



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
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Att: 1099 Processing**

or

Return by Fax to:

410-424-4608

or

Return by email to:

1099@JHHC.com