(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name (as shown on your income tax return). Name is required on this line; d                                                                                                                                                                                                                                                                                                                                                                                               | o not leave this line blank                                                                                                                        | st informa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tion.                                                |                                                                          |                          |           |                  |                   |  |
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| Print or type.<br>See Specific Instructions on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Innovative Diabetic Solutions PLLC                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          | Alene of the second      |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | 4 Exemptions (codes apply only to certain entities, not individuals; see |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | instructions on page 3):  Exempt payee code (if any) |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | LAGIII                                                                   | pr payee                 | code (ii  | any)             |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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 single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. 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. |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | Exemption from FATCA reporting code (if any)                             |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Other (see instructions) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | (Applies to accounts maintained outside the U.S.)                        |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | and address (optional)                                                   |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 660 Glades Rd Suite 240                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                               | state, and ZIP code                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Boca Raton FI 33431                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | CO PILOTO |                  |                   |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | 76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                                          |                          |           |                  |                   |  |
| Part I Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           | into institution |                   |  |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part Lilater. For other                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | ocial sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | urity r                                              | number                                                                   |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | A CARLON OF THE PARTY OF THE PA |                                                      | -                                                                        |                          |           | Citien           |                   |  |
| entities, it is your employer identification number (EIN). If you do not have a number, see How to get a                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
| TIN, later.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                                                          |                          |           |                  |                   |  |
| <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see a Number To Give the Requester for guidelines on whose number to enter.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    | see What Name and Employ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                                                                          | er identification number |           |                  |                   |  |
| 9 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 1                                                  | 4 6                                                                      | 4                        | 7 4       | 1                |                   |  |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contification                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          | , ,                      |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certification penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e number shown on this form is my correct taxpayer identification numbers.                                                                                                                                                                                                                                                                                                                                                                                                | hau ( I a ii) (                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | Te.       |                  |                   |  |
| 2. I an<br>Ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | not subject to backup withholding because: (a) I am exempt from ba-<br>vice (IRS) that I am subject to backup withholding as a result of a failule<br>longer subject to backup withholding; and                                                                                                                                                                                                                                                                           | ckup withholding or (b)                                                                                                                            | I have not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | been n                                               | otified                                                                  | by the                   | Intern    | al Rev           | venue<br>hat I am |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FATCA code(s) entered on this form (if any) indicating that I am exem                                                                                                                                                                                                                                                                                                                                                                                                     | pt from FATCA reporting                                                                                                                            | a is correc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                          |                          |           |                  |                   |  |
| Certifi<br>you ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ication instructions. You must cross out item 2 above if you have been nave failed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, the                                                                                                                                                          | otified by the IRS that yo state transactions, item 2 ions to an individual retire                                                                 | u are curre<br>does not a<br>ement arrar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ntly subj<br>pply. Fo                                | r mor                                                                    | gage in                  | terest p  | paid,            | nents             |  |
| Sign<br>Here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · (                                                                                                                                                | )ate ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8-                                                   | 18                                                                       | 2-2                      | 3         |                  |                   |  |
| Ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | neral Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                        | • Form 1099-DIV (div                                                                                                                               | ridends, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cluding                                              | those                                                                    | from st                  | ocks o    | or mu            | tual              |  |
| Section references are to the Internal Revenue Code unless otherwise noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | gross     |                  |                   |  |
| Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | ner       |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | they were published, go to www.irs.gov/FormW9.                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul> <li>Form 1099-S (proceeds from real estate transactions)</li> </ul>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
| Purpose of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | tions)    |                  |                   |  |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include but are not limited to the following. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Form 1098 (home mortgage interest), 1098-E (student loan intere 1098-T (tuition)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          | terest),  |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • Form 1099-C (canceled debt)                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           | 320              |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Form 1099-A (acquisition or abandon                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Use Form W-9 only if you are a U.S. person (including a residen alien), to provide your correct TIN.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ns include, but are not limited to, the following.  n 1099-INT (interest earned or paid)                                                                                                                                                                                                                                                                                                                                                                                  | If you do not return Form W-9 to the requester with a TIN, you migh<br>be subject to backup withholding. See What is backup withholding,<br>later. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                          |                          |           |                  |                   |  |