

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 30% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Account Number:

Name		
Address		
City	State	Zip Code

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

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 to sign and date the form. Return the completed form to us in the enclosed envelope.

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

Individual

Individual's Name: (First name, middle initial, last 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: (REQUIRED) _____ (First Name) (MI) (Last Name)	Business Owner's Social Security Number ____-____-____ or Employer ID Number ____-____	Business or Trade Name (OPTIONAL) _____ _____
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A partnership may have a "doing business as" trade name and/or a name based on the names of the partners

Partnership:

Name of Partnership:., _____ _____	Partnership's Employer Identification Number ____-____-____	Partnership Name on IRS records (see IRS mailing label) _____ _____
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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 ____-____-____	Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	D.B.A. or T.A. companies? Attach all of the business names.
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Part 2 Exemption: If exempt from Form 1099 reporting, check here: and circle your qualifying exemption reason below

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| 1. Corporation except there is no exemption for medical and healthcare payments or 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 Signature: I am a U.S. person (including a U.S. resident alien).

Person completing this form: _____

Title: _____

Signature: _____ Date: _____

Tax correspondence address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

If address for payments is different, please list payment remit address below:

Please return this form in the enclosed envelope. Thank you for your cooperation.