

Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Benefits

Military Funeral Honors Program
21731 Spring Street
Union Grove, WI 53182-9736

Phone: (262) 878-5962

Fax: (262) 878-5964

Email: Honors@dva.wisconsin.gov

Website: www.WisVets.com/FuneralHonors

January 31, 2014

Instructional letter for completion of
Taxpayer Identification Number (TIN) Verification
for Veterans Service Organizations requesting Stipend reimbursement

Fill in only the portions listed below as instructed!

Legal Name: Do not enter a personal name. Enter only the name and Post number of the Veterans Service Organization. Example: *Harry Truman VFW Post 1234.*

Trade Name: Do not enter a personal name. Enter only the name of the Veterans Service Organization as it is presented to the public! Example: *The sign out front or the heading on a flier.*

Remit Address: Enter the name and address where stipend check should be sent. This may be a personal name and address or the name and address of the Veterans Service Organization.

Order Address: *Do not enter anything.*

1099 Address: Enter only the address that is on file with the IRS.

Entity Designation: Check only *Corporation* or *All Other Entities*.

Taxpayer Identification Number: Enter the nine digit number provided by the IRS (not tax exempt numbers etc.) and check only the center block below titled: *Employer Identification Number*

Certification:

Printed Name: Enter person submitting form for Veterans Service Organization.

Printed Title: Examples: finance officer, adjutant, commander, etc.

Telephone Number: Enter number of above individual or Veterans Service Organization.

Signature: of above individual.

Date: Enter date submitted



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternate formats to individuals with disabilities upon request.

<p>Legal Name (as entered with IRS) If Sole Proprietorship or LLC Single Owner, enter your Last, First, M. I.</p> <hr/> <p>Trade Name Enter Business Name if different from above.</p> <hr/> <p>Remit Address (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>Order Address (where order should be mailed; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>1099 Address (for return of 1099 form; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p>	<p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</p> <p>Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you show the SSN. Enter your 9 digit number only, no dashes.</p> <hr/> <p>Check Only One <u>Required</u> (see "Instructions")</p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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Certification
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. 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.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number
Signature		Date (MM/DD/CCYY)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return completed form via facsimile machine or to the address listed below.
 For your convenience this form has been designed for return in a standard Window envelope.

Mail to:
 Military Funeral Honors Program
 21731 Spring St.
 Union Grove, WI 53182

Fax to:
 Fax Number: (866) 454-0356
 Attn: Military Funeral Honors Program