



## 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 Health Plans  
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@jhhp.org**