Example of a completed form printed from DFS' website.

State of Florida

Chief Financial Officer
Department of Financial Services
Bureau of Accounting
200 East Gaines Street
Tallahassee, FL 32399-0354
Telephone: (850) 413-5519 Fax:(850) 413-5550

Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested

Taxpayer Identification Number (FEIN): [redacted]6880
IRS Name: OREGON HUMANE SOCIETY

Address: 1067 NE COLUMBIA BLVD
PORTLAND, OR
97211-0000

Business Designation: Not For Profit

Certification Statement:
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **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 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 (including U.S. resident alien)

Preparer's Name: KRIS
Preparer's Title: DIRECTOR OF SHELTER MEDICINE
Phone: 503-285-7722 Ext: 241
Email: kriso@oregonhumane.org

Date Submitted: 04/20/2011

Active Doing Business As names submitted on the Substitute Form W-9:

OREGON HUMANE SOCIETY

Date printed from the State of Florida Substitute Form W-9 Website: 04/20/2011