



Associated Merchant Name:

APPLICATION ADDENDUM FOR SPECIAL REQUESTS**ADDITIONAL OWNER / CORPORATE OFFICER INFORMATION**

First Name:	Last Name:	Owner 2 SSN:
Ownership %:	Phone Number:	Title:
Date of Birth:		
Home Address:		City, State, ZIP:

All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant, and all information provided herein is true, complete, and accurate. Total Merchant Services, Inc. ("TMS") and Wells Fargo Bank (the "Member Bank" and, collectively with TMS, the "Servicers") shall not be responsible for any change in printed terms unless specially agreed to in writing by an officer of each Servicer. By signing below you are agreeing to the provisions stated within this merchant application, and have acknowledged receipt and have read the Merchant Credit Card Processing Agreement (the "Merchant Agreement"). Those provisions must be read before signing. By signing below you agree to the terms and conditions contained in the merchant application and the Merchant Agreement. The indicated officers below have the authorization to execute the Merchant Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THE MERCHANT AGREEMENT WILL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY SERVICERS AND A MERCHANT NUMBER HAS BEEN ISSUED. Merchant authorizes Servicers to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which the Servicers are authorized to perform such functions under the Merchant Agreement, for the purposes set forth in the Merchant Agreement. This authorization extends to the entire amount in said account from time to time, and includes without limitation amounts due to and/or owed by Merchant under the Merchant Agreement, lease, rental, or purchase agreements for POS (Point of Sale) terminals and accompanying equipment and check guarantee fees and amounts due for supplies and materials. The Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Merchant Agreement are satisfied, and Merchant gives Servicers written notice of revocation. An investigative or credit report may be made in connection with the application. Merchant authorizes Servicers and/or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, or from any credit or financial investigative agencies. Merchant has a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested. A complete copy of your Merchant Agreement can be obtained at the following URL: <http://www.merchantsupport.info/disclosure/ABN.html>

IN ORDER TO DISPUTE ANY CHARGE OR FUNDING, MERCHANT MUST NOTIFY SERVICERS IN WRITING WITHIN 30 DAYS OF THE DATE OF THE STATEMENT WHERE SUCH CHARGE OR FUNDING APPEARS OR SHOULD HAVE APPEARED. THE LIABILITY OF SERVICERS IS LIMITED UNDER THE MERCHANT AGREEMENT. THE MERCHANT AGREEMENT CONTAINS MANDATORY PROCEDURES FOR RESOLVING DISPUTES. ARBITRATION IS REQUIRED IN ALL BUT CERTAIN LIMITED CIRCUMSTANCES, AND PURSUING CLAIMS ON A CLASS-WIDE BASIS IS PROHIBITED. Please review the Merchant Agreement for further details.

**SIGN
HERE**

Signature, Principal or Corporate Officer

Date

SPECIAL SHIP-TO ADDRESS (NOT MERCHANT PHYSICAL OR SALES PARTNER)

Contact Name:	Contact Phone:
Shipping Address:	City, State, ZIP:

RETAIL, RESTAURANT (FAST FOOD), SUPERMARKET - NO TIPS**SPECIAL**

- ☐
- EBT Cash Benefit
-
- ☐
- Invoice Number
-
- ☐
- QSR

☐ EBT FNS #: _____

Multi Merchant (No Autobatch): Primary DBA / MID: _____

FEATURE**RESTAURANT, RETAIL (TAXI, SALON) - WITH TIPS****REQUESTS**

- ☐
- Server ID
-
- ☐
- Tip During Sale
-
- ☐
- Suggested Tip Amount

☐ EBT Cash Benefit☐ EBT FNS #: _____

Multi Merchant Primary DBA / MID: _____

MOTO - HYPERCOM (FOR SOFTWARE USE SOFTWARE ADDENDUM)

Multi Merchant Primary DBA / MID: _____

☐ Tip Adjust**OTHER ACCOUNT OPTIONS**☐ Daily Discount

MID to be converted: _____

☐ Free to Sell or Lease Program

Rental Fee: _____

SPECIAL INSTRUCTIONS**SIGN
HERE**

Signature, Principal or Corporate Officer

Date



Associated Merchant Name: _____

Merchant Email: _____

SOFTWARE ADDENDUM**SOFTWARE OPTIONS****Groovv Online Payments**☐ Groovv Online Payments☐ 3rd Party Software Name: _____ Version #: _____Terminal? ☐ Yes ☐ No**Authorize.Net**☐ Authorize Net (Retail)☐ Authorize Net (Moto)

Value Added Services:

☐ Fraud Suite ☐ Automatic Recurring Billing ☐ Customer Info Manager

Supplied by Sales Partner?

☐ Yes ☐ No

*If not supplied by sales partner, a gateway fee must be listed on the schedule of fees.

Other☐ Other Software

Name: _____

Version #: _____

Operating System:

Windows ver: _____

Mac OS ver: _____

Platform:

☐ East☐ Visanet / TSYS

*No Debit available on Visanet / TSYS

CARDHOLDER DATA STORAGE

PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, www.compliancefacts.com.

1. Have you ever experienced an account data compromise? Yes ☒ No ☐ If yes, when _____
2. Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes ☒ No ☐
(validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ), or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.)
If yes, please complete the following, if no, you can move to question 3:
 - a. Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? _____
 - b. What is the name of your Qualified Security Assessor "QSA" _____
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D
 - c. Date of last scan _____ Approved Scanning Vendor's Name: _____
3. Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system? ☒ Yes ☐ No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)
4. After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically? Yes ☐ No ☐
 - a. If yes, where is it stored? Merchant Location Only ☐ Primary Service Provider ☐ Both ☐ Other Service Provider ☐ All Apply ☐
 - b. What Service Provider / Software Developer did you purchase your POS application / device from? _____
 - c. What is the name of the software /system? _____ What is the version number? _____
5. Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office) Yes ☐ No ☐
If yes, what is the name of the other Service Provider? _____

COMMENTSSIGN
HERE

Signature Principal or Corporate Officer

Print Name

Date



powered by:



Associated Merchant Name:

Merchant Email:

GROOVV POS ADDENDUM

Market Type		Tips
<input type="checkbox"/> Retail	Full featured tablet POS with complete back office functionality, includes integrated credit card processing and reporting.	<input type="checkbox"/> NO
<input type="checkbox"/> Restaurant	Full featured tablet POS with complete back office functionality, includes integrated CC processing, tipping and reporting	<input type="checkbox"/> Tips at the Counter (Retail Tip)
		<input type="checkbox"/> Tips at the Table (Restaurant Only)

Groovv POS Options					
<input type="checkbox"/> FLEX	_____ QTY	\$ <u>649.00</u> each	<input type="checkbox"/> ALL-IN-ONE	_____ QTY	\$ <u>1395.00</u> each
(Tablet, Terminal and Terminal Stand Bundle)			(Tablet, Cash Drawer, Terminal and Terminal Stand Bundle)		

Peripherals					
FLEX & ALL-IN-ONE	1	FLEX ONLY	2		
<input type="checkbox"/> Kitchen Printer	_____ QTY	\$ <u>275.00</u> each	<input type="checkbox"/> Cash Drawer	_____ QTY	\$ <u>350.00</u> each
(Restaurant only)			(Cash Drawer and Receipt Printer Bundle)		
<input type="checkbox"/> Barcode Scanner	_____ QTY	\$ <u>220.00</u> each	<input type="checkbox"/> Cash Drawer	_____ QTY	\$ <u>450.00</u> each
			(Cash Drawer and Receipt Printer with Barcode Scanner Bundle)		

Purchase Options				
<input type="checkbox"/> Merchant Purchase (via ACH)	<input type="checkbox"/> Placement	(Flex only)	<input type="checkbox"/> Reprogram	<input type="checkbox"/> Partner Purchase

Purchase Method		
<input type="checkbox"/> ACH	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Commission

Schedule of Fees		
\$ _____ Monthly Groovv POS Fee	<input type="checkbox"/> PassMarket Lite	<input type="checkbox"/> PassMarket Advanced

CARDHOLDER DATA STORAGE		
PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system transmits, stores or receives full cardholder data, then the POS hardware/software must be PA DSS compliant and you (merchant) must validate PCI DSS compliance (section 2 below). If you use a payment gateway, they must be PCI Compliant. For more information, or assistance, please visit our site, www.compliancefacts.com .		
1. Have you ever experienced an account data compromise? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, when _____		
2. Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (validation consists of merchant completing the appropriate Self Assessment Questionnaire (SAQ), or engaging a Qualified Security Assessor (QSA) who will facilitate completion of a Report on Compliance (ROC) and it's submission.) If yes, please complete the following, if no, you can move to question 3:		
a. Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"? _____		
b. What is the name of your Qualified Security Assessor "QSA" _____		
or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D		
c. Date of last scan _____ Approved Scanning Vendor's Name: _____		
3. Are you using (a) a point of sale terminal provided by us, or (b) a physical point of sale terminal that you own (i.e. a standalone terminal, which you use to process your credit/debit card transactions), or (c) our touch tone capture service to call in transactions using our automated phone system?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you can skip questions 4 and 5, if no please complete questions 4 and 5.)		
4. After initial authorization and settlement, do you or your Service Provider receive, transmit, or store the Full Cardholder Number "FCN", electronically?		
a. If yes, where is it stored? Merchant Location Only Primary Service Provider Both Other Service Provider All Apply		
b. What Service Provider / Software Developer did you purchase your POS application / device from? _____		
c. What is the name of the software /system? _____ What is the version number? _____		
5. Do your transactions process through any other Service Provider (ie web hosting, gateways, corporate office) Yes No		
If yes, what is the name of the other Service Provider? _____		

REQUIRED SIGNATURES	
All information contained in this application was completed, supplied and/or reviewed by the undersigned Merchant, and all information provided herein is true, complete, and accurate. Ameribanc National , Inc. ("ABN") and Wells Fargo Bank (the "Member Bank" and, collectively with ABN, the "Servicers") shall not be responsible for any change in printed terms unless specially agreed to in writing by an officer of each Servicer. By signing below you are agreeing to the provisions stated within this merchant application, and have acknowledged receipt and have read the Merchant Credit Card Processing Agreement (the "Merchant Agreement"). Those provisions must be read before signing. By signing below you agree to the terms and conditions contained in the merchant application and the Merchant Agreement. The indicated officers below have the authorization to execute the Merchant Agreement on behalf of the here within named business. MERCHANT UNDERSTANDS THAT THE MERCHANT AGREEMENT WILL NOT TAKE EFFECT UNTIL MERCHANT HAS BEEN APPROVED BY SERVICERS AND A AGREEMENT NUMBER HAS BEEN ISSUED. Merchant authorizes Servicers to present Automated Clearing House credits, Automated Clearing House debits, wire transfers, or depository transfer checks to and from the following account and to and from any other account for which the Servicers are authorized to perform such functions under the Merchant Agreement, for the purposes set forth in the Merchant Agreement. This authorization extends to the entire amount in said account from time to time, and includes without limitation amounts due to and/or owed by Merchant under the Merchant Agreement, lease, rental, or purchase agreements for POS (Point of Sale) terminals and accompanying equipment and check guarantee fees and amounts due for supplies and materials. The Automated Clearing House authorization cannot be revoked until all Merchant obligations under the Merchant Agreement are satisfied, and Merchant gives Servicers written notice of revocation. An investigative or credit report may be made in connection with the application. Merchant authorizes Servicers and/or any of their agents to investigate the references provided or any other statements or data obtained from Merchant, or from any credit or financial investigative agencies. Merchant has a right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation requested.	

Merchant may request to return the POS Equipment within thirty (30) days from the date on the Invoice. Restocking fee applies.
For more information, please visit <http://merchantsupport.info/disclosure/pdf/ABN.GroovvPOS.BillofSale.pdf> for more details.

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* Sales Tax Applies to the Groovv POS purchase.

SIGN HERE	Signature Principal or Corporate Officer	Print Name	Date
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Restaurant Sign-Up Form

SEND COMPLETED FORM VIA:

EMAIL: Submissions@Restaurant.com
FAX: 877-320-8957
MAIL: Restaurant.com
ATTN: Restaurant Submissions
1500 W. Shure Dr., 6th floor
Arlington Heights, IL 60004

RESTAURANT LOCATION	RESTAURANT NAME _____		
	(PLEASE PRINT)		
	LOCATION ADDRESS _____		
	CITY _____	STATE _____	ZIP CODE _____
	PHONE _____	FAX _____	
	CURRENT WEBSITE HTTP:// _____	RESTAURANT EMAIL _____	
	(PLEASE PRINT)		

OWNER CONTACT INFO	PRIMARY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME MR. / MS. _____		
	EMAIL _____		
	MAILING ADDRESS _____		
	CITY _____	STATE _____	ZIP CODE _____
	PHONE _____	<input type="checkbox"/> (PREFERRED)	
	CELL _____	<input type="checkbox"/> (PREFERRED)	

MANAGER CONTACT INFO	PRIMARY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME MR. / MS. _____		
	EMAIL _____		
	MAILING ADDRESS _____		
	CITY _____	STATE _____	ZIP CODE _____
	PHONE _____	<input type="checkbox"/> (PREFERRED)	
	CELL _____	<input type="checkbox"/> (PREFERRED)	

ENROLLMENT	<input type="checkbox"/> SIGN ME UP FOR THE FOLLOWING GIFT CERTIFICATE OPTIONS:
	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> \$5 \$10 \$15 \$25 \$50 \$75 \$100 </div> <div> GOOD FOR RESTAURANTS WITH AVERAGE ENTREE PRICE LESS THAN \$9.00 GOOD FOR RESTAURANTS WITH AVERAGE ENTREE BETWEEN \$9.00-\$15.00 GOOD FOR RESTAURANTS WITH AVERAGE ENTREE PRICE GREATER THAN \$15.00 </div> </div>

AUTHORIZED SIGNATURE	NAME _____
	(PLEASE PRINT)
	SIGNATURE _____
	DATE _____ / _____ / 20____
	MONTH DAY YEAR

- Restaurant.com will:**
- Promote your restaurant with a custom website and through other media.
 - Facilitate the sale of promotional certificates on your behalf with a required minimum spend of one and a half times the face value.
 - Develop the quantity, pricing and choice of gift certificate denominations sold in order to fill as many tables as possible.
 - Build and make accessible to you a customer database of names and email addresses

- You, as the restaurant operator, will:**
- Honor and accept promotional certificates brought to you by customers on paper or mobile devices (even after termination), provided the customers abide by any stated restrictions on the certificate.
 - Validate the promotional certificates on a regular basis by calling the Toll Free Number that appears on the certificate or through your Restaurant Management Center.
 - Comply with any and all applicable laws, including those related to taxes, alcohol, unclaimed property, advertising and privacy.

In the event that you wish to discontinue the partnership, you agree to provide a 30-day notice to Restaurant.com Partner Relations Department to stop our marketing efforts, and you agree to a 30-minute exit review.

A complete list of terms & conditions is available at www.restaurant.com/psp.

RDC USE	INDEPENDENT CONSULTANT NAME AmeriBanc National	INDEPENDENT CONSULTANT CODE 0002Q6
	INDEPENDENT CONSULTANT PHONE (888) 548-4255	IC MANAGER'S NAME (IF APPLICABLE) AmeriBanc National
	INDEPENDENT CONSULTANT EMAIL apps@ameribancsales.com	FOOD FRIEND REFERRAL CODE (IF APPLICABLE) _____

Restaurant Information



RESTAURANT.COM
BEST DEAL. EVERY MEAL.

BRIEF RESTAURANT OVERVIEW (WILL APPEAR ON OUR LISTINGS PAGE/MAXIMUM CHARACTERS: 200)

HOURS

M _____

T _____

W _____

T _____

F _____

SA _____

SU _____

NOTES _____

PARKING

___ VALET ___ STREET ___ ON SITE

MEAL TIMES SERVED

___ BREAKFAST ___ BRUNCH ___ LUNCH

___ DINNER ___ LATE NIGHT ___ 24 HOURS

___ HAPPY HOUR

BAR

___ FULL BAR ___ BEER ___ WINES

___ BYOB ___ MICRO BREWS

TYPE OF SERVICE

___ SIT DOWN ___ CARRY OUT ___ DELIVERY

NUMBER OF SEATS

CUISINE TYPE 1 _____

CUISINE TYPE 2 _____

NEIGHBORHOOD 1 _____

NEIGHBORHOOD 2 _____

RESERVATIONS

___ NOT REQUIRED ___ REQUIRED

___ NOT ACCEPTED ___ SUGGESTED

ADDITIONAL INFORMATION (MAXIMUM CHARACTERS: 100)

WOULD YOU LIKE TO BE ENROLLED IN OUR FREE ONLINE
RESERVATIONS PROGRAM? ___ YES ___ NO

ATTIRE

___ CASUAL ___ FORMAL ___ NO DRESS CODE

___ NO JEANS ___ JACKET REQUIRED

BANQUET FACILITIES

___ 10 TO 20 PEOPLE ___ 20 TO 50 PEOPLE

___ 50 TO 100 PEOPLE ___ OVER 100 PEOPLE

___ OFF-SITE CATERING

ENTERTAINMENT

___ DANCING ___ DARTS ___ KARAOKE ___ TELEVISION ___ GAME ROOM

___ BILLIARDS/POOL ___ PRIVATE PARTY ROOM ___ WI-FI (WIRELESS INTERNET ACCESS)

COST (AVERAGE ENTREE PRICE)

___ \$ (BELOW \$9) ___ \$\$ (\$9 - \$11.99) ___ \$\$\$ (\$12 - \$14.99) ___ \$\$\$\$ (\$15+)

SPECIAL FEATURES

___ ALL YOU CAN EAT ___ EARLY BIRD SPECIALS ___ SENIOR DISCOUNT ___ CHILDREN'S MENU

___ CIGAR FRIENDLY ___ BOOSTER/HIGH CHAIRS ___ WHEELCHAIR ACCESS ___ KOSHER

___ ORGANIC MENU ITEMS ___ GLUTEN-FREE ITEMS ___ LOCALLY-GROWN INGREDIENTS

ATMOSPHERE

___ ROMANTIC ___ LIVE MUSIC ___ OUTDOOR DINING ___ FIRE PLACE

___ SCENIC VIEW ___ FAMILY/CHILDREN ___ BAR SCENE ___ SPORTS BAR

___ RESORT/COUNTRY CLUB

PAYMENT METHODS ACCEPTED (PLEASE MARK ALL THAT APPLY)

___ MASTER CARD ___ VISA ___ AMEX ___ DISCOVER

___ CHECK ___ DINERS CLUB ___ CASH ONLY

AWARDS YOUR RESTAURANT HAS WON

(MAXIMUM CHARACTERS: 500)

ADDITIONAL INFO

RESERVATIONS INFO (HOURS YOU ACCEPT RESERVATIONS)

M _____

T _____

W _____

T _____

F _____

SA _____

SU _____

(MAXIMUM CHARACTERS: 100)

RESTAURANT BEST KNOWN FOR

(MAXIMUM CHARACTERS: 500)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	

Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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, item 2 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. See the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.