDITION

(This section must be completed and signed by attending physician.)

Briefly describe the applicant's medical condition. (Attach additional sheet if necessary.) _____

Is the applicant totally or partially disabled? _____

When did the disability commence? _____

What is the prognosis for recovery? _____

Can the applicant with proper retraining resume his or her dental practice? Yes No

If no, can the applicant be gainfully employed in another career? Yes No

Signature: _____ Date: _____

Attending Physician

E. CERTIFICATION BY THE APPLICANT

I affirm that I am a dentist as defined earlier in this application and certify that I am disabled and require educational retraining to resume my dental practice career or to seek other means of gainful employment if my disability precludes me from continuing my dental practice career as defined herein on this application.

I agree to complete the educational course(s) and to resume my dental practice career or to seek other means of gainful employment if my disability precludes me from continuing my dental practice career. If the loan is granted and I quit the retraining program prior to completion of the required course work, I understand that the outstanding balance will become due and immediately payable to the ADA Foundation at the sole discretion of its Board of Directors.

I certify that the information contained in Part I and Part II of this application is true and complete. I understand that a fraudulent representation or omission of any information requested in either Part I or Part II of this application is grounds for immediate refusal to grant any loans under this program, and is grounds for the Board of Directors, in its sole discretion, to declare any outstanding balance due and immediately payable to the ADA Foundation.

I understand and authorize that loan monies will be sent directly to the educational institution for the retraining program I require. I understand that the granting of such a loan is neither a right nor entitlement and that the Board of Directors of the ADA Foundation shall have sole discretion in determining whether I qualify for an educational retraining loan.

Signature: _____ Date: _____

Applicant

F. AFFIRMATION OF CONSTITUENT DENTAL SOCIETY

This is to certify that the _____ (Constituent Society) confirms that all facts in the application are verified and this constituent society concurs in the eligibility of the applicant named herein for an educational retraining loan.

Signature: _____ Date: _____

Executive Director/Officer, Constituent Dental Society

Print Name: _____ Telephone: _____

American Dental Association Foundation

**PART II: To be completed by applicant and submitted directly to the ADA Foundation,
211 East Chicago Avenue, Chicago, Illinois 60611-2678**

Name _____
City _____
Current Phone No. _____

Address _____
State _____ Zip _____

A. Total Income of Applicant

(Be sure to answer for each item – write “none” where applicable)

	<u>Received During Past Year</u>	<u>Expected During Current Year</u>
Dental Practice: Gross Income	\$ _____	\$ _____
Practice Expenses	\$ _____	\$ _____
Net Income	\$ _____	\$ _____
Other Occupation or Business Income	\$ _____	\$ _____
Disability Insurance Payments	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Veteran’s Compensation	\$ _____	\$ _____
Other Income (specify)	\$ _____	\$ _____

List below other individuals who financially support you on a regular basis and indicate their relationship.

<u>Name</u>	<u>Relationship</u>	<u>Monthly Support</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize any person, firm, corporation, agency or institution to furnish to the ADA Foundation any and all information in its possession relative to my assets, deposits, dealings or business of any kind whatsoever.

I certify that the financial information contained in this application to the ADA Foundation is true and complete. My spouse (if applicable) and I have no assets or resources other than those disclosed in this application.

Signed _____ Date _____
(Signature of Applicant)

Note: Applicant shall attach a copy of the most recent year’s Internal Revenue Service form 1040 tax return and all schedules submitted thereto. If married and filing separately, the tax returns of both the applicant and spouse are required. Applicants who have an incorporated dental practice shall submit, in addition, the corporate tax Form 1120.

B. BANK, S&L AND CREDIT UNION ACCOUNTS

(A list of bank accounts, certificates of deposit, money market accounts and savings accounts. If additional space is needed, please copy or download another worksheet.)

1. Name and Location of Bank	2. Type of Account	3. Cash Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

C. REAL ESTATE

The legal and equitable title to all real estate listed in this statement is solely in the name of the undersigned, except as follows: _____

1. Description	2. Outstanding Mortgages or Liens	3. Monthly Payment	4. Assessed Value	5. Est. Fair Mkt. Value	If applicable, unpaid taxes:	
					6. Year	7. Amount
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____

D. OTHER LOANS

1. Loan Held By: (Name and Address)	2. Amount Of Loan	3. Amount Owing	4. Pay Off Date	5. How Endorsed Guaranteed or Secured
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

E. ACCOUNTS RECEIVABLE

(A list of the largest amounts owing to applicant and spouse)

Name and Address of Debtor	1. Amount Owing	2. Date Payment Expected
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

F. LIFE INSURANCE

1. Name of Insured	2. Name of Beneficiary	3. Name of Insurance Co.	4. Type of Policy	5. Face Amount of Policy	6. Total Cash Surrender Value	7. Total Loans Against Policy	8. Is Policy Assigned?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

G. STOCKS AND SECURITIES OTHER THAN GUARANTEED U.S. GOVERNMENT SECURITIES AND GOVERNMENT AGENCIES

1. Face Value (Bonds No. of Shares (Stocks))	2. Description Of Security	3. Present Market Value	4. Income Received Last Year	5. To Whom Pledged
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

H. RETIREMENT PLANS

(A list of IRAs, 401(K), Keogh plans, profit-sharing or pension plans.)

1. Type	2. Most Recent Valuation	3. Date of Valuation
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

I. ASSETS AND LIABILITIES

Please answer all questions using "No" or "None" where necessary. Use totals from Sections B-H where applicable.

ASSETS

(wholly or jointly owned by dentist or spouse)

- 1. **Cash** (Total Section B.3) \$ _____
- 2. **Real Estate** (Total Section C.5) \$ _____
- 3. **Accounts Receivable** (Total Section E.1) \$ _____
- 4. **Life Insurance, Cash Surrender Value** (Total Section F.6) \$ _____
- 5. **Stock and Securities** (Total Section G.3) \$ _____
- 6. **Retirement Plans** (Total Section H.2) \$ _____
- 7. **Dental Practice** (including equipment) \$ _____
- 8. **Other Assets** (itemize) \$ _____
- 9. \$ _____
- 10. \$ _____
- 11. \$ _____
- 12. \$ _____
- 13. **TOTAL ASSETS** (Add 1.1-1.12) \$ _____

LIABILITIES AND NET WORTH

(wholly or jointly owed by dentist or spouse)

- 14. **Other Loans** \$ _____
(Total Section D.3 – Direct borrowings only)
- 15. **Loans Against Life Insurance** (Total Section F.7) \$ _____
- 16. **Accounts Payable** \$ _____
- 17. **Real Estate Taxes Payable** (Total Section C.7) \$ _____
- 18. **Income Tax Payable** \$ _____
- 19. **Outstanding Mortgages or Liens** (Total Section C.2)
- 20. **Other Liabilities** (itemize) \$ _____
- 21. \$ _____
- 22. \$ _____
- 23. **TOTAL LIABILITIES** (Add Lines 1.14-1.22) \$ _____
- 24. **NET WORTH** (Line 1.13 minus Line 1.23) \$ _____
- 25. **TOTAL LIABILITIES AND NET WORTH** (Add Lines 1.23 and 1.24) \$ _____

For ADA Foundation use only

Loan No. _____



American Dental Association Foundation

211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-2763

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

OR

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 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, and
3. I am a U.S. person (including a U.S. resident alien).

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. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

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 under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.