



1234567890000001100

IRS/SSA/CMS
Data Match Project IX
Phone: 1-800-999-1118
PIN # 1234

Part I: Employer Information

Employer Identification Number	123456789
Employer	PITSTOP INC 1919 FAST LANE CHARLOTTE NC 43537-4008

- 1a. Did you offer a health plan to any employee at any time since 01/01/99 ? (full or part time)
- 1b. Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (e.g. a union plan) since 01/01/99 ?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>



If you answered NO to both Questions 1a and 1b, please turn to Part IV and sign the certification. Return Part I and Part IV in the self-addressed mailer provided.

- | | |
|--|------|
| | Year |
| 2. In the following years, did you have 20 or more employees for 20 or more calendar weeks (this includes full time, part time, intermittent and/or seasonal employees)? | |
| | 1998 |
| | 1999 |
| | 2000 |
| | 2001 |

INSTRUCTIONS: This information will be read by a computer. Please print as shown below. Stay within the boxes. Use CAPITAL Letters. Mark boxes with an X. USE BLACK OR BLUE INK.

EXAMPLE

A	B	C
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1	2	3
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