



STATE OF NEW HAMPSHIRE
ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # (Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9. If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME:

ADDITIONAL or DBA NAME:

LEGAL NAME:

REMIT ADDRESS:

CITY/TOWN: STATE: ZIP:

BUSINESS ADDRESS:

CITY/TOWN: STATE: ZIP:

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): Fed ID # (EIN/FIN):

PRINCIPAL ACTIVITY

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided:

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

- Individual/Sole-Proprietor Partnership/LLP Government
Corporation Estate or Trust Health Care Provider
LLC Non-Profit Legal Services
(attach exemption)

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type):

TELEPHONE #: TOLL FREE #: FAX #:

SIGNATURE: DATE:

PLEASE RETURN WHEN COMPLETED TO: NH Department of Agriculture, Markets & Food
Division of Regulatory Services
PO Box 2042, 25 Capitol Street
Concord, NH 03302-2042

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