SUBSTITUTE W9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name: _____ Phone Number: _____

DBA Name: _____

Tax Filing Address: _____

City, State, Zip Code: _____

Select the Applicable Account Type Below (Please select ONLY one)
1) Individual (not an actual business)
2) Sole Proprietor or Single-Member LLC with no other employees (SSN below)
3) Sole Proprietor with 1 or more employees (EIN below)
4) C Corporation
5) S Corporation
6) Association, club, religious, charitable, educational or other tax exempt organization
7) Partnership
8) Trust / estate
9) Limited Liability Company (LLC).
   Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership): _____
   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single0member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for US federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

If you circled 1 – 2 above, fill in your **Social Security Number:**

_____ _____ _____ - _____ _____ - _____ _____ _____ _____

If you circled 3 – 9 above, fill in your **Employer I.D. Number:**

_____ _____ - _____ _____ _____ _____ _____ _____ _____

Exemption:

Exempt payee code (if any) _____   Exemption from FATCA reporting code (if any) _____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature of U.S. person: _____ Date: _____