Form **W-9**

Substitute Form State of Colorado 8-2007

Request for Taxpayer Identification Number and Certification

cccs

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

	Legal Name				
	Business name, if differen	usiness name, if different from above			
	Check (1) Legal Entity:				
	Individual/ Sole Pro	oprietor Corporation	Partnership	Other	
	LLC filing as Sole Prop	prietor LLC filing as Corp	oration LLC filing as Partnersh	Exempt from backup withholding	
	Address (number, street, a	and apt. or suite no.)		Provider of Medical Services? Yes No	
	City, state, and ZIP code.			Floridei of Medical Services?	
	List Account number(s) h	ere (ontional)		Provider of Legal Services?	
	,			Those realises:	
Pa	tl	Taxpayer Identification N	Number (TIN)		
Hov inst you Not	vever, for a resident alie ructions on page 3. For do not have a number, se e: If the account is in mo	n, sole proprietor, or disregal other entities, it is your employed the How to get a TIN on page 3	er identification number (EIN). If	Social Security number Employer identification number	
who	se number to enter.				
Pa	t II	Certification			
Unc	ler 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 3.)					
Sig		Signature of			
Her		U.S. person ►		ahaak all hayaa that angle)	
Minority and Women-owned Businesses (M/WBEs) Self Certification (Please check all boxes that apply) In an effort to track levels of participation by women and minorities doing business with the State of Colorado, the following information is requested. Please indicate the appropriate category of ownership for your company. "Owned" in this context means a business that is at least 51 percent owned by an individual(s) who also control(s) and operate(s) it. "Control" in this context means exercising the power to make policy decisions. "Operate" means actively involved in the day-to-day management. If you business is jointly owned by both men and women or is a large publicly held corporation, please check the box labeled "Not Applicable."					
Gender Information:					
	Female-Ow ned	Male-Ow ned	■ Not Applicable		
Owner Ethnicity Information					
	African American	Asian/Pacific American	White (non-Hispanic)	Not Applicable	
	Hispanic American	■ Native American	Other .		
Small Business Information					
Small Business (a business that is organized for profit, is independently owned and operated, and has 25 or fewer full time equivalent employees.)					
	☐ Yes ☐ No				