

SSN-4	Claimant Request for Update of Taxpayer Identification Number and/or Name														
A. Claimant Information															
Name:	Last Name or Full Business Name	First Name	Middle Initial												
Deepwater Horizon Settlement Program Claimant Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
B. Updated Taxpayer Identification Number (TIN)															
Current TIN on File with DWH Social Security Number/Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">SSN or ITIN</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">EIN</td> <td></td> <td style="text-align: center;">-</td> <td></td> <td style="text-align: center;">-</td> <td></td> </tr> </table>			SSN or ITIN		-		-		EIN		-		-	
SSN or ITIN		-		-											
EIN		-		-											
Updated TIN Social Security Number/Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">SSN or ITIN</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;">EIN</td> <td></td> <td style="text-align: center;">-</td> <td></td> <td style="text-align: center;">-</td> <td></td> </tr> </table>			SSN or ITIN		-		-		EIN		-		-	
SSN or ITIN		-		-											
EIN		-		-											
C. Updated Name															
Current Name on File with DWH:															
Updated Name:															
D. Proof of Updated Tax Identification Number and/or Name															
<p>You must provide proof of your updated Tax Identification Number. Please indicate below the proof being provided and attach that proof to this form.</p>															
<p><u>Social Security Number</u></p> <p><input type="checkbox"/> Social Security Card <input type="checkbox"/> Tax Return Transcript or Tax Account Transcript <input type="checkbox"/> Social Security Administration Form SSA-89</p> <p><u>Individual Taxpayer Identification Number</u></p> <p><input type="checkbox"/> ITIN Assignment Letter from the IRS <input type="checkbox"/> Tax Return Transcript or Tax Account Transcript</p> <p><u>Employer Identification Number</u></p> <p><input type="checkbox"/> EIN Assignment Letter from the IRS <input type="checkbox"/> Tax Return Transcript or Tax Account Transcript</p> <p><u>Name</u></p> <p><input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Other (Please describe): _____</p>															

E. Signature

By my signature below, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Request Form (and in any pages I have attached to or submitted with this Request Form to provide additional information requested in this Request Form) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Signature:		Date:	____/____/____ (Month/Day/Year)	
Name:	Last Name or Full Business Name		First Name	Middle Initial
Title (if a Business):				

F. How to Submit this Form

Submit this signed **Change of Taxpayer Identification Number and/or Name** in one of these ways:

By Mail	Deepwater Horizon Economic Claims Center PO Box 10272 Dublin, OH 43017-5772
By Overnight, Certified or Registered Mail	Deepwater Horizon Economic Claims Center c/o Claims Administrator 5151 Blazer Parkway Suite A Dublin, OH 43017
By Facsimile	(888) 524-1583
By Email	ClaimForms@deepwaterhorizoneconomicsettlement.com