



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SUBSTITUTE W-9 FORM

Please Print or Type

Dear Sir or Madam;

Federal (U.S.) law requires each payee (you) to provide the payer (us) with the following information.

1. If your business has a US Employer Identification Number (Federal Tax ID Number)

a. Enter that number: \_\_\_\_\_ - \_\_\_\_\_

b. Legal name of the applicant for that number: \_\_\_\_\_

c. Check appropriate:       Individual / Sole Proprietor       Partnership       Corporation  
    Other (Please explain) \_\_\_\_\_

2. If you do not have an Employer Identification Number, enter your social security number and your name exactly as it appears on your social security card.

a. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

b. Name as it appears on card: \_\_\_\_\_

3. If you are not providing Identification Number, please explain your reasons in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to process payments in timely manner, please complete this form and return it to us as soon as possible or fax it to (435) 649-2193. If you have any questions, please call our Business Office at (435) 649-2700 X7 or (801) 531-9000 X7.

**Certification:** Under penalties of perjury, I certify that the information I have provided above is correct.

\_\_\_\_\_  
Signature (Payee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Payee)