

# Substitute Form W-9

Business Name as it appears on your tax return \_\_\_\_\_

Employer ID or Social Security Number \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business -

Individual/Sole Proprietor

Corporation

Partnership

Limited Liability Company / Enter tax classification  Corporation  Partnership

Contact Information \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name of Signer/Title \_\_\_\_\_

Return by mail to :

**Johns Hopkins HealthCare LLC  
6704 Curtis Court  
Glen Burnie, MD 21060  
Att: I099 Processing**

or

Return by Fax to:

**410-424-4608**

or

Return by email to:

**I099@JHHC.com**