



### Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

**Legal Name**  
(as entered with IRS) **If Sole Proprietorship enter your Last, First, MI**

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**Trade Name**  
If doing business as (D/B/A) or enter business name of Sole Proprietorship

N/A

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**Remit Address** (where check should be mailed)  
PO Box or Number and Street, City, State, ZIP + 4

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**Order Address** (where order should be mailed)  
PO Box or number and street, City, State, ZIP + 4

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N/A

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**Primary Address** (for return of 1099 form if different from remit address)  
PO Box or number and street, City, State, ZIP + 4

**Entity Designation** (check only one) Required

- Individual / Sole Proprietor
- Corporation (includes service corporations)
- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
- Government Entity
- Hospital Exempt from Tax or Government Owned
- Long Term Care Facility Exempt from Tax or Government Owned
- All Other Entities

**Taxpayer Identification Number (TIN)**  
If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

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**Check Only One** Required

- Social Security Number (SSN)
- Employer Identification Number (EIN)
- Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

**Certification**  
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up 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 back up 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. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title Conservation Congress Delegate	Telephone Number (     )
Signature		Date (mm/dd/ccyy)

**For Agency Use Only**

Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return this form to the address listed below. For your convenience this form has been designed for return in a standard Window envelope.

**Return to**  
 Wisconsin Conservation Congress  
~~State Bureau of Finance~~ **Kari Lee-Zimmermann LS/8**  
 P O Box 7921  
 Madison, WI 53707-7921

Forms may be returned by use of FAX Number: 608-266-6983