STATE OF ALABAMA

Department of Public Safety

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

In order to receive payment by the State of Alabama, correct tax identification number (TIN), name (that matches TIN provided) and address must be in our files. Section 6109 Internal Revenue Code requires you to furnish your correct TIN to persons who must file information returns with the Internal Revenue Service. Return form to:

Department of Public Safety
301 S. Ripley Street
MONTGOMERY, AL 36130

Part 1 – Taxpayer Identification Number, Name and Address:

Employer Identification Number	or	Social Security Number

Name (that matches TIN) _____

Business name if different _____

Address _____

_____

PLEASE FILL OUT COMPLETELY

Part 2 – Business Designation. *Circle the designation that identifies your business type.*

1 – CORPORATION OR PROFESSIONAL CORPORATION (A corporation formed under the laws within the United States).

2 – NOT FOR PROFIT CORPORATION (Section 501 (c) (3))

3 – PROFESSIONAL ASSOCIATION

4 – PARTNERSHIP, JOINT VENTURE, ESTATE OR TRUST

5 – SOLE PROPRIETORSHIP OR SELF-EMPLOYED (Identification number must be Social Security Number).

6 – NONCORPORATION RENTAL AGENCY

7 – GOVERNMENTAL ENTITY (City, County, State or U.S. Government)

8 – LIMITED LIABILITY COMPANY

9 – FOREIGN CORPORATION OR FOREIGN NATIONAL OR OTHER FOREIGN ENTITY (A corporation or other foreign entity formed under the laws of a country other than the United States or an individual temporarily in the United States who pays taxes as a citizen other than the United States).

Failure to complete and return this form may subject you to backup withholding in the amount of 31% of future payment pursuant to Section 3406, Internal Revenue Code.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REQUEST AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. I AUTHORIZE THE OFFICE OF THE STATE COMPTROLLER IN THE DEPARTMENT OF FINANCE, STATE OF ALABAMA TO RECEIVE TAX INFORMATION FROM THE INTERNAL REVENUE SERVICE OR THE STATE DEPARTMENT OF REVENUE IN ORDER TO VERIFY THE ACCURACY OF ALL THE INFORMATION I PROVIDED ABOVE.

_____	_____	_____	(_____) _____
Signature	Title	Date	Telephone Number

Revised 11/18