



STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS

*“Military Funeral Honors Program”*

September 21, 2006

**Instructional letter for completion of  
Taxpayer Identification Number (TIN) Verification  
for Veterans Service Organizations requesting Stipend reimbursement**

*Fill in only the portions listed below as instructed!*

**Legal Name** Do not enter a personal name. Enter only the name and Post number of the Veterans Service Organization. Example: *Harry Truman VFW Post 1234*

**Trade Name** Do not enter a personal name. Enter only the name of the Veterans Service Organization as it is presented to the public! Example: *The sign out front or the heading on a flier.*

**Remit Address** Enter the name and address where stipend check should be sent. This may be a personal name and address or the name and address of the Veterans Service Organization.

**Order Address** *Do not enter anything*

**1099 Address** Enter only the address that is on file with the IRS

**Entity Designation** Check only *Corporation* or *All Other Entities*

**Taxpayer Identification Number** enter the nine digit number provided by the IRS (not tax exempt numbers etc.) and check only the center block below titled: *Employer Identification Number*

*At the bottom of the form:*

**Printed Name** (of finance officer, adjutant, commander, etc.)

**Printed Title** (of above individual)

**Telephone Number** (of above individual or Veterans Service Organization)

**Signature** (of above individual)

**Date** (date submitted)



Substitute **W-9**

**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.

<p><b>Legal Name</b> (as entered with IRS)                  If Sole Proprietorship or LLC Single Owner, enter your Last, First, MI</p> <hr/> <p><b>Trade Name</b>                  Enter <b>Business Name</b> if different from above.</p> <hr/> <p><b>Remit Address</b> (where check should be mailed)                  PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p><b>Order Address</b> (where order should be mailed; complete only if different from remit)                  PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p><b>1099 Address</b> (for return of 1099 form; complete only if different from remit)                  PO Box or number and street, City, State, ZIP + 4</p>	<p><b>Entity Designation</b> (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner  <input type="checkbox"/> Corporation (includes service corporations)  <input type="checkbox"/> Limited Liability Company - Partnership  <input type="checkbox"/> Limited Liability Company - Corporation  <input type="checkbox"/> Government Entity  <input type="checkbox"/> Hospital Exempt from Tax or Government Owned  <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned  <input type="checkbox"/> All Other Entities</p> <p><b>Taxpayer Identification Number (TIN)</b>                  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.</p> <p style="text-align: center;">-----</p> <p>Check Only One <u>Required</u> (see "Instructions")</p> <p><input type="checkbox"/> Social Security Number (SSN)  <input type="checkbox"/> Employer Identification Number (EIN)  <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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**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	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 completed form via facsimile machine or to the address listed below.  
 For your convenience this form has been designed for return in a standard Window envelope.

Forms may be returned to:  
 Fax Number: ( )  
 Attn: