

Provider Demographic Information

Please confirm/correct the information below, fill in blanks when applicable, and return this form to DHS with your financial report submission.

Note: Information on this form is used by the DHS Office of Contract Administration to fulfill various administrative responsibilities. Changes to information on this form will not affect information used by other offices within DHS.

FEIN

Provider

Doing Business As (DBA)

Fiscal Year End

Not For Profit

For Profit

Taxpayer Type*

Contact

Title

Address Line 1

Address Line 2

City, State, Zip

Phone

Ext.

FAX

EMail Primary

EMail Secondary

* Valid Taxpayer Types are:

Corporation, other than hospital
Hospital
Individual
Partnership
Regional Office of Education
School District
Sole Proprietorship
Unit of County Government
Unit of Municipal Government
Unit of State Government
University, College or Junior College