



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.*