

SUBSTITUTE W-9 FORM  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Tax Filing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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Circle the Applicable Account Type Below (Please circle **ONLY** one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4) a. Revocable savings trust (grantor is also trustee)  
b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship - with no other employees - (SSN below)
- 6) Sole proprietorship - with 1 or more employees - (EIN below)
- 7) A valid trust, estate or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational or other tax exempt organization
- 10) Partnership
- 11) A broker or registered 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.

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If you circled number 1 - 5 above, fill in your **Social Security Number** :  
Social Security Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you circled number 6 - 12 above, fill in your **Employer I.D. Number** :  
Employer I.D. Number:

\_\_\_\_\_ - \_\_\_\_\_

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\*\*\* Certification \*\*\*

Under penalties of perjury, I certify the information which I have provided on this form is correct.

Signature of  
U.S. person: \_\_\_\_\_ Date: \_\_\_\_\_

