(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do r	not jeave this line blank.												
	HH Health System Jackson, LLC													
	2 Business name/disregarded entity name, if different from above													
	Highlands Medical Center													
age 3	following seven boxes.								Exemptions (codes apply only to rtain entities, not individuals; see					
pe. ions on p	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Partnership Trust/estate					instructions on page 3):						
	•				Exempt payee code (if any)									
Print or type. Specific Instructions on page 3.	Limited liability company. Enter the tax classification (C=C corporation, S=S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax puri is disregarded from the owner should check the appropriate box for the tax	classification of the single-member owner. Do not check regarded from the owner unless the owner of the LLC is ideral tax purposes. Otherwise, a single-member LLC tha ox for the tax classification of its owner.					Exemption from FATCA reporting code (if any) [Applies to eccounts meintained outside the U.S.]							
9	✓ Other (see instructions) ► Healthcare		5		1					tside ti	te U.S.J			
	5 Address (number, street, and apt, or suite no.) See instructions.		Requester	s name	and address (optional)									
See	380 Woods Cove Road													
	6 City, state, and ZIP code													
	Scottsboro, AL 35768													
	7 List account number(s) here (optional)													
Par	Taxpayer Identification Number (TIN)													
	your TIN in the appropriate box. The TIN provided must match the name	aiven on line 1 to avo	oid S	ocial se	curity	nun	nber							
backu	ip withholding. For individuals, this is generally your social security numb	per (SSN). However, fo	ora 🗀	$\overline{\top}$		Т	$\overline{1}$	ſ	T	Ť				
	int allen, sole proprietor, or disregarded entity, see the instructions for Pa is, it is your employer identification number (EIN), if you do not have a nu				1	-		-						
TIN, la	and the second confirmation of the second confir	Milber, see now to get	or			_		_						
Note:	If the account is in more than one name, see the instructions for line 1. /	Also see What Name a	and E	riden	tifica	tion n	umb	er						
Numb	per To Give the Requester for guidelines on whose number to enter.					\prod_{α}	2	7	1	4	8			
			8	7	- 2	2 0	1 2		<u>'</u>	<u>* </u>	<u> </u>			
Par	t II Certification													
	r penalties of perjury, I certify that:													
2. I ar Se	e number shown on this form is my correct taxpayer identification numbe n not subject to backup withholding because: (a) I am exempt from back vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	(up withholding, or (b)	I have not	been i	notifie	ed be	y the I	Interi	nal P ed me	leve e tha	nue at I am			
3. l ai	n a U.S. citizen or other U.S. person (defined below); and													
	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting	g is correc	et.										
you h	ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real esta sition or abandonment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 ns to an individual retire	does not a ement arra	apply. F naemer	or mo nt (IR/	ortga 4), ar	ge inte nd ger	erest rerall	y, paic	i, Iyme	nts			
Sigr Here			Date ►		8/	/	20	22						
Ge	neral Instructions	• Form 1099-DIV (div	vidends, ir	cluding	thos	se fr	om st	ocks	or n	nutu	al			
Section	on references are to the Internal Revenue Code unless otherwise I.	Form 1099-MISC (v proceeds)	various ty _l	pes of i	ncom	ie, p	rizes,	awa	rds,	or g	ross			
relate	e developments. For the latest information about developments d to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)												
	they were published, go to www.irs.gov/FormW9.	Form 1099-S (proceeds from real estate transactions)												
Pur	pose of Form	• Form 1099-K (merc												
inforr	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 									rest),			
raent (SSN	fication number (TIN) which may be your social security number), individual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled debt)							uds, A					
taxpa	yer identification number (ATIN), or employer identification number	• Form 1099-A (acqu									nt			
amou	to report on an information return the amount paid to you, or other int reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.												
	ns include, but are not limited to, the following. m 1099-INT (interest earned or paid)	If you do not return be subject to backup later.	n Form W withhold	-9 to th ing. Se	e <i>req</i> e Wh	uest at is	er wit back	n a T up w	rithh	oldir	mignt ng,			

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Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name following seven boxes.	is entered on line 1. Check	heck only one of the 4 Exemptions (codes apply only to certain entitles, not individuals; see Instructions on page 3):														
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	individual colo proprietor ci															
	Limited flability company. Enter the tax classification (C=C corporation, S=S		Exempt payee code (if any)														
	Note: Check the appropriate box in the line above for the tax classification of LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax purples.	ote: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check C if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is other LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that disregarded from the owner should check the appropriate box for the tax classification of its owner.									Exemption from FATCA reporting code (if any)						
<u>, 7</u>		Healthcare Authority (Applies to accounts maintained outside the U.S.)															
ď	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)																
e S	P.O. Box 1002																
•	City, state, and ZIP code																
	Bridgeport, AL 35740																
	7 List account number(s) here (optional)																
Par																	
Enter	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avoid		cial sec	urity	numt	er		_	_							
backu	p withholding. For individuals, this is generally your social security numb nt alien, sole proprietor, or disregarded entity, see the instructions for Pa	er (SSN). However, for a art I. later. For other	a		-			_									
entitle	s, it is your employer identification number (EIN). If you do not have a nu																
TIN, la			or	1	I al a a a b	tet = 1					\neg						
	If the account is in more than one name, see the instructions for line 1.	Also see What Name and	d 트	npioyer	yer identification number												
Numb	er To Give the Requester for guidelines on whose number to enter.		8	7	- 2	0	2	7	1	4	8						
Par	II Certification																
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	a U.S. citizen or other U.S. person (defined below); and																
	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting i	is correc	t.													
Certifi you ha	cation instructions. You must cross out item 2 above if you have been not we failed to report all interest and dividends of your tak return. For real estation or abandonment of secured property, and ellation of debt, contribution han interest and dividends, you are not required to sign the certification, but	ified by the IRS that you a te transactions, item 2 do ns to an individual retirem	are curre oes not a nent arrar	ntly sub pply. Fo	ir moi t (IRA	rtgag), and	e inte I ger	eresi Ieral	paid y, pa	ı, Iyme	ents						
Sign Here		Dat	te 🕨	5	3/	1/	20	2	2_								
Ge	neral Instructions	Form 1099-DIV (divid funds)	lends, in	cluding	thos	e fro	n ste	ocks	or r	nutu	ıal						
Section	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (valproceeds)	rious typ	es of in	com	e, pri	zes,	awa	ırds,	or g	ross						
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identi	ication number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	• Form 1099-C (cancel															
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(EIN), amou	to report on an information return the amount paid to you, or other nt reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.															
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	Highlands Health & Rehab											_				
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC								Exempt payee code (if any)							
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶															
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.							code (if any)								
eci.	✓ Other (see instructions) ► Healthcare A	Authority				Øρ	piles to	account	: maint	naintained outside the U.S.)						
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Day	Contification										1		_			
Par	t II Certification r penalties of perjury, I certify that:												_			
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Ge	neral Instructions	• Form 1099-DIV (divi	idends,	incl	luding	the	ose f	rom s	tock	s or	mut	ual				
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taxpa	yer identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property) Lea Form M.O. only if you are a U.S. nomen (including a resident).														
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Sign Here	Signature of U.S. person	Date ▶		8	1/1	R	S	2									
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