



**Office of State Purchasing  
Division of Administration**  
Post Office Box 94095  
Baton Rouge, LA 70804-9095  
Tel: (504) 342-8010  
Fax: (504) 342-8688

Denise Lea  
Director

Dear Applicant:

Thank you for your interest in becoming a bidder to the State of Louisiana. Although it is not a requirement to subscribe to the State of Louisiana Bidders List (SLBL) in order to bid, vendors who enroll in this service automatically receive solicitations issued by the Office of State Purchasing in their selected commodity classes/subclasses and state delivery regions.

There is an annual subscription fee that covers the fiscal year period of July 1 through June 30. In addition to assuring inclusion on the SLBL via State Purchasing's automated procurement system, this fee includes registration to State Purchasing's Vendor Seminars. To enroll, the following forms must be completed and mailed:

### **Purchasing Forms**

- [Invoice](#) with payment
- [Bidder's Application Form](#) (See [Bidder's Instructions](#).)
- [Louisiana Commodity Code Bid List Registration Form](#)  
(See [Commodity Catalog](#) and [Map of State Regions](#).)
- [Vendor Location Form](#)
- [Federal Form W-9](#), Request for Taxpayer Identification Number & Certification

Completed forms and payment must be mailed to: **Division of Administration OFSS/SP, Post Office Box 94095, Baton Rouge, LA 70804-9095**. Please keep copies of your application for your records.

All future changes to your application (e.g. Commodity Enrollments, addresses, etc.) must be made in writing and must bear the signature of at least one of the authorized persons designated on the application in Sections 8, 9 or 18. It is imperative that you keep the authorized bidder signature listing (Section 8 on the Bidder's Application Form) current, as bids received bearing a signature other than those authorized on the application may be rejected in accordance with Act 121. Changes to Section 8 must be made in writing and must bear the signature of a company owner or officer (Section 9).

We value the participation of all interested vendors in the State of Louisiana competitive bidding system and encourage all companies to register.

If you have any questions or need assistance with vendor registration, contact Wilma Gaudet at (504) 342-8051 (or E-Mail your inquiry to [wgaudet@doa.state.la.us](mailto:wgaudet@doa.state.la.us)).

# ***Subscription Fee Invoice***

The annual subscription fees are:

- In-state Vendors - \$ 50.00 (July 1 - June 30)
- Out-of-state Vendors - \$100.00 (July 1 - June 30)

The full subscription fees apply to any bidder enrolling at any time during the period July 1 through March 31.

If your company applies between **April 1 and June 30** of a fiscal year, the prorated subscription fee is:

- In-state Vendors - \$15.00 (April 1 - June 30)
- Out-of-state Vendors - \$30.00 (April 1 - June 30)

Enrolled vendors are invoiced in May of each year for the next fiscal year fee. Companies enrolling on the State of Louisiana Bidders List between **April 1 and June 30 AND for the next fiscal year** may submit the **prorated fee** as well as next fiscal year's fee at that time. If a company chooses to pay both, the fee is:

- In-state Vendors - \$ 65.00 (April 1, 1998 - June 30)
- Out-of-state Vendors - \$130.00 (April 1, 1998 - June 30)

Please indicate amount paid \$ \_\_\_\_\_

Please complete and return this invoice with your remittance payable to **OFSS/SP**.

**Note: Federal ID or Social Security Number and all nine digits of zip code MUST be completed.**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FEDERAL ID OR SOCIAL SECURITY NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

To receive proper credit, please mail your remittance to:

**DIVISION OF ADMINISTRATION OFSS/SP**  
**VENDOR REGISTRATION FEE ENCLOSED**  
**POST OFFICE BOX 94095**  
**BATON ROUGE, LA 70804-9095**

## **OFFICE USE ONLY**

Amount Received: \_\_\_\_\_ PIV #: \_\_\_\_\_ Vendor #: \_\_\_\_\_

# *State of Louisiana*

## **BIDDER APPLICATION INSTRUCTIONS**

**Section 1: Federal Employer Tax Number** - Your Federal Tax Number is a nine-digit number used by the Federal Government to identify your organization. It may be found with most Federal Tax records, specifically on those used when depositing withholding and FICA taxes.

**Section 2:** If your organization does not have a Federal Employee Number, enter your Social Security Number.

**Section 3: Applicant's Firm Name** - Enter the name, address and zip code of your principal place of business. The approved bidder must submit bids to the Purchasing Section in the applicant's name. If your company 'Does Business As' (DBA Name) a name other than the name your company is incorporated as, list the DBA name on this line. **Parish/County** - The parish or county which this address is located. **Contact Person** - The name of the person to contact if any communication with this vendor is necessary. **Phone #** - The area code and phone number for the contact person. **Fax Document**: If your company wishes to have solicitations for bids and/or purchase orders faxed to your company, please indicate here with the appropriate Code of S, O, or B.

**Section 4, 5, and 6: Bid, Order and Remittance Address** - If you want Bids, Orders, Remittances sent to an address or location other than your principal place of business, enter this address in the space provided (e.g. branch office, post office box, etc.) otherwise, enter same. **Parish, Country, Contact Person, and Contact Phone #** - See explanation in Section 3 for these fields. **EDI Mailbox Address** - The Internet mailbox used for Electronic Data Interchange. **FAX #** - Area Code and phone number for transmittal of documents.

**Section 7: Previous Firm Name/Address (Name Change)** - If your firm previously had a different name or different ownership, enter previous name, address, and ownership data.

**Section 8: Personnel: Signature and Name of Persons Authorized to Sign Bids** - Please type or print the name (s) of person(s) authorized by your company to sign bids and/or contracts for the firm. Enter each person(s) official title and telephone number (including area code). The person named must manually sign his name in writing above, underneath or beside the typed or printed name. The manual signature of persons submitting bids must be entered. A bid signed by someone other than the signature on file may be rejected.

**Section 9: Owners and Officers of Company** - List all officers and owners of company. Use separate sheet if necessary.

**Section 10: Business Type** - Check only one of the classifications that best describes your business.

**Section 11: Organization Type** - Check one of the organization types that describe your organization.

**Section 12: Ethnicity (submittal of this information is voluntary)** - Check one that best describes your ethnic background.

**Section 13: Business Ownership** - Check only one business ownership that describes your

business.

**Section 14: Incorporation State** - List postal state abbreviation for state in which company is incorporated. **Incorporation Date** - List date that company was incorporated.

**Date Business Started** - If company is not incorporated, list date business began.

**Section 15: Annual Gross Revenue** - Check one category that best describes your gross revenue.

**Section 16: Independent Owned** - Enter a 'Y' for Yes or a 'N' for No to indicate whether or not your company is independently owned.

**Section 17: Stockholder Disclosure** - Enter a 'Y' for Yes or a 'N' for No to indicate whether a required stockholder's disclosure has been filed. **Date Filed** - Enter the date the stockholder's disclosure was filed.

**Section 18: Affidavit** - An officer of each applicant firm must sign to certify that all of the information presented on the application is true. Falsification of the application will result in the removal of your firm from the bidder's list.

All sections must be filled in except Section 1 or 2 (only 1 of these fields needs to be completed.)

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**Louisiana Commodity Code Bid List Registration** - Refer to the [State of Louisiana Regional Map](#) to determine the region to which you wish to bid.

Also see a listing of [Commodity Codes](#), class/subclass titles, which should aid you in selecting the appropriate commodity code(s).

Each Louisiana Commodity Code (LCC) is a 5-digit number composed of a CLASS (first 3 digits) and SUB-CLASS (last 2 digits). **YOU ARE REQUIRED TO LIST ALL 5 DIGITS ON THE REGISTRATION FORM.**

**NOTE:** There are now separate class/subclass listings for maintenance, rental/lease of equipment.

Additional copies of this page must be made if, for example, you wish to enroll in a specific commodity in a specific area.

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**Vendor Location Form** - List every location of your company that is in operation. There is space to list the physical location; and if remittances are to be sent to an address other than the physical address, complete the "Remit To" address section for the particular location. If locations of your company are added, moved, or closed, you must submit an updated Vendor Location form to maintain the most current information for your company on file. Please copy the Vendor Location form prior to completion for future use if necessary.

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**CHECK YOUR APPLICATION CAREFULLY BEFORE MAILING**

**Internal Revenue Service Form W-9** - Form W-9 must be completed and submitted with your application. Separate instructions are included on this form. The W-9 form should be completed with the **LEGAL NAME** of your company that is recorded to the Federal Employer Identification Number/Social Security Number with the Internal Revenue Service. If your company operates or is incorporated as one name but does business as another name, list the **LEGAL NAME** on the first line of the W-9 form and the doing business as name (DBA) on the second line. The address should be the **MAIN CORPORATE ADDRESS** of your company. The W-9 form **must** be signed and dated.

**STATE OF LOUISIANA  
BIDDER'S APPLICATION**

Type or print in INK.

Return To: Office of State Purchasing  
P. O. Box 94095  
Baton Rouge, LA 70804-9095

|   |  |   |
|---|--|---|
| <b>1. Federal Employer Identification Number</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | <b>2. Social Security Number (If an Individual)</b><br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |   |
| <hr/>   |  |   |
| <b>3. APPLICANT'S FIRM NAME &amp; ADDRESS</b>   | <b>4. ADDRESS TO WHICH BIDS ARE TO BE MAILED</b>   |   |
| <b>Name</b>   | <b>Address/Attn:</b>   |   |
| <b>DBA Name</b>   | <b>Address</b>   |   |
| <b>Address</b>  | <b>City</b> <b>State</b> <b>Zip Code</b>   |   |
| <b>City</b> <b>State</b> <b>Zip Code</b>  | <b>Parish (La. only)</b> <b>Country</b>  |   |
| <b>Parish (La. only)</b> <b>Country</b>   | <b>Contact Person &amp; Position</b>   |   |
| <b>Contact Person</b>   | <b>Contact Phone #</b> <b>800 Number</b>   |   |
| <b>Contact Phone #</b> <b>800 Number</b>  | <b>EDI Mailbox Address</b>   |   |
| <b>FAX Document? _____ S = Solicitation, O = Orders, B = Both</b>   | <b>FAX #</b>   |   |
| <hr/>   |  |   |
| <b>5. ORDER ADDRESS (If Different From No. 3)</b>   | <b>6. REMITTANCE ADDRESS (If Different From No. 3)</b>   |   |
| <b>Street or Box</b>  | <b>Address/attn</b>  |   |
| <b>City</b> <b>State</b> <b>Zip Code</b>  | <b>Street or Box</b>   |   |
| <b>Parish (La. only)</b> <b>Country</b>   | <b>City</b> <b>State</b> <b>Zip Code</b>   |   |
| <b>Contact Person &amp; Position</b>  | <b>Parish (La. only)</b> <b>Country</b>  |   |
| <b>Contact Phone #</b> <b>800 Number</b>  | <b>Contact Person</b> <b>Phone #</b>   |   |
| <b>EDI Mailbox Address</b>  |  |   |
| <b>FAX #</b>  |  |   |
| <hr/>   |  |   |
| <b>7. PREVIOUS FIRM NAME/ADDRESS (Name Change)</b>  |  |   |
| <b>Name</b>   |  |   |
| <b>Street or Box</b>  |  |   |
| <b>City</b> <b>State</b> <b>Zip Code</b>  |  |   |
| <hr/>   |  |   |
| <b>8. Signature and Name of Person(s) Authorized to Sign Bids (Must be Manually Signed)</b>   | <b>Official Title</b>  | <b>Telephone Number (INCLUDE AREA CODE)</b> |
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| <hr/>   |  |   |
| <b>9. Owners and Officers of Company</b>  | <b>Official Title</b>  | <b>Telephone Number (INCLUDE AREA CODE)</b> |
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|--|--|---|
| <b>10. Business Type (Check Only One):</b><br><br><input type="checkbox"/> 0 Other<br><input type="checkbox"/> 1 Manufacturer<br><input type="checkbox"/> 2 Retailer<br><input type="checkbox"/> 3 Certified Louisiana Retailer<br><input type="checkbox"/> 4 Wholesaler<br><input type="checkbox"/> 5 Service<br><input type="checkbox"/> 6 Consulting<br><input type="checkbox"/> 7 Construction | <b>11. Organization Type (Check One):</b><br><br><input type="checkbox"/> A Association<br><input type="checkbox"/> C Corporation<br><input type="checkbox"/> I Individual<br><input type="checkbox"/> J Joint Venture<br><input type="checkbox"/> O Other<br><input type="checkbox"/> P Partnership | <b>12. Ethnicity (Check One):</b><br><br><input type="checkbox"/> A Asian<br><input type="checkbox"/> B African American<br><input type="checkbox"/> C Caucasian<br><input type="checkbox"/> H Hispanic American<br><input type="checkbox"/> I American Indian/<br>Alaskan Native<br><input type="checkbox"/> O Other Ethnic<br>Group |
|--|--|---|

**13. Business Ownership (Check Only One):**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> C1 Licensed Contractor, Minority<br><input type="checkbox"/> C2 Licensed Contractor, Woman<br><input type="checkbox"/> C3 Licensed Contractor, Small<br><input type="checkbox"/> C4 Licensed Contractor, Min. Woman<br><input type="checkbox"/> LC Licensed Contractor | <input type="checkbox"/> M Minority Owned<br><input type="checkbox"/> O Other<br><input type="checkbox"/> P Nonprofit<br><input type="checkbox"/> S Government Entity<br><input type="checkbox"/> SC Small Business | <input type="checkbox"/> W Woman Owned<br><input type="checkbox"/> X Woman Owned<br>Minority |
|---|---|--|

|   |  |   |
|---|--|---|
| <b>14. Incorporation State:</b> __ __<br><br>Incorporation Date:   __ / __ / __ or<br><br>Date Business Started:   __ / __ / __ | <b>15. Annual Gross Revenue (Check One):</b><br><br><input type="checkbox"/> 1 Less than \$499,999<br><input type="checkbox"/> 2 \$500,000 - \$999,999<br><input type="checkbox"/> 3 \$1,000,000 - \$1,499,999<br><input type="checkbox"/> 4 \$1,500,000 or more | <b>16. Independent Owned:</b><br>____ (Yes or No)<br><br><hr/> <b>17. Stockholder Disclosure:</b><br><br>____ (Yes or No)<br><br>Date Filed:   __ / __ / __ |
|---|--|---|

**18. AFFIDAVIT:**

STATE OF \_\_\_\_\_ )

PARISH/COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby solemnly swear or affirm that I am the \_\_\_\_\_ (title) of \_\_\_\_\_ (name of business), a \_\_\_\_\_ organized under the laws of the State of \_\_\_\_\_, and that the information given above is current and true to the best of my knowledge and is in no way misleading. Furthermore, should any data change in the future, I will ensure that correct information will immediately be sent in writing to the Office of State Purchasing, P. O. Box 94095, Baton Rouge, LA 70804-9095. I also hereby certify that no officer, owner, or employee having a substantial part of capital interest in the above named firm is also an official or employee of any budget unit of the State of Louisiana. I agree to furnish any and all materials and supplies in strict accordance with all conditions imposed.

X \_\_\_\_\_

|  |           |      |  |
|--|-----------|------|--|
|  | Signature | Date |  |
|--|-----------|------|--|

|                |                                |             |                                |             |
|----------------|--------------------------------|-------------|--------------------------------|-------------|
| STATE USE ONLY | Application Approved By: _____ | Date: _____ | Application Rejected By: _____ | Date: _____ |
|----------------|--------------------------------|-------------|--------------------------------|-------------|

# STATE OF LOUISIANA - BIDDER'S APPLICATION

# Louisiana Commodity Code Bid List Registration

**Applicant's Firm Name:**

**Federal Employer Identification  
OR**

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**Social Security Identification Number (If an Individual):**

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**Place an "X" in the Region or Regions (based upon map) which are Applicable for the La. Commodity Codes Listed Below\*:**

|   |   |   |   |   |   |   |   |     |
|---|---|---|---|---|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | ALL |
|---|---|---|---|---|---|---|---|-----|

**\*NOTE: Copy and submit separate forms for variations in applicable Region Codes**

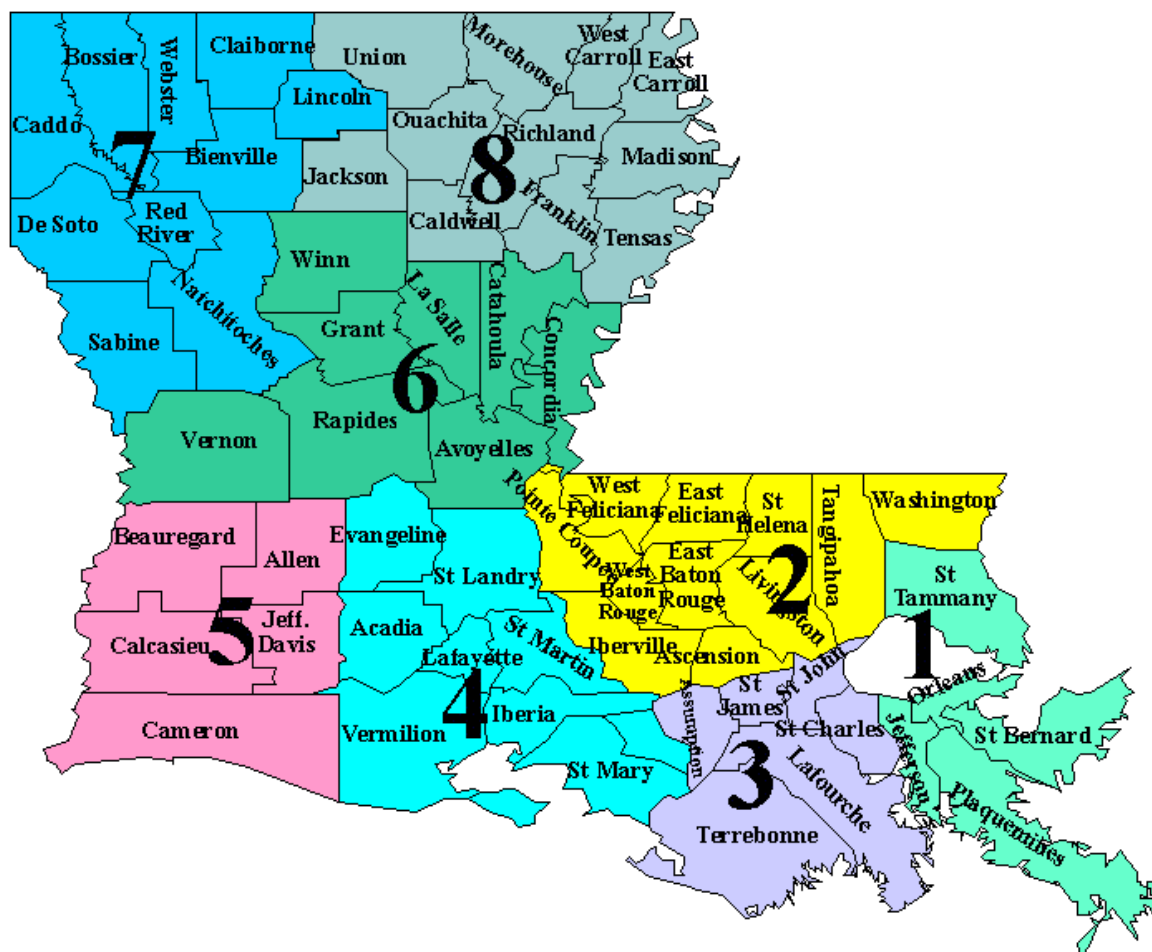
**Indicate the La. Commodity Code (L.C.C.) Class and Subclass Numbers below for those items procured by the State of Louisiana, for which you wish to receive Invitations to Bid. Refer to Class/Subclass Listing for appropriate Commodity Code Number.**

[illegible]

Make additional copies of this form if necessary for additional L.C.C. Numbers or to provide for a variation in the applicable region(s) for which you are registering.



# Louisiana State Regions



# VENDOR LOCATION FORM

**(Please Type or Print)**

Vendor completes white sections (Please list all locations doing business under this FEIN/SSN.)

Agency completes the two digit location code (LC) in shaded area.

|   |                  |  |
|---|------------------|--|
| <b>FEIN/SSN:</b> _ _ _ _ _  | <b>LC</b><br>_ _ | <b>REMIT TO</b>  |
| Name 1 _____<br>Name 2 _____<br>Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |                  | <div style="text-align: center;"><b>Address Only</b></div> Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |

|   |                  |  |
|---|------------------|--|
|   | <b>LC</b><br>_ _ | <b>REMIT TO</b>  |
| Name 1 _____<br>Name 2 _____<br>Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |                  | <div style="text-align: center;"><b>Address Only</b></div> Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |

|   |                  |  |
|---|------------------|--|
|   | <b>LC</b><br>_ _ | <b>REMIT TO</b>  |
| Name 1 _____<br>Name 2 _____<br>Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |                  | <div style="text-align: center;"><b>Address Only</b></div> Address 1 _____<br>Address 2 _____<br>City _____ State ____ Zip _____<br>Parish _____<br>Country _____<br>Contact Person _____<br>Contact Person Phone # (____) _____ - _____ |

**Certification - Under penalties of perjury, I certify that:**

If the FEIN/SSAN provided is incorrect you may be subject to a \$50.00 penalty for each infraction and 31% rate of withholding tax under Federal Income Tax Law.

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue 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 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.

**Vendor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give this form to  
the requester. Do  
NOT send to IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Business name (Sole proprietors see instructions on page 2.) (If you are exempt from backup withholding, complete this form and enter "EXEMPT" in Part II below.)

Address (number and street)

List account number(s) here (optional)

City, state, and ZIP code

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Obtain a TIN** below.

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

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## Part II For Payees Exempt From Backup Withholding (See Exempt Payees and Payments on page 2)

Requester's name and address (optional)

**Certification.**—Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service 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.

**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 of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, 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. (Also see **Signing the Certification** on page 2.)

Sign  
Here

Signature ►

Date ►

Section references are to the Internal Revenue Code.

**Purpose of Form.**—A person who is required to file an information return with the IRS must obtain your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN) and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

**Note:** If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

**How To Obtain a TIN.**—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

To complete Form W-9 if you do not have a TIN, write "Applied for" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have

60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

**Note:** Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

**What Is Backup Withholding?**—Persons making certain payments to you after 1992 are required to withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest,

dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS notifies the requester that you furnished an incorrect TIN, or
3. You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
5. You do not certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in 5 above, other reportable payments are subject to backup withholding only if 1 or 2 above applies. Certain payees and payments are exempt from backup withholding and information reporting. See **Payees and Payments Exempt From**

**Backup Withholding, below, and Exempt Payees and Payments under Specific Instructions, below, if you are an exempt payee.**

**Payees and Payments Exempt From Backup Withholding.**—The following is a list of payees exempt from backup withholding and for which no information reporting is required. For interest and dividends, all listed payees are exempt except item (9). For broker transactions, payees listed in (1) through (13) and a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker are exempt. Payments subject to reporting under sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items (1) through (7), except a corporation that provides medical and health care services or bills and collects payments for such services is not exempt from backup withholding or information reporting. Only payees described in items (2) through (6) are exempt from backup withholding for barter exchange transactions, patronage dividends, and payments by certain fishing boat operators.

(1) A corporation. (2) An organization exempt from tax under section 501(a), or an IRA, or a custodial account under section 403(b)(7). (3) The United States or any of its agencies or instrumentalities. (4) A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities. (5) A foreign government or any of its political subdivisions, agencies, or instrumentalities. (6) An international organization or any of its agencies or instrumentalities. (7) A foreign central bank of issue. (8) A dealer in securities or commodities required to register in the United States or a possession of the United States. (9) A futures commission merchant registered with the Commodity Futures Trading Commission. (10) A real estate investment trust. (11) An entity registered at all times during the tax year under the Investment Company Act of 1940. (12) A common trust fund operated by a bank under section 584(a). (13) A financial institution. (14) A middleman known in the investment community as a nominee or listed in the most recent publication of the American Society of Corporate Secretaries, Inc., Nominee List. (15) A trust exempt from tax under section 664 or described in section 4947.

Payments of dividends and patronage dividends generally not subject to backup withholding include the following:

- Payments to nonresident aliens subject to withholding under section 1441.
- Payments to partnerships not engaged in a trade or business in the United States and that have at least one nonresident partner.
- Payments of patronage dividends not paid in money.
- Payments made by certain foreign organizations.

Payments of interest generally not subject to backup withholding include the following:

- Payments of interest on obligations issued by individuals.

**Note:** You may be subject to backup withholding if this interest is \$600 or more and is paid in the course of the payer's trade or business and you have not provided your correct TIN to the payer.

- Payments of tax-exempt interest (including exempt-interest dividends under section 852).
- Payments described in section 6049(b)(5) to nonresident aliens.
- Payments on tax-free covenant bonds under section 1451.
- Payments made by certain foreign organizations.
- Mortgage interest paid by you.

Payments that are not subject to information reporting are also not subject to backup withholding. For details, see sections 6041, 6041A(a), 6042, 6044, 6045, 6049, 6050A, and 6050N, and their regulations.

## Penalties

**Failure To Furnish TIN.**—If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil Penalty for False Information With Respect to Withholding.**—If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal Penalty for Falsifying Information.**—Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.**—If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.**—If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

If you are a sole proprietor, you must furnish your individual name and either your SSN or EIN. You may also enter your business name or "doing business as" name on the business name line. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on Form SS-4.

### Signing the Certification.—

**1. Interest, Dividend, and Barter Exchange Accounts Opened Before 1984 and Broker Accounts Considered Active During 1983.** You are required to furnish your correct TIN, but you are not required to sign the certification.

**2. Interest, Dividend, Broker, and Barter Exchange Accounts Opened After 1983 and Broker Accounts Considered Inactive During 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real Estate Transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other Payments.** You are required to furnish your correct TIN, but you are not required to sign the certification unless you have been notified of an incorrect TIN. Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services, payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.

**5. Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, or IRA Contributions.** You are required to furnish your correct TIN, but you are not required to sign the certification.

**6. Exempt Payees and Payments.** If you are exempt from backup withholding, you should complete this form to avoid possible erroneous

backup withholding. Enter your correct TIN in Part I, write "EXEMPT" in the block in Part II, and sign and date the form. If you are a nonresident alien or foreign entity not subject to backup withholding, give the requester a completed Form W-8, Certificate of Foreign Status.

**7. TIN "Applied for."** Follow the instructions under **How To Obtain a TIN**, on page 1, and sign and date this form.

**Signature.**—For a joint account, only the person whose TIN is shown in Part I should sign.

**Privacy Act Notice.**—Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payors must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

| For this type of account:   | Give name and SSN of:   |
|---|---|
| 1. Individual   | The individual  |
| 2. Two or more individuals (joint account)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)   | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law   | The actual owner <sup>1</sup>   |
| 5. Sole proprietorship  | The owner <sup>3</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 6. Sole proprietorship  | The owner <sup>3</sup>  |
| 7. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 8. Corporate  | The corporation   |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization  | The organization  |
| 10. Partnership   | The partnership   |
| 11. A broker or registered nominee  | The broker or nominee   |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity   |

<sup>1</sup> List first and circle the name of the person whose number you furnish.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> Show your individual name. You may also enter your business name. You may use your SSN or EIN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when there is more than one name, the number will be considered to be that of the first name listed.