



# Substitute IRS Form W-9

In accordance with the IRS, please complete the required Form W-9 information and submit to the Plan Office at the address below. This information will be reported to the IRS on Form 1099 at years end.

***(Please print legibly)***

1. Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Tax ID Number: \_\_\_\_\_ Is this number an ( ) SSN or ( ) EIN ?
4. Mailing Address: (Street) \_\_\_\_\_  
(City, State, ZIP) \_\_\_\_\_
5. Physical Address: (Street) \_\_\_\_\_  
(City, State, ZIP) \_\_\_\_\_
6. Provider State License Number: ***(required)*** \_\_\_\_\_
7. Physician Specialty: ***(required)*** \_\_\_\_\_
8. National Provider Identifier: \_\_\_\_\_

***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 a U.S. person (including a U.S. resident alien).

Signature \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE NOTE: This Form is Substantially Similar to the IRS Dept. of The Treasury Form W-9.  
This Form Must Be Completed in Full and Returned to the Plan Office.***

***Submit completed form to:***

**Provider Desk  
MPIHP  
P.O. Box 1999  
Studio City, CA 91614-0999**

*If you have questions about completing this form,  
please call the "Provider Desk" at  
818 or 310.769.0007, Ext. 242  
FAX: 818.980.8661.*