



# Request for Taxpayer Name, Identification Number and Certification from CenCal Health:



The Internal Revenue Service (IRS) requires specific information for health care providers in box #6 of IRS Form 1099-MISC. Your IRS Business Name and IRS Number must appear exactly as registered with the IRS; please no abbreviations. You may refer to any official IRS mailing label you have received. Additionally, the State of California Employment Development Department (EDD) requires specific information for persons doing business as a Sole Proprietor.

Please FAX completed information to CenCal Health Provider Services Dept. (805) 685-9828.

Any questions?

Call (800) 421-2560 in California – or (805) 685-9525, extension 1672.

NPI No.

Legacy No.

### PERSON COMPLETING THIS FORM

Name		Signature	
		X	
Title	Date	Telephone	FAX
<b>Your Form 1099-MISC Mailing Address</b>			
_____			
_____			

Please complete **ONE** of the following for your business type:

#### 1. SOLE PROPRIETOR

First Name	Middle initial	Last Name
Social Security Number	IRS Business Name	IRS No. (or Employer Identification No.)

#### 2. PARTNERSHIP

IRS Business Name (agrees with IRS mailing label)	IRS Number (or Employer Identification Number)
Optional DBA Information, Partners' Names, etc.	

#### 3. CORPORATION

IRS Business Name (agrees with IRS mailing label)	IRS Number (or Employer Identification Number)
Optional DBA Information	

#### 4. OTHER

Please Explain:	
IRS Business Name (agrees with IRS mailing label)	IRS Number (or Employer Identification Number)
Optional DBA Information	