

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

Part I: Vendor Information

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

2. If you use DBA, please list below:

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

Part II: Taxpayer Identification Number & Taxpayer Identification Type

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

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2. Taxpayer Identification Type (check appropriate box):

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

Part III: Vendor Addresses

1. 1099 Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Account Administrator Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

3. Billing, Ordering & Payment Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

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

Exemption Code for Backup Withholding _____

Exemption Code for FATCA Reporting _____

Part V: Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, 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 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 US citizen or other US person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign

Here:

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Signature

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Phone Number

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Date

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Print Preparer's Name

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Phone Number

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Contact's E-Mail Address:

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: _____

Contact Person: _____

Contact's E-Mail Address: _____

Telephone Number: () _____

Payee/Vendor Code: _____