



# 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 that 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):** 87-1913176  
**IRS Name:** CORE HEALTH PARTNERS FOUNDATION INC

**Address:** 429 N 1ST STREET  
IMMOKALEE, FL  
34142-0000

**Attention Of:** PAUL THEIN  
**In Care Of:** PAUL THEIN

**Business Designation:** Not For Profit

### Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **AND**
2. **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 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)

Preparer's Name: PAUL J THEIN  
Preparer's Title: CORE HEALTH PARTNERS  
Phone: 2393029223  
Email: pthein@my-chp.org

Date Submitted: 03/08/2024