

Hinds Community College
REQUEST FOR TAX IDENTIFICATION INFORMATION

A. This section is to be completed only by Individuals or Sole Proprietorships.

Individual's Name: _____

Doing Business As: _____
(If Applicable)

Mailing Address: _____ Physical Address _____

Remittance Address: _____

Social Security Number _____

CERTIFICATION: Under penalties of perjury, I certify that (1) the number reported on this form is a correct taxpayer identification number and (2) I am not subject to backup withholding.

Signature: _____ Date: _____

Phone/Fax _____ / _____

B. This section is to be completed by businesses other than Individuals or Sole Proprietorships.

Business Name: _____

Doing Business as: _____
(Other name Business is known by)

Mailing Address: _____ Physical Address _____

Remittance Address _____

Federal Employer Identification Number: _____

CERTIFICATION: Under penalties of perjury, I certify that: (1) the number reported on this form is a correct taxpayer identification number and (2) I am not subject to backup withholding.

Signature: _____ Date: _____

Title _____ Phone/Fax _____ / _____