

## Request for Business Entity Taxpayer Information

### BUSINESS INFORMATION

Employer Identification Number (EIN)

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Name of the Business Entity

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Tax Mailing Address

P.O. Box, Street, Apt., or Suite No.

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City

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State

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ZIP Code or Postal Zone

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Country

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### PERJURY STATEMENT

**I declare under penalty of perjury that I have examined all of the information on this request and it is true to the best of my knowledge. I am aware that if I knowingly and willingly make any false representation about any material fact provided herein or knowingly and willingly make any false representation to obtain information from Social Security records, and/or attempt to deceive the Social Security Administration as to my true identity, I could be criminally punished by a fine or imprisonment or both.**

Printed Name

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Signature

Date

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Contact Name

Phone Number (including area code)

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<b>FOR AGENCY USE ONLY:</b>
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## IMPORTANT INFORMATION

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### Purpose of Form

The Social Security Administration (SSA) is required to file an information return (i.e., Form 1099-MISC) with the Internal Revenue Service (IRS) when payments of \$600 or more have been made to appointed representatives associated with a business entity as employees or partners. In order to meet this requirement, SSA must obtain the name, employer identification number (EIN), and address of the business entity.

### Instructions for Completing the Form

#### Employer Identification Number

Please enter your EIN. If you do not have an EIN, please apply for one immediately by filing an SS-4, Application for Employer Identification Number, with the IRS. You can apply for an EIN online by accessing the IRS website at [www.irs.gov](http://www.irs.gov).

#### Name of Business Entity

Enter your business name as shown on required Federal tax documents. Normally, this will match the name used when you filed a Form SS-4 to apply for an EIN.

#### Tax Mailing Address

Please enter your tax mailing address. SSA will mail Form 1099-MISC to you at this address if payments of \$600 or more are made to appointed representatives associated with your business entity during a tax year.

#### Privacy Act Notice

[See Revised Privacy Act Notice Below](#)

We are required by section 206(a) and 1631(d) of the Social Security Act to ask you to give us the information on this form. The information is needed to identify appointed representatives associated with a business entity as employees or partners and to facilitate issuance of appropriate return information for reporting purposes. Although the responses on this form are voluntary, without this information, you may not receive the Form 1099-MISC.

The information obtained on this form is almost never used for any purpose other than that stated above. However, sometimes the law requires us to disclose the facts on this form without your consent. For example, we must release this information to another person or government agency if federal law requires that we do so or to contractors, as necessary, to assist SSA in the efficient administration of its programs.

Explanations about the reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

[See Revised Paperwork Reduction Act Statement Below](#)

#### Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Sections 206(a) and 1631(d) of the Social Security Act, as amended, authorize us to collect the information on this form. The information you provide will help us identify appointed representatives associated with a business entity as employees or partners and to facilitate issuance of appropriate return information for reporting purposes. Your response is voluntary. However, without this information, you may not receive the Form 1099-MISC.

We rarely use the information provided on this form for any purpose other than that stated above. We may, however, disclose this information in accordance with approved routine uses under the Privacy Act (5 U.S.C. § 552a(b)), which include but are not limited (1) to the Internal Revenue Service for the purpose of auditing SSA's compliance with the Internal Revenue Code; (2) to employers to assist SSA in the collection of debts owed by claimants' representatives; (3) to comply with other Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is contained in our System of Records Notice 60-0325 (Attorney/EDPNA 1099-MISC). Additional information regarding this form and our other systems of records notices and Social Security programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.