

Request for Taxpayer Identification Number and Certification

This Form is to be completed by the payee and sent to the filer.

Use the instructions on the back of this Form and the information on the back of this Form.

1. Complete this Form only if you are a payee required to file an information return for this year.

2. Provide the following information for the payer to report on the information return:
 a. Name (including any suffix or initial) John Doe
 b. Current identifying number (SSN, EIN, or other ID number) 123-45-6789

3. Complete the following certification of taxpayer information:

4. Check appropriate box to certify classification of the person whose name is entered on line 2: (Check only one box.)

- Individual recipient
- Sole proprietor
- Partnership
- Trust
- Estate
- Beneficiary of a trust
- Beneficiary of an annuity
- Beneficiary of a pension or IRA
- Beneficiary of a profit-sharing or pension plan
- Beneficiary of a 529 plan
- Beneficiary of a 528 plan
- Beneficiary of a 525 plan
- Beneficiary of a 527 plan
- Beneficiary of a 529-ED plan
- Beneficiary of a 529-ES plan
- Beneficiary of a 529-EP plan
- Beneficiary of a 529-ER plan
- Beneficiary of a 529-EA plan
- Beneficiary of a 529-EB plan
- Beneficiary of a 529-EC plan
- Beneficiary of a 529-ED plan
- Beneficiary of a 529-ES plan
- Beneficiary of a 529-EP plan
- Beneficiary of a 529-ER plan
- Beneficiary of a 529-EA plan
- Beneficiary of a 529-EB plan
- Beneficiary of a 529-EC plan

5. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

6. If the recipient is an individual, check the appropriate box to certify that the recipient is a U.S. resident alien for purposes of this Form.

7. If the recipient is an individual, check the appropriate box to certify that the recipient is a U.S. resident alien for purposes of this Form.

8. If the recipient is an individual, check the appropriate box to certify that the recipient is a U.S. resident alien for purposes of this Form.

9. Taxpayer Identification Number (TIN) 123-45-6789
 10. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

Backup Withholding

11. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

12. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

Signature

13. Signature of payee (or preparer) John Doe

14. Signature of payer ABC Corp

15. Title of payer President

16. Date of signature 12/31/2023

17. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

18. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

19. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

20. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

General Instructions

1. This Form is to be completed by the payee and sent to the filer.

2. Use the instructions on the back of this Form and the information on the back of this Form.

3. Provide the following information for the payer to report on the information return:

4. Name (including any suffix or initial) John Doe

5. Current identifying number (SSN, EIN, or other ID number) 123-45-6789

6. Complete the following certification of taxpayer information:

7. Check appropriate box to certify classification of the person whose name is entered on line 2: (Check only one box.)

8. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

9. If the recipient is an individual, check the appropriate box to certify that the recipient is not a U.S. resident alien for purposes of this Form.

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