

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



123456789000004100

Part IV: Certification

Employer Identification Number 123456789
Employer PITSTOP INC

Signature

Jack Smith

M M D D C C Y Y

Date

02 16 2001

First Name (Please type or print legibly in black ink)

JACK

Initial

R

Last Name

SMITH

Title

OWNER

(Area Code) and Telephone Number

555 - 555 - 4400

PRIVACY ACT STATEMENT

The collection of this information is authorized by 42 U.S.C. 1395y(b)(5). The information collected will be used to identify and recover past mistaken Medicare primary payments and to prevent Medicare from making mistakes in the future for those Medicare Secondary Payer situations that continue to exist. In addition, Section 42 U.S.C. 1395y(b)(5)(C)(ii) provides for a civil monetary penalty of up to \$1,000.00 per individual for whom an inquiry concerning health coverage was made, to be assessed to any employer (other than a governmental entity) who willfully or repeatedly fails to respond timely, accurately, and completely to this request.

