

Request for Business Entity Taxpayer Information

BUSINESS INFORMATION

Employer Identification Number (EIN)

Name of the Business Entity

Tax Mailing Address
P.O. Box, Street, Apt., or Suite No.

City

State

ZIP Code or Postal Zone

Country

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

Signature

Date

/ /

Contact Name

Phone Number (including area code)

FOR AGENCY USE ONLY:

IMPORTANT INFORMATION

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.

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

Request for Business Entity Taxpayer Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to identify appointed representatives associated with a business entity as employees or partners and to facilitate issuance of appropriate return information for reporting purposes.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from sending you Form 1099-MISC.

See Revised Privacy Act Statement Attached

We rarely use the information you supply for any purpose other than to identify appointed representatives associated with a business entity as employees or partners and to facilitate issuance of appropriate return information for reporting purposes. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by 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 available in the Systems of Records Notice entitled, Master Representative Payee File, 60-0222. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement

See Revised PRA Statement Attached

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.**