## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Please complete and return to:	FOR OFFICE USE ONLY
Cookeville Regional Medical Center Accounting Department	Vendor Name:
1 Medical Center Boulevard Cookeville, TN 38501	Vendor Code:
Or fax to 931-783-2315	
STEP 1. (Check ONE box only and provide your complete name and Taxpayer Identification Number)  U.S. Resident - Individual / Sole Proprietor (Form 1099 reportable)  Name	
Name  If you are a sole proprietor, name of the owner of the business:	
Social Security Number	or Employer Identification Number
U.S. Partnership, Limited Liability Company ("LLC"), or Trust (Form 1099 reportable)  Name (as shown on your tax return):  Identification Number	
U.S. Corporation (except from Form 1099 reporting except for medical or legal services)  (If an LLC electing corporate status for U.S. tax purposes, please attach a copy of your U.S. tax eelection on IRS Form 8832, Entity Classification Election)  Name (as shown on your tax return):	
U.S. Tax-exempt Organization or Federal, State, or Local Government Agency (exempt from Form 1099 reporting)    Same (as shown on your tax forms):	
STEP 2. Certification/Signature (Complete the following) Under penalties of perjury my signature certifies 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).  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.	
3. I am a U.S. person* (including a U.S. resident alien).  Certification Instructions: You must cross out item 2 above if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 2 above does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.	
Signature: Kan Kan	Phone: (931) 783 - 2000
Print Name: Paul Korth Title: CF	ODate:
Print Name: Paul Korth Title: CF Address: Medical Center Blvd city: Cooker	Uille State: TN zip38501

## Instructions for U.S. Tax Persons

As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal tax law requirements, we need certain information from you. Please complete the information requested above and return this form to the address shown above. If you do not provide us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you. If you have any questions, please call us at 931-783-2621.

\*Are you a U.S. person? The IRS defines a U.S. person as:

- · a U.S. citizen;
- an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or the District of Columbia
- a U.S. resident (someone who has a "green card" or has passed the IRS "substantial-presence test." For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at www.irs.gov.)

If your answer is NO, please do not complete this form and contact us at 931-783-2621.

If your answer is YES, please complete the form. See page 2 for additional information.