

State of Alaska

Request for Taxpayer ID# and Information Substitute Form W-9

Fax #: 907-428-7009	(To be completed by State of Alaska)
Attention: Disaster Grants Section	Phone # 907-428-7000
Department: Military and Veterans Affairs	
Address: PO Box 5750 JBER, AK 99505-5750	

Disaster Relief Payments: Disaster relief payments made under the Robert T. Stafford Disaster Relief and Emergency Assistance Act are not included in the income of individuals to the extent any expenses compensated by these payments are not otherwise compensated for by insurance or other reimbursement. These payments are not subject to income tax, self-employment tax, or employment taxes (social security, Medicare, and federal unemployment taxes. No withholding applies to these payments.

The Internal Revenue Service requires the State of Alaska to issue 1099 forms when payments to individuals, partnerships or limited liability companies for rents, services, prizes, and awards meet or exceed \$600.00 for the year. An IRS Form 1099 is not required when payments are specifically for merchandise or made to some types of corporations.

- Please provide the requested information below to determine if a Form 1099 is required.
- This information must match the information that you provide to the Internal Revenue Service for Tax Reporting.
- Federal Law requires us to take backup withholding from future payments made if you fail to provide the information requested.
- Review IRS Publication 547, Casualties, Disasters, and Thefts for more information regarding how to report disaster losses.

<i>INDIVIDUAL</i>	<i>INDIVIDUAL</i>	<i>INDIVIDUAL</i>
LEGAL NAME: _____		SSN: _____
(NAME TAX ID ASSIGNED TO AND USED FOR TAX REPORTING)		
ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED ON LEGAL AND TAX DOCUMENTS)		
REMITTANCE ADDRESS: _____	CITY: _____	ST: _____ ZIP+4: _____
(ADDRESS USED FOR WARRANT REMITTANCE IF DIFFERENT FROM ABOVE)		
PHONE: _____	FAX: _____	EMAIL: _____

REQUIRED INTERNAL REVENUE SERVICES STATEMENT

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, the person signing this form certifies that:

1. The number shown on this form is the payee's correct taxpayer identification number, and
2. The payee is not subject to backup withholding because: (a) the payee is exempt from backup withholding, or (b) the payee has not been notified by the IRS that the payee is subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified the payee they are no longer subject to backup withholding, and
3. The payee is a U.S. person (including a U.S. resident alien.)

Printed Name: _____	Title: _____
Signature: _____	Date: _____

STATE OF ALASKA USE ONLY

Disaster Name: _____	Disaster Number: _____
Applicant PVN: _____	Program Number: _____