



State of Florida
Chief Financial Officer
Department of Financial Services
Bureau of Accounting
200 East Gaines Street
Tallahassee, FL 32399-0354
Telephone:(850) 413-5519 Fax: (850) 413-5550

Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require taxpayer identification information. This information will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

Taxpayer Identification Number (FEIN): 45-5550949

* Required

PART 1

IRS Name: * FLORIDA SMART JUSTICE ALLIANCE INC Doing Business As Name:
(first 40 characters exactly as shown on your tax return)

* Primary Address Information (Address where Form 1099 should be mailed)

- United States (Includes U.S. Possessions & APO/FPO/DPO)
- Foreign Country

Attention of: BARNEY T. BISHOP III

In Care of:

Address: * 204 S. MONROE STREET, SUITE 201

City: * TALLAHASSEE, FL

State: * FLORIDA

Zip Code: * 32301 -

PART 2

* Business Designation

(click [here](#) for Business Designation definitions)

- C Corporation
- S Corporation
- Government Entity
- Foreign Corporation or Entity
- Not for Profit
- Nonresident alien
- Partnership
- Limited Liability Company
- Sole Proprietor
- Indian Tribal Government
- Non-Corporate Rental Agent
- Individual
- Trust or Estate

PART 3

Certification Statement

(click [here](#) for Backup Withholding explanation)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information AND
2. I am subject to backup withholding OR

- I am not - subject to backup withholding because:
 - (a) I am exempt from backup withholding
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result or failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding **AND**

3. I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Certification Instructions: To certify the statement above, complete your information below, as preparer, and then re-enter your password to submit your electronic signature.

Preparer's Name: * BARNEY T. BISHOP III Preparer's Title: PRESIDENT & CEO
 (first last) (required for business entities)

Telephone Number: * 850-577-3025 Extn: _____ Email: * barney@smartjusticealliance.org

NOTE: Please review the information you have provided above on your Form W-9 before submitting it. The information you provided will be sent to the Internal Revenue Service for verification. During this verification process, which takes approximately 4 days, you cannot make any changes to your Form W-9. You will receive an email when the verification process is complete.

Password: *

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