

Substitute Form W-9

Taxpayer Identification Number Request

•Penaltry of perjury signature required.

Please complete all three parts below.

	Part 1 - Tax Identification: Firstname Lastname
	Name (as it appears on IRS records): AuBbccdde ffghxy
	If you are a SOLE PROPRIETOR or SINGLE-OWNER LLC Personal name of owner of the business; Optional - Business name if different from above:
	Enter your TIN in the appropriate box.
	For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).
•	Social Security Number
	Part 2 - Please check the appropriate box that describes your entity:
	U.S. Resident - Individual/Sole Proprietor (Form 1099 reportable. Enter the name of the owner of the business in Part 1.) C Corporation S Corporation Partnership Trust/Estate Limited Liability Company (LLC) If you are an LLC, enter the tax classification (C = corporation, S = S Corporation, P = partnership) U.S. Tax Exempt Organizations or Federal, State, or Local Government Agency (exempt from Form 1099 reporting) Other (see instructions).
	Part 3 - Certification: Under penalty of perjury, I certify that:
	1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and 3. I am a U.S. person (including a U.S. resident alien).
	Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 2 above does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.
	Person completing this form:
	Signature: Date: Phone: ()
	Address: City: State: ZIP:
etu hat	ructions: We may be about to pay you an amount that may be reported to the Internal Revenue Service (IRS). The IRS will match this amount to your tax rn. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and Taxpayer Identification, Number. The name we need is the name you use on the tax return that will report this amount. We are required by law to obtain this information from you.
	person. This form may be used only by a U.S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.
ede eligi a fal	alties: Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 1) 28% federal backup withholding, 2) 20% ral withholding if the payment is periodic and eligible for a rollover distribution, or 3) 10% federal withholding if the payment is non-periodic (and is not an ble rollover distribution). If you do not provide us with this information, you may be subject to a \$100 penalty imposed by IRS under section 6723. If you make se statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or mations may subject you to criminal penalties including fines and/or imprisonment.
	fidentiality: If we disclose or use your Taxpayer Identification. Number in violation of Federal law, we may be subject to civil criminal penalties.
Oth char	er entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the ter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.
Plea	ase return this form by Thank you for your cooperation.
Call	Toni Sutton at 972-250-8809 if you have any questions
ORI jo	arding your Taxpayer Identification Number or the backup withholding requirements. GINAL ACCOUNT INFORMATION ABC Company
	3749384 123 My Way
	23 My Way Carrollton, TX 87654



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Please complete all three parts below.

Part 1 - Tax Identifi	cation:	Firstnam	e in the second			i i	istname		
Name (as it appears on IRS rea	cords): <u>N 1 8 5</u>	PHAN	THNI	1	DI VA	KA	RAN	J	
If you are a SOLE PROPRIETOR or Required	uired - Personal name o	f owner of the	business:						
SINGLE-OWNER LLC Opti	onal - Business name if	different from	above:						
Enter your TIN in the appropris									
For individuals, this is your soc	ial security number (SS	N). For other e	ntities, it is your	employer ide	ntification n	umber (EIN).		
Social Security				EmployerIde					
5 5 6	4-32-1	225	OR	<u> </u>	55	6 7	8 9	D	
Part 2 - Please ched	k the appropri	ate box th	nat describ	es your	entity:				
C Corporation	- Individual/Sole I 区S Corporati ity Company (LLC)	ionPa	artnership	✓ Trust/	Estate				1.)
and the second of the second o	npt Organizations								porting)
Part 3 - Certification		neriury. I certi	ify that:					•	
1. The number shown on this form				for a number t	o be issued to	mel and			
I am not subject to backup with {IRS} that I am subject to backup subject to backup withholding: I am a U.S. person (including a	nholding because: (a) I am o up withholding as a result o and	exempt from bac	kup withholding, o	r (b) I have not	been notified	by the Interr			
Certification Instructions: You because you have failed to rep interest paid, acquisition or ab generally, payments other than	ort all interest and dividence and one of the control of the contr	fends on your t property, cance	tax return. For re allation of debt,	al estate trans contributions	sactions, nu to an indivi	mber 2 abo dual retiren	ve does not rent arrange	t apply. For ement (IRA)	mortgage -
Person completing this form:						- 1			
Signature: VIM		Date:		Phone:	<u>(</u>				
								•	
Address:	***************************************		City:	***************************************	State:		ZIP:	***************************************	
Instructions: We may be about to return. In order to avoid additional that you use on the tax return that	IRS scrutiov, we must r	movide the IRS	with your name	and Taynave	er Identificat	inn Numhe	vill match th r. The name	nis amount we need is	to your tax s the name
U.S. person. This form may be use									
Penalties: Your failure to provide a federal withholding if the payment eligible rollover distribution). If you a false statement with no reasonal affirmations may subject you to cri	correct name and Taxp is periodic and eligible do not provide us with alle basis that results in minal penalties includir	payer Identificat for a rollover d this information no backup with g fines and/or	tion Number ma listribution, or 3 on, you may be s sholding, you and imprisonment.	y subject you 10% federal ubject to a \$1 a subject to a	r payments withholding 100 penalty \$500 civil p	to 1) 28% f if the payr imposed b senalty. Wil	ederal backi nent is non- y IRS under Ifully falsifyi	up withhold periodic (ar section 67 ing certifica	ding, 2) 20% nd is not an 23. If you ma tions or
Confidentiality: If we disclose or use and criminal penalties.	se your Taxpayer Identif	ication Numbe	er in violation of	Federal law, v	ve may be s	ubject to ci	vil		
Other entities. Enter your business charter or other legal document creaters.	name as shown on receating the entity. You m	quired federal to nay enter any b	ax documents o usiness, trade, c	n the "Name" r DBA name	line. This no	ame should iness name	match the disregarded	name show d entity nar	m on the me" line.
Please return this form by	11/01/2012	. Thank you	for your coope	ration.					
Call Toni Sutton		at	972-250-880)			if you h	nave anv d	ıuestions
regarding your Taxpayer Identi	fication Number or th		thholding requ	irements.					
ORIGINAL ACCOUNT INFORM john Doe	ATION			ARC Comp		SED ENVE	LOPE TO:		
893749384				ABC Compa 123 My Wa					
123 My Way				Carrollton,	rx 87654				
Carrollton, TX 87765					*** W.				