

FORM W-9 Taxpayer Identification Number Request

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to a 31% federal income tax withholding. Also, if you do not provide us with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723.

Instructions: Complete Part 1 by filling in the row of boxes that corresponds to YOUR tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 and return this form to us.

PART 1 TAX STATUS: (Complete ONLY one row of boxes)

Individual:

Individual's FULL Name	BIRTH DATE	Individual's Social Security #
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Sole Proprietor:

Business Owner's Name	BIRTH DATE	Business Owner's Social Security #	Business or Trade Name
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A Sole Proprietorship may have a "doing business as" trade name, but the legal name is the name of the Business Owner

Partnership:

Name of Partnership	Partnership's Employers ID #	Partnership's Legal Name
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A Partnership may have a "doing business as" trade name, but the legal name is most likely a list of the names of the partners

Corporation, Exempt Charity, or Other Entity:

Name of Corporation or Entity:	Employer Identification Number
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A Corporation may use an abbreviated name or its initial's, but its legal name is the name on the Article of Incorporation

PART 2 EXEMPTION:

If exempt from form 1099 reporting, check here:

Check your qualifying reason below

- 1. Corporation
- 2. Tax Exempt Charity under 501 (a) or IRA
- 3. The United States or any of its agencies or instrumentalities
- 4. A State, the District of Columbia, a possession of the United States or any of their political subdivisions
- 5. A Foreign government or any of its political subdivisions

PART 3 CERTIFICATION:

I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

Person completing this form: _____

Signature: _____

Date: _____

Phone: _____

Address: _____
