

Form W-9 Taxpayer Identification Number Request

Please complete all three parts below and return this form in the enclosed envelope.

Thank you for your cooperation.

NAME: _____ Account Number: _____

Address: _____

City, State, Zip: _____ Date: _____

Instructions: Our records indicate that you may receive (or may have already received) a payment reportable to the IRS. The IRS will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and Taxpayer Identification Number. The name we need is **the name that you use on the tax return that will report this amount**. We are required by law to obtain this information from you.

U.S. person: This form may be used only by a U.S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.

If you are exempt from 1099 reporting, indicate the reason in part 2 of this form. You will not be sent a Form 1099.

Penalties: Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax backup withholding. If you do not provide us with this information, you may be subject to a \$50 penalty imposed by IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Confidentiality: If we disclose or use your Tax Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.

Part 1 Tax Status: *(complete only one row of boxes)*

Individuals:	Individual Name:		Individual's Social Security Number
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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.			
Sole Proprietor:	Business Owner's Name:	Business Owner's Social Number or Employer ID Number	Business or trade Name:
Partnership:	Name of Partnership:	Partnership's Employer Identification Number	Partnership's Name on IRS records (see IRS mailing label)
A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.			
Corporation, exempt charity, or other entity:	Name of Corporation or Entity:		Employer Identification Number
			-

Part 2 Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- 1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
- 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: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Person completing this form: _____

Signature: x _____

Date: _____ Phone: _____