(Rev. October 2018) Department of the Treasury

• Form 1099-INT (interest earned or paid)

## **Request for Taxpayer Identification Number and Certification**

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

1 Name (as shown on your income tay solum). The	or instructions and the latest i	nformation.		send t	o the II	
y and the sax returns a required on this	ine; do not leave this line blank.					
Chesapeake Eye Care Management, LLC  2 Business name/disregarded entity name, if different from above						
and of the state o						
3 Check appropriate how for federal true should be						
3 Check appropriate box for federal tax classification of the person whos following seven boxes.  Individual/sole proprietor or G Corporation G S Corporation single-member LLC  Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification (C=C corporation Note: Check the appropriate box in the line above for U.S. federal is disregarded from the owner for U.S. federal is disregarded from the owner should check the appropriate box for Other (see instructions)   5 Address (number, street, and ant or suite see) See Instructions  5 Address (number, street, and ant or suite see) See Instructions	e name is entered on line 1. Check	only one of the	4 Exempti	ons (code	e annh a	
E C Individual/anta		certain entities, not individuals; see				
2 single-member LC	Individual/sole proprietor or G Corporation G S Corporation Partnership G Trust		instructions on page 3).			
5 7		1 11 day Garang	E			
Limited liability company. Enter the tax classification (C=C corporate Note: Check the appropriate boy in the line change in the	on Sas composition Banas		Exempt pay	ree code (i	fany)	
Note: Check the appropriate box in the line above for the tax classified as a single-member LLC that is discovered.	ication of the shade much	*				
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another LLC that is not disregarded from the owner for U.S. federal is disregarded from the owner should check the appropriate box for	tax purposes. Otherwise, a single-m	ember LLC that	code (if any	)		
© Other (see instructions) ▶	the tax diassification of its owner.					
5 Address (number, street, and apt. or suite no.) See instructions.			Applies to acco	unts maintaine	d outside the	
2661 Riva Road, Suite1030	Req	uester's name a	nd address (	optional)	***************************************	
6 City, state, and ZIP code						
Annapolis, MD 21401	Do source (Marine )					
7 List account number(s) here (optional)						
Taxpaver Identification Number (714)						
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er your TIN in the appropriate box. The TIN provided must match the kup withholding. For individuals, this is generally your social can the	name given on line 1 to avoid	Social secu	rifu numba			
ant alien sole permeter as a security number (SSN). However for a			as security reimbel			
ies, it is your employer identification number (EIN). If you do not have later.	for Part I, later. For other		-	_	I Revenue me that I al ding because id. Dayments t II, later.	
later.	a number, see How to get a		4.			
e: If the account is in more than one name, see the instructions for lin ther To Give the Requester for guidelines on whose number to order	9 1. Also see Whee Name	or				
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you are not required to sign the certification			te ti. cartii i i ii	PA LINETANTANT	-	
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If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding.