

REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (SUBSTITUTE FORM W-9)

Customer ID#: _____

Customer Name / Mailing Address: _____

Part 1 Fill in ONE section only:

INDIVIDUAL		
Social Security Number:	<input type="text"/>	I
Name on IRS records:	_____	
	(This must be the NAME of a PERSON.)	
BUSINESS (fill in TIN under the form of business that applies to you):		
1. Sole Proprietorship/Sole Member LLC:	The NAME of the PERSON who is owner is REQUIRED.	
Social Security Number:	<input type="text"/>	S
Or		
Employer Id Number:	<input type="text"/>	E
REQUIRED-> Name of owner on IRS Records:	_____	
	(This must be the NAME of a PERSON.)	
2. Partnership, Multi-Member LLC, Limited Partnership (LP) (LLP) (PA) Trust or Estate		
Employer Id Number:	<input type="text"/>	P
Business name on IRS records:	_____	
3. Corporation (Inc), Tax-exempt or other exempt business entity		
Employer Id Number:	<input type="text"/>	C
Business name on IRS records:	_____	

Part 2 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 IRS that I am subject to backup withholding as a result of a failure to report all interest Or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person or other 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.

Part 3 Signature:

Signature _____

Date _____

Title _____

We are required by law to obtain this information from you when making a reportable payment to you.