

Request for Business Entity Taxpayer Information

BUSINESS INFORMATION

Employer Identification Number (EIN)

Name of the Business Entity

Tax Mailing Address

P.O. Box, Street, Apt., or Suite No.

City

State

ZIP Code or Postal Zone

Country

PERJURY STATEMENT

I declare under penalty of perjury that I have examined all of the information on this request and it is true to the best of my knowledge. I am aware that if I knowingly and willingly make any false representation about any material fact provided herein or knowingly and willingly make any false representation to obtain information from Social Security records, and/or attempt to deceive the Social Security Administration as to my true identity, I could be criminally punished by a fine or imprisonment or both.

Printed Name

Signature

Date

Contact Name

Phone Number (including area code)

FOR AGENCY USE ONLY:

IMPORTANT INFORMATION

Purpose of Form

The Social Security Administration (SSA) is required to file an information return (i.e., Form 1099-MISC) with the Internal Revenue Service (IRS) when payments of \$600 or more have been made to appointed representatives associated with a business entity as employees or partners. In order to meet this requirement, SSA must obtain the name, employer identification number (EIN), and address of the business entity.

Instructions for Completing the Form

Employer Identification Number

Please enter your EIN. If you do not have an EIN, please apply for one immediately by filing an SS-4, Application for Employer Identification Number, with the IRS. You can apply for an EIN online by accessing the IRS website at www.irs.gov.

Name of Business Entity

Enter your business name as shown on required Federal tax documents. Normally, this will match the name used when you filed a Form SS-4 to apply for an EIN.

Tax Mailing Address

Please enter your tax mailing address. SSA will mail Form 1099-MISC to you at this address if payments of \$600 or more are made to appointed representatives associated with your business entity during a tax year.

Privacy Act Notice

We are required by section 206(a) and 1631(d) of the Social Security Act to ask you to give us the information on this form. The information is needed to identify appointed representatives associated with a business entity as employees or partners and to facilitate issuance of appropriate return information for reporting purposes. Although the responses on this form are voluntary, without this information, you may not receive the Form 1099-MISC.

The information obtained on this form is almost never used for any purpose other than that stated above. However, sometimes the law requires us to disclose the facts on this form without your consent. For example, we must release this information to another person or government agency if federal law requires that we do so or to contractors, as necessary, to assist SSA in the efficient administration of its programs.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**