

REFERENCE: SUBSTITUTE FORM W-9

Dear Agent:

The Federal Tax law requires strict enforcement of Form 1099 reporting requirements and imposes severe penalties for non-compliance. To assist us in meeting these requirements, we ask that you read this letter carefully and indicate your responses below. A self-addressed, stamped envelope has been enclosed.

If you should have any questions, please contact me at 908-572-2305. Thank you for your assistance.

Sincerely,

Margaret T. Beach

1. Please PRINT your name and address in the spaces provided above. Review the enclosed Form W-9 Instructions for Non-Individuals, Individuals, and Sole Proprietors.

2. Enter your Taxpayer Identification Number:

Social Security Number ___-___-____ or
Employer Identification Number ___-____-____

3. Is your business incorporated: Please **circle** one. **YES NO**

4. Is your business a supplier or provider of medical or healthcare services? Please **circle** one. **YES NO**

Signature _____ Title _____

Telephone Number with Area Code _____ Date _____