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# SOUTHERN UNION MEDICAL/DENTAL DEPT.

Travel/Moving Expense Reimbursement Application

APPLICANT INFO	RMATIC	N										
Last Name				First	-irst			M.I.		Date		
New Street Address								Apar	tment/Un	nent/Unit #		
City				State			ZIP					
Home Phone				E-mail Address								
Cell Phone				Medical License								
Mailing Address						·						
Seventh-day Adventist church you are currently a member of?												
What is the name of the church pastor?												
Pastor's phone number?												
INTERVIEWS [IF	CHECKE	D NO, PI	ROCEED TO N	EXT CA	TEGOR	Υ]						
Interviews	s		Date of Intervie	Pate of Interview(s)		1)		)		3)	3)	
Interview location in the Southern Union	1)											
	2)											
	3)											
STATE/REGIONA	L BOARI	<b>EXAMS</b>	[IF CHECKED	NO, P	ROCEEI	O TO N	EXT C	ATEGORY				
Exams	☐ Yes	□ No	City/State wher exam taken?	e								
			Date of Exam?									
MOVING												
Moving for Residency?	☐ Yes	□ No	Hospital Name									
Hospital Address												
Moving Date			Date Residency Begins									
Moving to Set up Practice?	☐ Yes	□ No	Practice Name?	•								
Office Address	Street			City			State			Zip		
Partner's Name or Solo?						Pho	one					
DISCLAIMER ANI	D SIGNA	TURE										
I certify that I have completed this application to the best of my knowledge and that the expense receipts attached are for seeking employment in the Southern Union and that all receipt dates correspond with the date(s) of my interview, exam and/or move.												
I understand that false or misleading information/receipts sent in with my application may result in forfeiture of reimbursement.												
Signature								Date				

Reimbursable expenses include: Airfare, baggage fees, airport/hotel parking, gasoline, rental car, hotel, moving services for household items OR a rental truck, and boxes/tape/packing material.

As of 2018, all reimburse moving expenses are taxable to the IRS, please fill out the attached W-9. A 1099-Misc will be sent after the closing of the year.



### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	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								
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)						
t d	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)								
Print or type. c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)							
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)						
Spe		Requester's name a	nd address (optional)						
See									
0)	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par	t I Taxpayer Identification Number (TIN)								
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	id Social sec	urity number						
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>		] - [ ] - [ ]						
TIN, la	ater.	or							
	If the account is in more than one name, see the instructions for line 1. Also see What Name and	identification number							
Numb	per To Give the Requester for guidelines on whose number to enter.		-						
Par	t II Certification								
Unde	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and	have not been no	otified by the Internal Revenue						
3. I ar	m a U.S. citizen or other U.S. person (defined below); and								
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	is correct							

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,

Sign Here	Signature of	Date ▶
		e not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
acquisition	n or abandonment of secure	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,