

**SUBSTITUTE FORM W-9
NOTIFICATION OF CHANGE FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

Effective Date of Change: _____/_____/_____
(To ensure claims process for the old and new tax id correctly.)

For accurate 1099 issuance, please provide a current list of dentists that this information applies:

State License:	_____	Dentist Name:	_____
State License:	_____	Dentist Name:	_____
State License:	_____	Dentist Name:	_____

Office Address: _____

Phone: _____ Fax: _____

Location Email: _____ Website: _____

Your Old Tax Id: _____ - _____ Has the Office Changed Owners? Yes No

Are you currently enrolled in Direct Deposit? Yes* No

*For security purposes, changes in tax id numbers will require re-enrollment
(<https://www.deltadentalnj.com/dentist/eft-enrollment/eft-form>)

The information below must match the number and name on file with the IRS to avoid backup withholding.

Your New Employer Identification (EIN) Number: _____ - _____

Your New Legal Name for IRS FORM 1099 Reporting: _____

Business Type:

<input type="checkbox"/> Individual/Private Practice	<input type="checkbox"/> Corporation/Group Practice	<input type="checkbox"/> Dental Service Organization (DSO)	<input type="checkbox"/> Hospital
<input type="checkbox"/> Public Health/FQHC	<input type="checkbox"/> Mobile Dental Clinic/Unit	<input type="checkbox"/> Dental School/Clinic	<input type="checkbox"/> Other: _____

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 because 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.

Owner's Name: _____ Owner's License: _____

Owner's Signature: _____ Date: _____/_____/_____