



Sentara Healthcare
PO Box 2200
Norfolk, Virginia 29501

www.sentara.com

Finance Division

Dear Vendor:

The Internal Revenue Service requires that you (as payee), provide us (as payor) with your correct Taxpayer Identification Number or Social Security number for the purpose of reporting certain payments to the Internal Revenue Service on Form 1099. Failure to provide a Taxpayer Identification Number may require that we withhold federal income tax from payments made to you. Therefore, we ask for your cooperation in providing us with the following information. Thank you in advance for your prompt assistance.

SUBSTITUTE W-9

Print or type this section

Name
Business Name
Street Address
City, State and ZIP Code

Enter your tax Identification Number. For individuals, this is your Social Security number. For sole proprietors, you must enter your individual name. (Enter either your SSN or EIN number. You may also enter your business name or "DOING BUSINESS AS" name on the business name line. Enter your name as shown on your social Security card and business as it was used to apply for your EIN on Form SS-4). All other classifications enter your Employer Identification Number.

Social Security Number _____ **OR**

Employer Identification Number _____

Please check the appropriate box

- Individual/sole proprietor
 Corporation
 Partnership
 Nonprofit
 Govt. Agency
 Exempt
 Other (explain) _____

Please complete this section

- Is your firm a medical or health care corporation? Yes No
Are payments generally made to you for rent or services? Yes No

I hereby certify that the above information is correct and that the Taxpayer identification is the number assigned to the payee name above.

Signature _____
Date _____

Title _____
Telephone () _____