

## W-9 TaxPayer Identification Number Verification

### Instructions for Child Care Providers/Centers

In order for the State of Wisconsin to comply with the Internal Revenue Service regulations, all child care providers/centers who receive Wisconsin Shares Subsidy payments must submit a W-9 form when applying for child care license or certification or when their Tax ID or name changes. The W9 form collects important information such as the Legal Name associated with the Taxpayer Identification Number (TIN), business status (Individual, Partnership, LLC, etc), etc. It is imperative that the information given on this form is current and accurate.

#### PROVIDERS/CENTERS USING A SOCIAL SECURITY NUMBER (SSN):



**Trade Name:** Use your Facility Name or other name that you want to use for your child care business. If you don't have a name for your business, please leave the Trade Name field blank.

State of Wisconsin  
Department of Administration  
DOA-6449 (1/09/2009)  
Substitute **W-9**

Division of Executive Budget and Finance  
State Controller's Office  
DO NOT send to IRS

### 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 persons with disabilities upon request.

**Legal Name** (as entered with IRS)  
If Sole Proprietorship or LLC Single Owner, enter your Last, First, MI  
Doe, John

**Trade Name**  
Color Business Name if different from above.  
ABC Child Care

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

**Order Address** (where order should be mailed; complete only if different from remit)  
PO Box or number and street, City, State, ZIP + 4

**1099 Address** (for return of 1099 form; complete only if different from remit)  
PO Box or number and street, City, State, ZIP + 4  
123 Main St.  
Anytown, WI 55555

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

- Individual/Sole Proprietor/LLC Single Owner
- 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, the IRS prefers that you show the SSN.

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Check Only One Required (see "instructions")

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

#### Applicant Information

Business Name LEAVE BLANK WHEN SSN USED

First Name \* John

Middle Initial

Last Name \* Doe

Suffix

Firm Name Change

Translator Needed?  Yes  No

Translator Language

#### Applicant Identification

Tax ID Number Type \*  SSN  FEIN

Number Type Change

Tax ID Number \* 393-76-9999 (SSN: xxx-xx-xxxx)(FEIN: xx-xxxx-xxxx)

#### W9 Details

Business Type Individual

Corporation / Individual  Individual/Sole Proprietor/Partnership  Corporation/Non Profit/Government

#### Facility/Location Contact Details

Facility/Location Name \* ABC Child Care

**LEGAL NAME:** You must enter the legal name that corresponds to your SSN. Enter your full name as shown on your Social Security card or your income tax return. If you have changed your last name due to marriage, divorce, etc, you MUST notify the Social Security Administration (SSA) about the change. Few weeks after you have notified the SSA about your name change, a new Social Security card will be mailed to you. If you have changed your name and have NOT notified the SSA, enter your First Name and your **old and new** Last Names.

OVER →



## PROVIDERS USING AN EMPLOYER IDENTIFICATION NUMBER (EIN):

Providers who employ staff or are Corporations MUST use a Employment Identification Number (EIN).

**LEGAL NAME:** A provider/center using an Employer Identification Number (EIN) MUST enter the name used when the EIN application was submitted to the IRS. This should be the name listed first in the IRS notice (see print below).

IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 09-20-2010  
Employer Identification Number: XX-XXXXXXX  
Form: 99-4  
Number of this notice: 1

HAPPY KIDS CHILDCARE  
% ANNA APPLICANT - SOLE MBR  
123 N MAIN ST  
ANYTOWN, WI 45454

State of Wisconsin  
Department of Administration  
DOA-6445 (9/03/2010)  
Substitute W-9

Division of Executive Budget and Finance  
State Controller's Office  
DO NOT send to IRS

### 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 or LLC Single Owner, enter your Last, First, and Middle Initial.  
*Happy Kids Childcare*

Trade Name  
Enter Business Name if different from above.  
*Happy Kids 2*

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

Order Address (where order should be mailed, complete only if different from remit)  
PO Box or number and street, City, State, ZIP + 4

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

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

Individual/Sole Proprietor/LLC Single Owner  
 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, the IRS prefers that you show your EIN.

*XX-XXXXXXX*

Check Only One **Required** (see "Instructions")

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

**Trade Name:** Use your Facility Name or other name that you want to use for your child care business (does not need to be associated with your Tax ID).

### Applicant Information

Business Name *Happy Kids Childcare*

First Name \* *Anna*

Middle Initial *A*

Last Name \* *Applicant*

Suffix

Confirm Name Change

A Translator Needed?  Yes  No

Translator Language

### Applicant Identification

Tax ID Number Type \*  SSN  FEIN

Number Type Change

Tax ID Number \* *12-3456789* (SSN: xxx-xx-xxxx)

### W9 Details

Business Type \* *Individual*

Corporation / Individual  Individual/Sole Proprietor/Partnership  Corporation/Non Profit/Government

### Facility/Location Contact Details

Facility/Location Name \* *Happy Kids 2*

**Entity Designation:** Pertains to centers/providers using EIN and SSN. Programs marked as 'Individual/Sole Proprietor/Partnership' receive a 1099 tax statement.

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

- Individual/Sole Proprietor/LLC Single Owner
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- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
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### W9 Details

Business Type \* *Individual*

Corporation / Individual  Individual/Sole Proprietor/Partnership  Corporation/Non Profit/Government