



Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.
This form can be made available in alternative formats to qualified individuals upon request.

| | |
|--|---|
| Legal Name (as entered with IRS) If Sole Proprietorship or LLC Single Owner, enter your Last, First, MI Doe, John J. | Entity Designation (check only one) <i>Required</i> <input checked="" type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities |
| Trade Name Enter Business Name if different from above. | Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you show the SSN. <u>000-00-0001</u> Check Only One <i>Required</i> (see "Instructions") <input checked="" type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN) |
| Remit Address (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4 101 S. Webster Street PO Box 7921 Madison, WI 53707-7921 | |
| Order Address (where order should be mailed; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4 | |
| 1099 Address (for return of 1099 form; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4 | |

Certification
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, 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.
- I am a U.S. person (including a US resident alien).

| | | |
|---|---------------------------------------|---|
| Printed Name John J. Doe | Printed Title Owner | Telephone Number (608) 266-2621 |
| Signature John J. Doe | Date (mm/dd/yyyy) 1/11/2000 | |
| For Agency Use Only | | |
| Agency Number | Contact | Phone Number |
| Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain) | | |

Return completed form via facsimile machine or to the address listed below.
For your convenience this form has been designed for return in a standard Window envelope.

Forms may be returned to:
Fax Number: ()
Attn:

Instructions: Page 2 to be completed by the approving DNR Forester.

Landowner Applicant

Property Name **John Doe's Woodlot**

Property Information - Location where practice(s) will be completed.

| | | | | | | | | | |
|--------|----------|-------|-----|---------|----------|-------------|---------|----------|-------------|
| County | Township | Range | E/W | Section | 1/4, 1/4 | Gov't Lot # | Section | 1/4, 1/4 | Gov't Lot # |
| Dane | | 6 N | 9 E | 6 | NENE | | | | |

| | |
|--|--|
| Priority 1 Forestry Practices (WFLGP Practices 1-3) I.e. Tree Planting, Timber Stand Improvement, or Forest Stewardship Plan Development | <small>For DNR Central Office Use Only</small> Application No. 10001 |
|--|--|

Needs Determination (attach additional sheets if necessary)

***Site prep and planting per Stewardship Plan**

| To be Filled In When DNR Forester is Approving Practice(s) | | | | | To be Filled In by DNR Forester After Practice is Completed | | | |
|---|----------------|----------------|----------------|------------------------------|---|-----------------|-------------|-------------------|
| Practice Number | Component Code | Acres Approved | Units Approved | Estimated Payment % of Total | Acres Completed | Units Completed | Actual Cost | Payment Requested |
| 02 | TAAD | 10 | | \$265.00 | 5 | | \$203.85 | \$132.50 |
| 02 | TAAK | | 800 | \$4,000.00 | | 400 | \$3,076.92 | \$2,000.00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>An approval amount must be filled in before submitting application to DNR Division of Forestry</small> TOTAL | | | | \$4,265.00 | TOTAL | | \$3,280.77 | \$2,132.50 |

| | |
|--|--|
| Priority 2 Forestry Practices (WFLGP Practices 4-8) | <small>For DNR Central Office Use Only</small> Application No. 10002 |
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Needs Determination (attach additional sheets if necessary)

***Post-sale erosion control needed on roads & trails.**

| To be Filled In When DNR Forester is Approving Practice(s) | | | | | To be Filled In by DNR Forester After Practice is Completed | | | |
|---|----------------|----------------|----------------|------------------------------|---|-----------------|-------------|-------------------|
| Practice Number | Component Code | Acres Approved | Units Approved | Estimated Payment % of Total | Acres Completed | Units Completed | Actual Cost | Payment Requested |
| 04 | TAAZ | | 150 LF | \$1,300.00 | | 150 LF | \$2,000.00 | \$1,300.00 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <small>An approval amount must be filled in before submitting application to DNR Division of Forestry</small> TOTAL | | | | \$1,300.00 | TOTAL | | \$2,000.00 | \$1,300.00 |

Approval of Request

| | | |
|---|---|--------------------------|
| DNR Forester (Please Print Name) Forrest C. Woods | DNR Forester Signature <i>Forrest C. Woods</i> | Date 1/11/2000 |
|---|---|--------------------------|

Certification of Completion

| | | |
|---|--|--------------------------|
| DNR Forester Forrest C. Woods | <input type="checkbox"/> Partial Payment <input checked="" type="checkbox"/> Final Payment | Date 7/11/2001 |
|---|--|--------------------------|