



Taxpayer Identification Number (TIN) Request Form

We require the following information for contracting, claims processing and IRS income reporting purposes. Please resubmit this form any time you change practices, enter a new partnership or are issued a new Taxpayer Identification Number.

Please fill out this form completely.

1) Taxpayer Identification Number _____

2) Effective date of TIN _____

3) License number _____

4) Individual NPI (Type 1) _____

5) Dentist's name _____

6) Legal name of the person, partnership or business in which the above TIN (item #1) was issued by the IRS. If this does not match the IRS' records exactly, payments to you may be subject to penalties and backup withholding.*

7) Business NPI (Type 2) _____

8) Business name ("doing business as"), if different from above. This will be the name that will be printed on checks ("Payee").

9) Practice location:

Address _____

City _____

State _____ ZIP (+4 codes) _____

Phone (_____) _____

10) Mailing address (if different from practice location):

Address _____

City _____

State _____ ZIP _____

Phone (_____) _____

11) 1099/IRS mailing address

Same as mailing address, item #10

Address _____

City _____

State _____ ZIP _____

12) Type of business entity: Corporation

Partnership Individual/Sole proprietor

Other (please specify) _____

I certify under penalty of perjury that:

- The TIN and Payee name I have provided is correct;
- The Payee is not subject to backup withholding (or see check box below); and
- The Payee is a U.S. citizen or resident; partnership, corporation, company or association; or any non-foreign estate or trust.

Please check here if Payee has been notified by the IRS that they are currently subject to backup withholding.

Check here to be recognized in Delta Dental claims processing system as a nonparticipating provider.

Signature _____ Date _____

Please return this form to your local Delta Dental:

Delta Dental of California
ATTN: Provider Onboarding
P.O. Box 997330
Sacramento, CA 95899-7330
Email: dentist_services@delta.org

Delta Dental Insurance Company
ATTN: Provider Onboarding
P.O. Box 1826
Alpharetta, GA 30023
Email: ProfessionalServices@ddic.delta.org

Delta Dental of Pennsylvania
ATTN: Provider Onboarding
P.O. Box 2106
Mechanicsburg, PA 17055
Email: ddpdentist_services@deltadentalpa.org

Purpose of TIN Request Form

We are required to file an information return with the IRS and must obtain your correct TIN to report income paid to you. Furnishing your correct taxpayer information and making the appropriate certifications will prevent certain payments from being subject to backup withholding.*

We use this form as a substitute for the IRS Form W-9 (Request for Taxpayer Identification Number and Certification). Please refer to Form W-9 and its instructions if you require additional information.

*What is Backup Withholding?

Businesses making certain payments to you are required to withhold and pay to the IRS 28% of such payments under certain conditions. This is called "backup withholding." If you provide the correct TIN and name combination and make the appropriate certifications, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if: (1) You do not furnish your TIN to the requester, (2) The IRS notifies the requester that you furnished an incorrect TIN or name, or (3) You do not certify your TIN.

See IRS Form W-9 regarding exemptions from backup withholding.

Specific Instructions for Individuals and Sole Proprietors

Individual payees must generally provide their SSN as their TIN and the name shown on their social security card on line 6. If you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter the name shown on your social security card on line 5 and your new name on line 6.

Sole proprietors must furnish their individual name and SSN, which is preferred by the IRS, or employer identification number (EIN) as their TIN. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on Form SS-4. You may also enter your business name or "doing business as" name on line 7.

Penalties

Failure to Furnish TIN. If you fail to furnish your correct TIN, you are subject to a penalty of \$250 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information with Respect to Withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 criminal penalty.

Criminal Penalty for Falsifying Information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to businesses that must file information returns with the IRS to report income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to governmental agencies to carry out tax laws. The IRS may also disclose this information to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.