

SUBSTITUTE FORM W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
Beneficiary of Deceased Employee

The Internal Revenue Service requires that at the end of each year, the State of Alaska prepare IRS 1099 forms. When the total of all payments for the year meet or exceed \$600.00 and are made to individuals for rents, services, prizes, beneficiary payments and awards, we will generate the required Form 1099 using the information provided below.

INSTRUCTIONS

Please provide the requested information, complete and sign the certification below. This information must match the information you provide to the Internal Revenue Service for Tax Reporting. Federal Law requires us to take backup withholding from future payments made if you fail to complete and sign the certification. Mail or fax the completed form to the Division of Finance.

Deceased Name: _____

BENEFICIARY INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

Beneficiary Name: _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP+4: _____

CERTIFICATION

REQUIRED INTERNAL REVENUE SERVICE STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that:

1. 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
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, and
3. I am a U.S. citizen or other U.S. person

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Printed Name: _____ Date: _____

Signature: _____ Telephone: _____ Fax: _____