

W-9 & 1099-MISC



Healthy People. Healthy Communities. Department of Fully Radio & Rosses Jaccase

2019

Objectives

- W-9 Form
- 1099- MISC Form
- Changes & Corrections
- Importance of keeping W-9s updated and making sure all Programs and Agencies you receive payments from have the updated or most current W-9s on file.

W-9 Form

The W-9 form is required by the IRS to be on file for all entities that are issued payments.

IRS website: IRS W-9 Form

Disclaimer: The State of Montana cannot, and will not, provide advice on how individuals or businesses should be completing this form. If you have questions regarding the completion of the W-9 form please contact your TAX Accountant or TAX Specialist.

partment ernal Rev	ber 2018) of the Treasury enue Service	Identifica	Request for ation Numbe	r and Certifi			Give Form to the requester. Do no send to the IRS.
		come tax return). Name is r	required on this line; do	not leave this line blank.			
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2	Business name/disregarded	d entity name, if different fro	om above				
u page 3.	Check appropriate box for following seven boxes.	federal tax classification of	_	e is entered on line 1. Ch	eck only one of the	certain entit	ons (codes apply only to ties, not individuals; see on page 3):
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물 🗖	Limited liability company	y. Enter the tax classificatio	n/C-C corporation S-S	S corporation P-Partos	rshin) 🕨		
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Verifying a W-9

- Form W-9 with Instructions for Providers
- Only accept current W-9 forms provided by the IRS IRS Website
- Make sure the Social Security Number (SSN) <u>OR</u> Employer Identification Number (EIN) is provided.

Do not put both on the form

- The Provider must choose one box in Section 3
- The address provided on the W-9 should always be where the Tax information (1099-MISC) will be sent
- Sign and date under penalty of perjury

Form W-9
(Rev. October 2018)
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	5		
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		•
	SALLY K JONES		
	2 Business name/disregarded entity name, if different from above		
on page 3.	(3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch (following seven boxes.)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
e. ns on	✓ Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Trust/estate	Exempt payee code (if any)
₽÷.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship) 🕨	
rint or type. Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the o	Exemption from FATCA reporting	
in r	another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	gle-member LLC that	code (if any)
Specific	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
S S	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)
8 S	10 MAIN STREET SUITE S	DPHHS - FISCA	L
	6 City, state, and ZIP code	PO BOX 4210	
	ANYTOWN, MT 59100	HELENA, MT 59	9620-4210
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number										
1	2	3	-	4	5	-	6	7	8	9
or										

Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II	Certification

Under penalties of perjury, I certify 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); and
- 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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the 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, item 2 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. See the instructions for Part II, later.

Sign	5
Here	ι (ι





Depart	W-9 October 2018) Iment of the Treasury A Revenue Service	Request for Taxpayer Identification Number and Certifi Go to www.irs.gov/FormW9 for instructions and the late	Give Form to the requester. Do not send to the IRS.				
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.					
	SALLY K J	ONES					
	2 Business name/c	lisregarded entity name, if different from above					
	DBA JONES	COUNSELING					
on page 3.	 Check appropriation following seven b Individual/sole 		c	ertain ent	ons (codes apply only to ities, not individuals; see s on page 3):		
<u>ہ ج</u>	single-membe	Exempt payee code (if any)					
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		; street, and apt. or suite no.) See instructions.	Requester's name and	and address (optional)			
8 8 8	6 City, state, and Z ANYTOWN, M	F0 B0X 4210					
Pa	tti Taxpay	ver Identification Number (TIN)					
Enter back reside	your TIN in the app up withholding. For ent alien, sole prop es, it is your employ	propriate box. The TIN provided must match the name given on line 1 to ave individuals, this is generally your social security number (SSN). However, for rietor, or disregarded entity, see the instructions for Part I, later. For other yer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ora 1 2 3	- 4	er 5 - 6 7 8 9		

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

		- 4	5 -	•	' '	, ,				
or										
Employer identification number										
	-									

Part II Certification

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Under penalties of perjury, I certify 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); and
- 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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the 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, item 2 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

Form W-9							
(Rev. October 2018)							
Department of the Treasury Internal Revenue Service							
Internal Revenue Service							

Request for Taxpayer Identification Number and Certification

Go to www.ire.gov/EormW0 for instructions and the latest information

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	1 N	ame (as shown	on your income	tax return).Name is re	equired on this line; do r	not leave this line blank.			
		SALLY K JO	ONES						
[2 B	usiness name/d							
	D	BA JONES	COUNSELIN	NG					
n page 3.	fo	llowing seven b	boxes.	_	the person whose name			certain en	tions (codes apply only to tities, not individuals; see ns on page 3):
e. us ou	1	single-membe	e proprietor or er LLC	C Corporation	S Corporation	Partnership	Trust/estate	Exempt pa	ayee code (if any)
Instructions		Limited liability	ty company. Ente	er the tax classification	n (C=C corporation, S=S	corporation, P=Partne	rship) 🕨		
Ξđ		Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check					Exemptio	n from FATCA reporting	
lic Ins		LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					code (if a	ny)	
Specific		Other (see ins	structions) 🕨					(Applies to ac	counts maintained outside the U.S.)
S S	5 A	ddress (number	r, street, and apt.	. or suite no.) See inst	ructions.		Requester's name a	nd address	s (optional)
8 8	10	MAIN STRE	EET SUITE S	5			DPHHS - FISCA	L	
	6 City, state, and ZIP code PO BOX 4210								
	ANYTOWN, MT 59100 HELENA, MT 5						9620-421	0	
[7 Lis	st account num	nber(s) here (optio	onal)					
I									

Taxpayer Identification Number (TIN) Part I

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

 Social security number								
	-	-						

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

L		

Em	Employer identification number										
1	2	-	3	4	5	6	7	8	9		

Certification Part II

Under penalties of perjury, I certify 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); and

- 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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the 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, item 2 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. See the instructions for Part II, later.

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Form W-9
(Rev. October 2018)
Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	JONES COUNSELING										
ſ	2 Business name/disregarded entity name, if different from above										
60	3 Check appropria	te box for federal tax classification of the person whose name is entered on line 1. Che	eck only one of the	4 Exemptions (codes apply only to							
page	following seven t	certain entities, not individuals; see									
<u>d</u>		e proprietor or C Corporation S Corporation Z Partnership	Trust/estate	instructions on page 3):							
5	single-member		Evenet environmente (franch								
Instructions	Single-memor			Exempt payee code (if any)							
₹÷	Limited liabilit	y company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	ship) 🕨								
5 <u>2</u>		Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check									
i Si		C is classified as a single-member LLC that is disregarded from the owner unless the o		code (if any)							
cific		hat is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing I from the owner should check the appropriate box for the tax classification of its own									
eci	Other (see ins	tructions) >		(Applies to accounts maintained outside the U.S.)							
Spe	5 Address (number	r, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)							
8	10 MAIN STR	FET SUITE S									
S	6 City, state, and 2	/ID code	DPHHS - FISCAL PO BOX 4210								
-	ANYTOWN, M	9620-4210									
	7 List account num	ber(s) here (optional)									

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
			-			-			
or									
Employer identification number									
	2		2	4	E	6	7	0	0

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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- 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; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here	Signature of U.S. person►	Date ►

Departi	W-9 Doctober 2018) ment of the Treasury I Revenue Service			entificat		Taxpayer er and Certifi			Give Form to the requester. Do not send to the IRS.		
		on your inco		3		not leave this line blank.					
	JONES AND	WILSON	INC								
	2 Business name/disregarded entity name, if different from above										
	JONES AND										
on page 3.	(3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. 4 Exemption of the person whose name is entered on line 1. Check only one of the certain entities of the person whose name is entered on line 1. Check only one of the person whose name is entered on line 1. Check on line 1.							tions (codes apply only to tities, not individuals; see as on page 3):			
	single-membe							Exempt pa	ayee code (if any)		
Print or type. Specific Instructions	Note: Check t LLC if the LLC another LLC th	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner.							on from FATCA reporting		
eci	Other (see inst								counts maintained outside the U.S.)		
	5 Address (number	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and							s (optional)		
88	10 MAIN STRE 6 City, state, and Z ANYTOWN, MT 7 List account numb	(IP code) T 59100 Iber(s) here (c	optional)				DPHHS - FISCA PO BOX 4210 HELENA, MT 59	-	0		
Par				Number							
backu reside	up withholding. For ent alien, sole propr es, it is your employ	individuals	s, this is ger sregarded e	nerally your s entity, see th	social security num le instructions for F	e given on line 1 to av ber (SSN). However, f Part I, later. For other umber, see <i>How to ge</i>	ora eta or	-	-		
	ote: If the account is in more than one name, see the instructions for line 1. Also see What Name and umber To Give the Requester for guidelines on whose number to enter.										

Part II Certification

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1 2

3

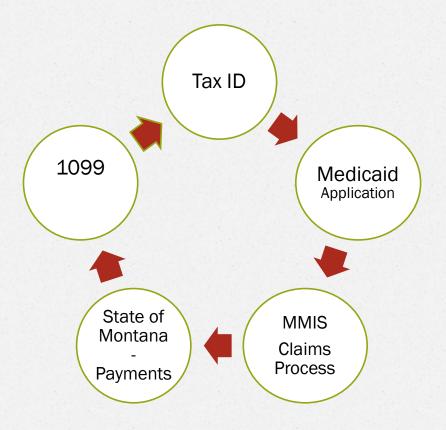
4 5 6 7

8 9

- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the 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, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IBA), and generally, payments

W-9 to 1099



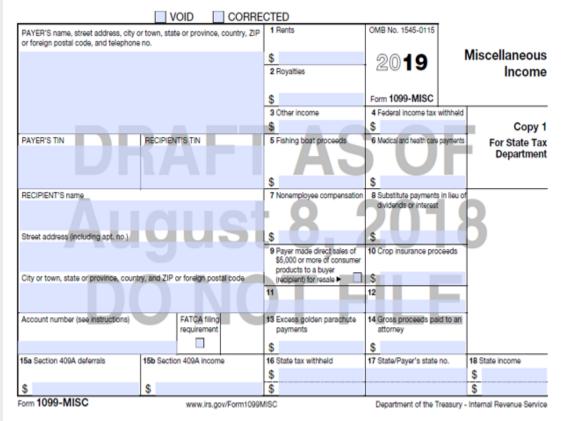
1099's

1099's are sent to the Billing Provider and reported to the IRS

1099 errors are fixable.

Corrected 1099's are sent to the providers and to the IRS.

1099-MISC Form



CHANGES

- If your name, your business name or address changes the IRS must be notified. Link to IRS site <u>Update My Information</u>
- If your name, your business name or address changes Montana Medicaid Conduent must to be notified. A W-9 form needs completed as well other forms depending on the nature of the changes and those need submitted to Medicaid - Conduent. Link to site <u>Medicaid Provider Information</u> also can email <u>MTenrolIment@conduent.com</u> or mtprhelpdesk@Conduent.com
- New ownership, keeping the same name and TAX ID number must complete a change of ownership form.
- If your organization changes and you get a new TAX ID/EIN then you will need to re-enroll in Montana Medicaid.

Some of the changes mentioned above may require a new enrollment or an updated enrollment

New W-9 & ownership documents can be faxed to 406-442-4402 or mailed to PO Box 4936, Helena MT 59604.

Failure to update any information can result in payment delays or payments being held or stopped.



Contact Information

Montana Medicaid -Conduent, Provider Relations 34 N Last Chance Gulch Helena MT 59601 (406) 449-7693 (800) 624-3958 mtprhelpdesk@Conduent.com

DPHHS Business & Financial Services PO Box 4210 Helena MT 59604-4210 (406) 444-3130 (Front Desk)