

## Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above <b>Healthcare Inspirations, Inc.</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>4237 S. Market Court, Suite C</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Sacramento, CA 95834-1233</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
4	5
-	5
4	8
1	0
0	7

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ► 01/01/2024

#### Payment Terms:

- New customers are required to pre-pay for their first order with a company check or credit card. If you would like to establish N15 payment terms, please ask for a Credit Application.
- Net 15 Days with approved credit
- MINIMUM ORDER FOR PURCHASE ORDERS:**  
There is a minimum-order of \$ 250.00 if you are using a Purchase Order and want to be billed Net 15 Days.
- If your PO does not meet our minimum order, a \$ 25.00 billing fee will be added to the invoice. To avoid the fee, increase the order or pre-pay with company check or credit card.

#### Billing & Shipping Address:

4237 S. Market Court, Suite C  
Sacramento, CA 95834-1233

#### To place orders or order inquiries:

Customer Care Team  
[CustomerCare@HealthcareInspirations.com](mailto:CustomerCare@HealthcareInspirations.com)  
(877) 646-5877 8am to 3pm PST  
Fax: (916) 200-3886

#### Accounting Inquiries:

[Accounting@HealthcareInspirations.com](mailto:Accounting@HealthcareInspirations.com)



Healthcare Inspirations is proud to be a Veteran-Owned Small Business.  
We are approved on Sam.gov and our Cage Code is: 4JNH3.