



TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C -or- Social Security Administration Records, Social Security Card)

2. If you use DBA, please list below:

- 3. Entity Type (Check one only):
- Non-Profit Corporation
- Corporation/ LLC
- Joint Venture
- Church or Church-Controlled Organization
- Government
- Single Member LLC (Individual)
- City of New York Employee
- Resident/Non-Resident Alien
- Personal Service Corporation
- Individual/ Sole Proprietor
- Non-United States Business Entity
- Trust
- Estate

Part II: Taxpayer Identification Number & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

TIN input fields

2. Taxpayer Identification Type (check appropriate box):

- Employer ID Number (EIN)
Social Security Number (SSN)
Individual Taxpayer ID Number (ITIN)
N/A (Non-United States Business Entity)

Part III: Vendor Addresses

Table with 3 rows: 1. 1099 Address, 2. Account Administrator Address, 3. Billing, Ordering & Payment Address. Columns: Address, City, State, and Nine Digit Zip Code or Country.

Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)

Exemption Code for Backup Withholding \_\_\_\_\_ Exemption Code for FATCA Reporting \_\_\_\_\_

Part V: 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 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 US citizen or other US person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign

Here:

Signature, Phone Number, Date, Print Preparer's Name, Phone Number, Contact's E-Mail Address

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code, Contact Person, Contact's E-Mail Address, Telephone Number, Payee/Vendor Code