

# Fill out only the areas highlighted below with your information on the W9 form in Tipalti.

CareSolutions is required to collect certain declarations from our payees. If you are a US person (see definitions on the [IRS site](#)) select the "US Person" tab to electronically submit the W-9 form.

If you are not a US person, select the "Non US person" tab and follow the instructions there.

If you do not fall under the above mentioned definitions, consult the [IRS site](#) for clarifications, and contact support for instructions on submitting other IRS forms.

US Person

Please continue to fill the W-9 form below:

Substitute Form <b>W9</b>	<b>Request for Taxpayer Identification Number and Certification</b>	Rev. October 2018
<b>Name (individual or company name as shown on your income tax return) </b> Test Participant		
<b>Business Name/Disregarded Entity Name (if different from above)</b> <input type="text"/>		
<b>Check appropriate box:</b> <input checked="" type="radio"/> Individual/sole proprietor or single-member LLC <input type="radio"/> C Corporation <input type="radio"/> S Corporation <input type="radio"/> Partnership <input type="radio"/> Trust/estate <input type="radio"/> Limited liability company. Enter the tax classification: <input type="text"/>		<b>Exemptions (codes apply only to certain entities, not individuals):</b> Exempt payee code (if any) <input type="text"/> Exemption from FATCA reporting code (if any) <input type="text"/> (Applies to accounts maintained outside the U.S.)
<small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>		
<input type="radio"/> Other (Only list entity type not listed above) <a href="#">(see instructions)</a> <input type="text"/>		
<b>State</b> GA	<b>Requester's name and address (optional)</b> <input type="text"/>	
<b>City</b> Atlanta		
<b>Address</b> 1117 Perimeter Center West		
<b>Address2</b> Suite W300		
<b>Zip</b> 30338		

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 ([tw9.pdf](#)). For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3 ([tw9.pdf](#)).

Note: If the account is in more than one name, see the [instructions](#) for line 1. Also see "What Name and Number To Give the Requester" for guidelines on whose number to enter.

Please ensure the TIN entered below matches the name entered in the "Name" field.

Social Security Number (SSN)

or  
 Employer Identification Number (EIN)

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup 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 backup 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, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. If you have been notified by the IRS that you are currently subject to backup withholding, you must cross out item #2 above. You will need to print a hard copy of this form, cross out item #2 and e-mail a scanned copy of the signed form to [support@decalscholars.com](mailto:support@decalscholars.com). To download the form, [click here](#).

**By typing my name and contact email address, I confirm that I agree to the electronic submission of my completed W9 form and that I accept that the information provided constitutes a legally binding digital signature.**

Test Participant

Date Signed

2021-12-01

Contact Email

support@decalscholars.com

[← Back](#)

[Next →](#)