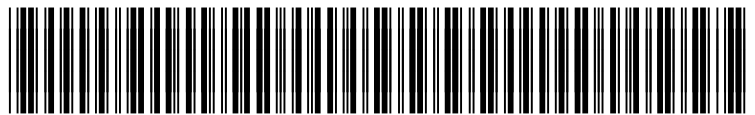


IRS/SSA/CMS
Data Match Project XII
Phone: 1-800-999-1118



9876543210000004100

Part IV: Certification

Employer Identification Number 987654321
Employer JACKS CAFE

Signature

Jack Smith

M M D D C C Y Y
Date 0 2 1 6 2 0 0 4

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

J a c k

Initial

R

Last Name

S m i t h

Title

O w n e r

(Area Code) and Telephone Number

6 4 4 - 4 4 4 - 4 4 0 0

E-mail Address

J a c k . S m i t h @ j a c k s c a f e . c o m

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.

