

Request For Taxpayer Identification Number and Certification

This "700" form must be filled out and submitted along with a complete W-9 form to this office promptly before any purchase order or payment can be processed.

Vendor / Payee ID #: / / / / / / / / / / (9) Vendor Class

Business Name : _____

Business DBA: _____

Business Address: _____

State _____ Zip _____

Important Note: All Purchase Orders will be processed via E-Mail effective date: July 1st., 2016

Contact Person: _____

Telephone Number: _____ Fax Number: _____

E-Mail for Purchase Orders: _____

Remit to Address if different from above: _____

State: _____ Zip: _____

Please answer the five questions below. Incomplete forms will delay payment.

- 1) The vendor / payee ID # provided above is : Federal ID # Social Security #
- 2) Are medical or legal services ever provided by vendor ? Yes No
- 3) Is vendor / payee an employee of the Nassau Health Care Corporation ? Yes No
- 4) Check appropriate box: Sole Proprietor Corporation Partnership Other _____
- 5) If a 1099 is **NOT** required please initial the box to the right

Is this business registered as Minority, Women Owned, Small Business and/or Veterans?

If so where is it registered? _____

- | | | |
|----------------------------|------------------------------|-----------------------------|
| a) Women Owned Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Minority Owned Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Small Business | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Veterans | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is my correct 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. (3) The information provided on this form is correct to the best of my knowledge.

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 of under reporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply.

PLEASE SIGN HERE



PRINT NAME OF PERSON SIGNING ABOVE _____

DATE _____ TITLE _____

For Internal Use Only

Form Submitted By: _____ (Name) Date _____

Department _____ Phone Number _____

Document Type Initial Entry Revision

Nassau Health Care Corporation, 2201 Hempstead Turnpike, East Meadow, NY 11554