

PRODUCER #:

Return to Great American Insurance Companies

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RETURN WITH LICENSE AGREEMENT

**YOU MUST COMPLETE THIS W-9 EVEN IF INCLUDING YOUR OWN W-9  
YOU MUST COMPLETE THIS FORM EVEN IF YOU BELIEVE YOU ARE EXEMPT**

**TAX INFORMATION ACCORDING TO IRS**

**LICENSE INFORMATION (IF DIFFERENT THAN 1099)**

TAXPAYER

NAME

LICENSE NAME

1099 ADDRESS:

LICENSE ADDRESS:

STREET

STREET

CITY STATE ZIP

CITY STATE ZIP

Please complete the following information. In order to comply with Internal Revenue Service Code Sections relating to the filing of information returns (forms 1099), we are required to keep on file your taxpayer identification number and the type of business entity you operate. This applies even if your business is exempt from receiving 1099 returns. Failure to provide your TIN may subject you to a \$50 IRS penalty under Section 6723. Also, federal law requires us to withhold 30% from your payments if you fail to provide your TIN or if you are subject to backup withholding. Federal law on backup withholding preempts any state or local remedies, such as any right to a mechanic's lien. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**INSTRUCTIONS: Complete Part 1** by completing **only one** row of boxes that corresponds to your tax status. **Complete Part 2** if you are exempt from Form 1099 reporting. **Be sure to sign and date the form, and return it to us with your licensing package.**

**PART 1 TAX STATUS: (Complete by printing or typing one box only). Check your tax return if in doubt as to name or status.**

**TYPE OF SERVICE OR BUSINESS:** INSURANCE AGENCY

**Individuals: Form 1040**

Name	Social Security Number
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**Sole Proprietorship: Form 1040 Schedule C**

A sole proprietorship may have a "doing business as" tradename, but the legal name of the business is the name of the business owner.

Business Owner's Name	Business or Tradename (dba)	Social Security Number
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**Partnership: Form 1065 Schedule K This includes LLP and LLC businesses**

Name of Partnership	Partnership Name – IRS Records	Employer Identification No.
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**Corporation: Form 1120 or 990** A corporation may use an abbreviated name or initials, but its legal name is the name on the articles of incorporation.

Name of Corporation or Entity	Employer Identification No.
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**PART 2 EXEMPTION: EXEMPT FROM RECEIVING FORM 1099?** No  Yes  **If yes, circle one item below.**

**YOU MUST MEET ONE OF THE CRITERIA BELOW TO BE EXEMPT.**

1. Corporation (other than Health & Medical, Legal, LLP's & LLC's).
2. The United States or any of its agencies or instrumentalities.

**Certification:** I certify under penalty of perjury that the Tax Identification Number I have provided is correct and I am a U. S. person (including a U.S. resident alien.) Foreign persons must complete the appropriate Form W-8.

Person Completing This Form (Print) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Call 800-840-4363 if you have questions completing this form. You will be contacted if the form is incomplete or there are questions.

Thank you for your cooperation.

Bill Luckman, Great American Insurance Companies, Compliance Accounting, 580 Walnut 12W1, Cincinnati, OH 45202

(Only for W-9 questions. Direct all licensing questions to your licensing contact.)