

# SUBSTITUTE FORM W-9



## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

### General Instructions:

Use this form only if you are a U.S. person (individual who is a U.S. Citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the U.S., an estate (other than a foreign estate; or a domestic trust) to provide your correct Taxpayer Identification Number and to certify that you are not subject to backup withholding. For additional information, see the instructions for Form W-9 at [www.irs.gov](http://www.irs.gov).

### Entity Name and Address

Full Legal Business Name (As shown on your income tax return):

D/B/A (s) if different from above:

### Remit to Address (Full mailing address)

### Tax Classification /Entity Type (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Non – Profit Organization   |
| <input type="checkbox"/> S-Corporation              | <input type="checkbox"/> Limited Liability Company (Including C-Corp, S-Corp, Partnership) |
| <input type="checkbox"/> C-Corporation              | <input type="checkbox"/> Other (Please Specify):   |
| <input type="checkbox"/> Partnership                |  |

### Taxpayer Identification Number (TIN)

Enter business TIN below and check either SSN or EIN.

The TIN provided must match legal business name in order to avoid backup withholding

- Social Security Number (SSN)  
 Employer Identification Number (EIN)

Under 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. citizen or other U.S. person (defined below).

Signature

Date

Printed Name

Amplifon Hearing Health Care, Corp., 5000 Cheshire Parkway North, Plymouth, MN 55446  
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