

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 Statement Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from serving as an appointed representative.

We will use the information 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 share your information for the following purposes, called routine uses:

- To the Internal Revenue Service to permit its auditing of our compliance with the safeguard provisions of the Internal Revenue Code of 1986, as amended; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0325, entitled Appointed Representative File, as published in the Federal Register (FR) on October 8, 2009, at 74 FR 51940. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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.**