| September 2007) . ment of the Treasury I Revenue Service | of the imasury | | | ification | | | e form to the uester. Do not d to the IRS. |
|--|--|---|--|--|---|---|---|
| Name (as shown on you | | | | | | | |
| Business name, if differ | RACTICE & OCCUPATIONAL MEDICINE, INC. | | | | | | |
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| | Individual/Sale proprietor Corporation Description (D=disregarded c c) ► | | rship) 🕨 | | | | empt yee |
| Address (number, street | t, and apt. or suite no.) | Re | quester's | name a | nd add | fress (o | ptional) |
| P 0 BOX 457, 700 QU | INTARD AVE. | | | | | | |
| City, state, and ZIP cod | de | | | | | | |
| ANNISTON, AL 36202 | | | | | | | |
| List account number(s) | here (optional) | | | | | | |
| Taxpayer | dentification Number (TIN) | | | | | _ | |
| Taxpayer | | | | | | | |
| your TIN in the approp | | | | Social security number | | | |
| | SSN). However, for a resident page 3. For other entities, it is | | | | | | |
| r employer identification number (EIN). If you do not have a number, | | see How to get a TIN on pa | ge 3. | or | | | |
| e. If the account is in more than one name, see the chart on page 4 | | for guidelines on whose | | | er ider | | on number |
| er to enter. | | | | 63 | : | 10 | 69571 |
| Certificatio | n | | | | _ | | |
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