



Subcontractor Prequalification Form

Gathering information on potential subcontractors

Introduction

AdvanceTEC conducts a rigorous qualification process for selecting our certified contractors. To enable us to gain a more complete knowledge of your company and better match future opportunities to your company's capabilities, please complete and return this prequalification packet.

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Form Submission

7KLV GRFXPHQW VKRXOG EH FRPSOHWHG HOHFWURQLFDOOL XVLQJ \$GREH SGI \$GREH 5HDGHU FDQ EH GRZQORDGHG IRU IUHH IURP KWWS ZZZ DGREH FRP 7KH VXEPLVLRQ VKRXOG LQFOXGH D FRPSOHWHG : IRUP DV DWWDFKHG DW WKH HQG RI WKLV IRUP

8SRQ FRPSOHWLRQ RI WKH IRUP HPDLO WKH SGI ILOH WR &RQWUDFWRUV#\$GYDQFH7(& FRP

Questions

If you have any questions, please email us at Contractors@AdvanceTECLLC.com or call 804-378-1550.

1. General Information

Company name	
Person completing this form	
Project reference	
Date of response	

2. Company Information

Company name			
Street			
City, State Zip			
Is this address the:	<input type="checkbox"/> Main Office	<input type="checkbox"/> Regional office	<input type="checkbox"/> Branch office
Tel.			
Fax			
Website			
Year company started			
Company type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub S Corp.	<input type="checkbox"/> Partnership
State of incorporation			
Date of incorporation			
Current number of employees	Home office:	Field supervisory:	Tradespeople:
Average number of employees	1 year ago	Home office:	Field supervisory:
	2 years ago	Home office:	Field supervisory:
	3 years ago	Home office:	Field supervisory:
		Field supervisory:	Tradespeople:

Under what other names has your company operated?

3. Contact Information

	Contact 1	Contact 2
Name		
Title		
Tel.		
Cell		
Email		

4. Parent, Subsidiaries and Affiliates

A. Parent

Parent company name

Street	
City, State Zip	
Tel.	
Fax	
Website	

B. Subsidiaries and Affiliates

Company name	Ownership	Type of company

5. Company Ownership

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your company:

Name	Position	% Owned

6. Personnel

List key office personnel and field supervisors:

Name	Position	Experience (yrs.)	Previous Employer

NOTE: Attach resumes for each of the above individuals.

List Professional Engineers in your company staff:

Name	Position	PE Stamp Held Mech, Elec, etc	Experience (yrs.)	State PE Stamps are Current

7. Project Experience

A. Trades

Trade(s) interested in bidding?

Is Trade Self-performed?

Other Description:

What percent of your company's work is normally subcontracted?

What US States will you do work in?

Hold Ctrl Key for Multiple Selections

B. HUB Certifications, Licensure and Identification

Select any HUB Certifications That
Your Company Possesses
Hold Cntrl Key for Multiple Selections

HUB Certification Numbers:

Contractor's license number	State:	Expiration:
State sales tax registration number		
State unemployment insurance number		

C. Project Size and Type

Enter 1 to indicate the size of project you are most competitive in performing. Enter 2-5 in order of preference for other size projects you are capable of performing:

Under \$100,000	<input type="text"/>
\$100,000 - \$200,000	<input type="text"/>
\$200,000 - \$500,000	<input type="text"/>
\$500,000 - \$1,000,000	<input type="text"/>
\$1,000,000 - \$3,000,000	<input type="text"/>

Check all project types on which your company has worked:

Semiconductor	<input type="checkbox"/>	Biotech	<input type="checkbox"/>
Microelectronics	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>
Telecommunications	<input type="checkbox"/>	High Tech/Laboratories	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Food	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	Design Build/Design Assist	<input type="checkbox"/>

What is the largest contract your company has completed?

Project name and scope	
Amount	
Year	

What is the largest dollar volume job your company expects to do during this year?

Project name and scope	
Amount	

What is your expected annual volume this year? Projects:

What was the average annual volume of work performed over the past 5 years?

Year	Volume (\$)

D. Cleanroom Experience

In the last two years, how many projects:

	Last Year	Two Years Ago
Did you construct under build clean protocol conditions?		
Did you construct that were validated or built under cGMP guidelines?		

Provide a brief description of the projects noted above built under build clean protocol.

Provide a brief description of the projects noted validated or built under cGMP guidelines.

8. Suppliers, Contractors and Associations

A. Suppliers

List three of your major suppliers:

Supplier 1 name	
Contact	
Street	
City, State Zip	
Tel.	

Supplier 2 name	
Contact	
Street	
City, State Zip	
Tel.	

Supplier 3 name	
Contact	
Street	
City, State Zip	
Tel.	

B. Contractors

List three contractors that you do business with:

Contractor 1 name	
Contact	
Street	
City, State Zip	
Tel.	

Contractor 2 name	
Contact	
Street	
City, State Zip	
Tel.	

Contractor 3 name	
Contact	
Street	
City, State Zip	
Tel.	

C. Associations

List key trade association memberships:

--

List local or national accredited training programs in which you participate (craft or management training):

Additional comments

9. Safety

A. Workers' Compensation

Please list your company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years.

Interstate (Yr./Rate)

Year	Rate	Year	Rate	Year	Rate

NOTE: A copy of your EMR Data from your insurance carrier may be requested.

NOTE: Subcontractors must have a current EMR less than or equal to 1.0 to qualify as an AdvanceTEC subcontractor. Should your EMR exceed 1.0, the contractor must provide a detailed explanation as to why the EMR is greater than 1.0 and demonstrate and document that it has initiated programs, policies, and attitudes which will result in a safety conscious performance. In this case, it is the sole discretion of AdvanceTEC to approve or disapprove a subcontractor. Additionally, our contractual obligation to upper tier contractors may preclude our firm from further considering such.

B. OSHA

Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

	Last Year	2 Years Ago	3 Years Ago
Year			
Number of fatalities (Total columns 1 & 8)			
Number of lost and restricted workday cases (Total columns 2 & 9)			
Number of medical treatment cases (Total columns 6 & 13)			
Number of lost workday cases (Total columns 3 & 10)			
Employee hours worked			
OSHA Recordable incidence rate			
OSHA Lost workday incidence rate			
OSHA Violation(s) received			

NOTES:

- Items in parenthesis come from your OSHA 200 Log.
- Recordable incidence rate = [(A+B+C) x 200,000/employee hours worked].
- Lost workday incidence rate = [(D) x 200,000/employee hours worked].
- Employee hours worked = total number of hours worked during the year by all employees.

C. Safety Leadership and Policies

Do you have a qualified person responsible for safety within your company? If yes, describe this person's qualifications:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If yes, does this person do safety inspections on all of your projects? If yes, at what frequency?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Do you have a written Company Safety Policy and Program? If yes, will you provide copies if requested? Yes No

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Does your Company have a substance abuse policy? If Yes, please check which are included in the policy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

<input type="checkbox"/> Pre-hire / initial employment	<input type="checkbox"/> Random
<input type="checkbox"/> Cause	<input type="checkbox"/> Periodic
<input type="checkbox"/> Post accident / incident	

Has your company ever implemented 100% fall protection?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If requested, can you provide us with a site-specific program addressing the fall hazards in your work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Do you require documented safety meetings for your employees? If yes, Indicate which, and how often below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

	Field supervisors		New hires		Employees		Subcontractor / vendor	
Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency								

Does your company set annual safety goals?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your company have a program recognizing your employees for safety performance excellence? If yes, please list training provided.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Does your company review the safety management systems of your sub-subcontractors?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is your company willing to adopt AdvanceTEC's or a Project Specific Safety Program at no additional cost to AdvanceTEC or the Owner? If no, please explain:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee name	OSHA 30 hour date of certification

Additional comments

10. Financial

If requested will your firm provide a copy of audited financial statements for AdvanceTEC to further evaluate your firm's ability to perform work on this or other projects? Note that your financial statements would be strictly for AdvanceTEC use and will be treated confidentially.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Bank name	<input type="text"/>
Contact	<input type="text"/>
Street	<input type="text"/>
City, State Zip	<input type="text"/>
Tel.	<input type="text"/>

Dunn & Bradstreet No.	<input type="text"/>
D&B rating	<input type="text"/>
Pay record	<input type="text"/>
Date of rating	<input type="text"/>

Additional comments

11. Bonding

Bonding company	<input type="text"/>	
Name of surety	<input type="text"/>	
Key contact	<input type="text"/>	
Tel.	<input type="text"/>	
Bonding capacity	Per job: <input type="text"/>	Aggregate: <input type="text"/>
Last bond	Date: <input type="text"/>	Amount: \$ <input type="text"/>
Bond rate	<input type="text"/>	
Available capacity	<input type="text"/>	

Please list the persons or entities who provide indemnification to your Surety:

Additional comments

12. Insurance Information

A. Agent / Broker

Company	<input style="width: 100%;" type="text"/>
Contact	<input style="width: 100%;" type="text"/>
Tel.	<input style="width: 100%;" type="text"/>

B. Commercial General Liability

Insurance carrier	<input style="width: 100%;" type="text"/>	
Policy form	Occurrence	Tail coverage
	Claims made	Tail coverage years
Any exclusions from standard CGL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General aggregate	Current	Max. obtainable
Products-comp/op agg.	Current	Max. obtainable
Personal/adv. injury	Current	Max. obtainable
Each occurrence	Current	Max. obtainable
Fire damage (any one fire)	Current	Max. obtainable
Med. exp (any one person)	Current	Max. obtainable
Deductible	<input style="width: 100%;" type="text"/>	

C. Excess Liability

Insurance carrier	<input style="width: 100%;" type="text"/>	
Policy form	Umbrella: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Each occurrence	Current	Max. obtainable
Aggregate	Current	Max. obtainable

D. Worker's Compensation and Employer's Liability

Insurance carrier	<input style="width: 100%;" type="text"/>
Limits	<input style="width: 100%;" type="text"/>
E.L. each accident	<input style="width: 100%;" type="text"/>
E.L. disease-policy limit	<input style="width: 100%;" type="text"/>
E.L. disease-each employee	<input style="width: 100%;" type="text"/>

E. Automobile Liability

Insurance carrier	<input style="width: 100%;" type="text"/>	
Combined single limit	Current	Max. obtainable
Bodily injury (per person)	Current	Max. obtainable
Bodily injury (per accident)	Current	Max. obtainable
Property damage	Current	Max. obtainable

F. Professional Liability Insurance

Insurance carrier			
Office policy	Limit \$	Deductible \$	
Project specific limit available	\$	Extended reporting period (tail):	years
Prior acts: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional comments

13. Contracts, Judgments and Litigation

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? If yes, please explain below. Yes No

Has your company ever failed to honor a bid or failed to sign a contract due to an improper bid submission, or withdraw a bid prior to award for same? If yes, please explain below. Yes No

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? If yes, please explain below. Yes No

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? If yes, please explain below. Yes No

Does your company have any outstanding judgments or claims against it? If yes, please explain below. Yes No

Has your company ever failed to procure a requested bond for a project? If yes, please explain below. Yes No

Has your company had any litigation brought against it in the past five (5) years asserting that you failed to make payments to anyone? If yes, please explain below. Yes No

List unions which you have agreements with:

Local number	Union name	Agreement expiration

Additional comments

14. Accuracy of Responses

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that AdvanceTEC will be relying on the accuracy of the information and our responses in this form in deciding whether to permit us to bid and in awarding work to our Company.

Company Name	
Completed by	
Title	

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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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ♦ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ♦	
	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 Line 1 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
: : : :
or
Employer identification number
: : : :

Part II 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 (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. 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 ♦
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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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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 enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other 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 charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, 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 custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have 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 must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given 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 (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	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

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

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

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide 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, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.