

Codsashada Tasmada Isticmaalaha ee Lambarka Adeeg Bixiyaha Gobalka oo dhan

Nooca Lacag bixinta: Shaqsiyaadka

FIIRO GAAR AH: Kani waa hagaha isticmaalaha oo loogu talagalay inuu noqdo tilmaame kaa caawiya buuxinta [Foomka Diiwaangelinta Adeeg Bixiyaha](#). Kani **ma aha** Foomka Diiwaangelinta Adeeg Bixiyaha dhabta ah, oo ay tahay in [halkan lagu buuxiyo](#).

Abaal Marinta Waxbarashada ama Magdhawga Tababarka

- Wuxuu qasab ka dhigayaa Lambarka Adeeg Bixiyaha Gaarka ah ee Gobalka oo dhan (Statewide Vendor Number, SWV)
- SWV waxaa lagu xariirayaa Lambarka shaqsiyaadka ee Social Security (Social Security Number, SSN)

Tilmaamaha

Qaybta A: Faahfaahinta Xariirka

PART A – Contact Details	
Contact Name: _____	Telephone: (____) _____ - _____
Mailing Address: _____	TUSAALE
City, State, Zip: _____	
Email: _____	

- Qaybtaan waxaa lagu qorayaa xogta lagaalaso xariiraayo lacala haddii DCYF u baahato inay kulasoo xariirto.
- Ciwaanka boostada ayaa ah meesha jeega lacag bixinta loo diri doono. Tan waa in la buuxiya waana inuu waafaqaa ciwaankaaga Diiwaanka Shaqaalaha ee MERIT. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.

Qaybta B: Diiwaan gelinta Adeeg Bixiyaha/Mushaar qaataha (shaqsiyaadka)

PART B – Vendor/Payee Registration		
Substitute Form W-9	Request for Taxpayer Identification Number and Certification	Rev. 2-2020
1. Legal Name (as shown on your income tax return) _____		
2. Business Name, if different from Legal Name above - e.g. Doing Business As (DBA) Name _____		
3. Check ONLY ONE box below		
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Local Government
<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)	<input type="checkbox"/> Tax Exempt Organization	<input type="checkbox"/> State Government
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Federal Government (Including Tribal)
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Board/Committee Member	

1. **Magaca Sharciga ah:** Magacu waa inuu waafaqaa kan ku qoran kaarka Social Security.
2. **Magaca Ganacsiga:** Ha buuxin qaybtaan.
3. **Tigsaar HALKA BOKIS ee hoose KELIYA:** Haddii aad codsanayso abaal marinta shaqsigaha ah (Abaal Marinta Waxbarashada ama Magdhawga Tababarka) tigsaar "Qof/Mulkiile keli ah (ayna ku jiraan Mulkiilayaasha keliga ah ee

LLC)".

4. For Corporation or Partnership ONLY, check one box below if applicable <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal		SSPS # (if known)										
5. Legal Address (number, street, and apt. or suite no.) <i>This should be the address on file with the IRS.</i>		MERIT PROVIDER # (if known)										
6. City, State, and ZIP code TUSAALE		MERIT STARS # (if known) ★										
7. Tax Identification Number (TIN) PLEASE CHECK ONE Enter your EIN OR SSN in the box to the right (do NOT enter both) <input type="checkbox"/> For individuals, this is your social security number (SSN) <input type="checkbox"/> For other entities, it is your employer identification number (EIN)		Taxpayer Identification Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

4. **Waxaa loogu talagalay KELIYA Shirkadaha ama Iskaashatada:** Ha buuxin qaybtaan.
5. **Ciwaanka Sharciga:** Tan waa in la buuxiyaa uuna waafaqaa ciwaankaaga Diiwanaka Shaqaalaha ee MERIT. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.
6. **Magaalada, gobalka, iyo nambarka boostada:** Tan waa in la buuxshaa uuna waafaqaa ciwaankaaga Diiwanaka Shaqaalaha ee MERIT. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.
- ★ **Haddii aad codsanayso Qarash celinta Waxbarashada ama Tababarka: Keliya buuxi tirada MERIT STARS #.**
7. **Nambarka Aqoonsiga Canshurta (Tax Identification Number TIN):** Haddii aad codsanayso abaal marinta shaqsigah (Abaal Marinta Waxbarashada ama Magdhawga Tababarka) tigsaar "shaqsiyaadka" kadibna ku qor SSN kaaga qaybta.

TUSAALE	
SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures)	Date

8. **Shahaadada:** Si taxadar leh u akhri kadibna saxiix iyo taariikhda kula qor qalin.

Nooca Lacag bixinta: Xarumaha/Goobaha

Abaal marinta Hormarinta Tayada ee Early Achievers ama Deeqaha Lagu Saleeyay Baahida:

- Waxay u baahan tahay SWV ga Xarunta/Barta
- SWV waxaa lagu xariirinayaa Lambarka Aqoonsiga Loo shaqeeyaha (EIN)

Tilmaamaha

Qaybta A: Faahfaahinta Xariirka

PART A – Contact Details	
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Mailing Address: _____	
City, State, Zip: _____	
Email: _____	

- Qaybtaan waxay codsanaysaa xogta lagala xariiraayo maamulaha ama wakiilkiisa lacala haddii DCYF u baahato inay kulasoo xariirto.
- Ciwaanka boostada ayaa ah meesha jeega lacag bixinta loo diri doono.
- Ciwaankaan waa in la buuxshaa waana inuu waafaqaa ciwaankaaga Diiwaanka Shaqaalaha ee MERIT. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.

Qaybta B: Diiwaan gelinta Adeeg Bixiyaha/Mushaar qaataha (Xarumaha/Goobaha)

PART B – Vendor/Payee Registration		
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2. Business Name, if different from Legal Name above - e.g. Doing Business As (DBA) Name		
3. Check ONLY ONE box below		
<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)	<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor)	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Tax Exempt Organization
	<input type="checkbox"/> Board/Committee Member	<input type="checkbox"/> Trust/Estate
		<input type="checkbox"/> Local Government
		<input type="checkbox"/> State Government
		<input type="checkbox"/> Federal Government (Including Tribal)

1. **Magaca Sharciga ah:** Magacu waa inuu waafaqaa magaca Ganacsiga ee sharciga ah. (Haddii uu jiro mulkiile shaqsi ah, magacaan waa inuu waafaqaa magaca ugu qoran kaarka Social Security).
2. **Magaca Ganacsiga:** Magacu waa inuu waafaqaa magaca "Ganacga oo ah " (Doing Business As, DBA).
3. **Tigsaar HALKA BOKIS ee hoose KELIYA:** Doorro nooca saxda ah ee ganacsiga xaruntataada/goobtaada. Xulashadu waa inay waafaqdaa nooca shirkada ganacsiga ee aad ka diiwaan gelisay DOR iyo IRS.

4. For Corporation or Partnership ONLY, check one box below if applicable <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	<u>SSPS # (if known)</u> ★																				
5. Legal Address (number, street, and apt. or suite no.) <i>This should be the address on file with the IRS.</i>	<u>MERIT PROVIDER # (if known)</u> ★																				
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- 4. Waxaa loogu talagalay KELIYA Shirkadaha ama Iskaashatada:** Dooro xulashada saxda ah ee ganacsiga xaruntataada/goobtaada.
- ★ **Haddii aad codsanayso Abaal marinta Xarunta: Keliya buuxi Lambarka SSPS # ama Lambarka Adeeg bixiyaha MERIT #.**
- 5. Ciwaanka Sharciga:** Ciwaankaan waa inuu yahay ciwaanka ku qoran goobta rasmiga ah ee ganacsiga. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.
- 6. Magaalada, gobalka, iyo nambarka boostada:** Ciwaankaan waa inuu yahay ciwaanka ku qoran goobta rasmiga ah ee ganacsiga. Haddii ciwaankaagu u baahan yahay cusboonaysiin, samee cusboonaysiinta kahor intaadan buuxin foomkaan.
- 7. Nambarka Aqoonsiga Canshuurta (Tax Identification Number TIN):** Haddii aad codsanayso lacag bixinta xarunta/goobta (Abaal marinta Hormarinta Tayada ama Deeqda Ku salaysan Baahida), tigsaar bokiska "Shirkadaha kale" kadibna ku qor Lambarkaaga Aqoonsiga Loo shaqeeyaha (Employer Identification Numbe, EIN). Haddii aad tahay mulkiile keligiis ah aadana lahayn EIN ama aad adeegsato SSN.

SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures)	Date
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8. Shahaadada: Si taxadar leh u akhri kadibna saxiix/taariikhda kula qor qalin.