

APPENDIX A REQUIRED FORMS PACKET

RFQ#-2022-02 Request for Qualifications Statements (RFQ) for BUNNELL ADMINISTRATION/POLICE DEPARTMENT COMPLEX DESIGN – BUILD PROJECT Due by NOVEMBER 14, 2022

THE FOLLOWING FORMS ARE REQUIRED AND ARE TO BE FILLED OUT COMPLETELY AND SUBMITTED WITHIN THE QUALIFICATIONS SUBMITTALS AS PER THE RFQ INSTRUCTIONS. FORMS SHALL BE SIGNED BY AUTHORIZED PERSONNEL, COMPLETED IN THEIR ENTIRETY AND INSERTED WITHIN YOUR SUBMITTAL AS PER THE INSTRUCTIONS. ALL ADDITIONAL REQUESTED DOCUMENTATION SHALL BE SUBMITTED AS REQUIRED BY THE SOLICITATION DOCUMENTS.

APPLICATION FOR CITY OF BUNNELI ADMIN/POLICE DEPT CC DESIGN BUILD PROJ	RFQ-2022-02 ISSUED BY: LAKESHA BYRD FINANCIAL SERVICES COORDINATOR PHONE NO: (386) 437-7500 FAX NO (386) 437-7503 EMAIL: LBYRD@BUNNELLCITY.US				
SUBMIT QUALIFICATIONS PACKAGE PRI CLOSING DATE: NOVEMBER 14, 2 CLOSING TIME: 10:00 A.M.	SUBMIT TO: LAKESHA BYRD 604 E MOODY BLVD., - SUITE 6 BUNNELL, FL 32110				
PROJECT TITLE & DESCRIPTION: BUNNELL ADMINISTRATION/POLICE DEPARTMENT COMPLEX DESIGN BUILD PROJECT					
THE RESPONDENT HEREBY AGREES TO FURNISH THE SERVICES PURSUANT TO ALL REQUIREMENTS, SPECIFICATIONS, AND SCOPE OF SERVICES CONTAINED IN THIS SOLICITATION DOCUMENT, AND FURTHER AGREES THAT THE LANGUAGE OF THIS DOCUMENT SHALL GOVERN IN THE EVENT OF A CONFLICT WITH HIS OR HER RESPONSE. BY MY SIGNATURE I CERTIFY THAT THIS RESPONSE IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION WITH ANY CORPORATION, FIRM, BUSINESS ENTITY, OR PERSON SUBMITTING A RESPONSE FOR THE SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD.					
THIS APPLICATION FOR	THIS APPLICATION FORM MUST BE SIGNED TO BE CONSIDERED FOR				
COMPANY NAME: DATE:					
MAILING ADDRESS:		PHONE:			
CITY: STATE: ZIP:					
TITLE OF AUTHORIZED REPRESENTATIVE:					
E-MAIL:	E-MAIL: WEB				
AUTHORIZED SIGNATURE: PRIM		NTED NAME:			

PROPOSER'S CONTACT INFORMATION FORM

PROPOSER'S INFORMATION

FIRM NAME:	
FIRMS PRINCIPAL ADDRESS:	
FEIN #:	

BUSINESS STRUCTURE

CORPORATION, JOINT VENTURE, OR PARTNERSHIP: PROPOSERS SUBMITTING QUALIFICATIONS STATEMENTS AS A JOINT VENTURE SHALL SUBMIT A COPY OF THEIR JOINT AGREEMENT. IF A JOINT VENTURE OR PRIME/SUB-CONTRACTOR ARRANGEMENT OF TWO (2) FIRMS, INDICATE HOW THE WORK WILL BE DISTRIBUTED BETWEEN THE PARTNERS.

BUSINESS STRUCTURE	INDICATE BY (X)	COPY OF JOINT VENTURE AGREEMENT ATTACHED (Y / N)	IF APPLICABLE, HOW WILL WORK BE DISTRIBUTED BETWEEN PARTNERS?		
CORPORATION					
JOINT VENTURE					
PARTNERSHIP					
IS YOUR COMPANY REGISTERED AND LICENSED IN THE STATE OF FLORIDA TO DO BUSINESS? _YES_ NO					
IF A JOINT VENTURE, HAS THIS PARTNERSHIP WORKED TOGETHER ON A SIMILAR PROJECT?YES_ NO					

PROPOSER'S INFORMATION FORM (CONTINUED)

BUSINESS OFFICERS

POSITION	NAME	CONTACT INFORMATION
PRESIDENT		
VICE PRESIDENT		
VICE PRESIDENT		
SECRETARY		
TREASURER		
PROJECT MNGR (ASSIGNED TO THIS PROJECT)		

BUSINESS LOCATION

ADDRESS OF OFFICE IN WHICH WORK IS TO BE PERFORMED FROM IF DIFFERENT THAN PRINCIPAL ADDRESS:

DISTANCE FROM THE JOB SITE TO FIRMS BUSINESS ADDRESS: _____MILES

OTHER OFFICE LOCATIONS - LOCATION OF OTHER OFFICES FROM WHICH RESOURCES MAY BE DRAWN:

PROPOSER'S CERTIFICATION FORM

I HAVE CAREFULLY EXAMINED THE REQUEST FOR QUALIFICATIONS, INSTRUCTIONS TO PROPOSERS, GENERAL AND/OR SPECIAL CONDITIONS, VENDOR'S NOTES, SPECIFICATIONS, AND ANY OTHER DOCUMENTS ACCOMPANYING OR MADE A PART OF THIS REQUEST FOR QUALIFICATIONS.

I AGREE TO ABIDE BY ALL CONDITIONS OF THE RFQ AND UNDERSTAND THAT A BACKGROUND INVESTIGATION MAY BE CONDUCTED BY THE CITY OF BUNNELL PRIOR TO AN AWARD.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS SUBMITTAL IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I AM A DULY AUTHORIZED TO SUBMIT THIS QUALIFICATIONS STATEMENT ON BEHALF OF THE VENDOR / CONTRACTOR AS ITS ACT AND DEED AND THAT THE VENDOR / CONTRACTOR IS READY, WILLING AND ABLE TO PERFORM IF AWARDED THE CONTRACT.

I FURTHER CERTIFY, UNDER OATH, THAT THIS QUALIFICATIONS STATEMENT IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, CONNECTION, DISCUSSION, OR COLLUSION WITH ANY OTHER PERSON, FIRM OR CORPORATION SUBMITTING A QUALIFICATIONS STATEMENT FOR THE SAME PRODUCT OR SERVICE; NO OFFICER, EMPLOYEE OR AGENT OF THE CITY OF BUNNELL GOVERNMENT OR OF ANY OTHER PROPOSER INTERESTED IN SAID RFQ; AND THAT THE UNDERSIGNED EXECUTED THIS PROPOSER'S CERTIFICATION WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE MATTERS THEREIN CONTAINED AND WAS DULY AUTHORIZED TO DO SO.

NAME OF SWORN TO AND SUBSCRIBED BEFORE ME BUSINESS THIS DAY OF BY: , 20____ SIGNATURE NAME & TITLE, TYPED OR SIGNATURE OF NOTARY PRINTED MAILING ADDRESS NOTARY PUBLIC, STATE OF _____ PERSONALLY KNOWN CITY, STATE, ZIP CODE -0R-PRODUCED IDENTIFICATION ____)

TELEPHONE NUMBER

DRUG-FREE WORKPLACE FORM

THE UNDERSIGNED BIDDER IN ACCORDANCE WITH FLORIDASTATUTE 287.087. HEREBY CERTIFIES THAT

DOES:

(NAME OF BUSINESS)

- 1. PUBLISH A STATEMENT NOTIFYING EMPLOYEES THAT THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSING, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE IS PROHIBITED IN THE WORKPLACE AND SPECIFYING THE ACTIONS THAT WILL BE TAKEN AGAINST EMPLOYEES FOR VIOLATIONS OF SUCH PROHIBITION.
- 2. INFORM EMPLOYEES ABOUT THE DANGERS OF DRUG ABUSE IN THE WORKPLACE, THE BUSINESS'S POLICY OF MAINTAINING A DRUG-FREE WORKPLACE, ANY AVAILABLE DRUG COUNSELING, REHABILITATION, AND EMPLOYEE ASSISTANCE PROGRAMS, AND THE PENALTIES THAT MAY BE IMPOSED UPON EMPLOYEES FOR DRUG ABUSE VIOLATIONS.
- 3. GIVE EACH EMPLOYEE ENGAGED IN PROVIDING THE COMMODITIES OR CONTRACTUAL SERVICES THAT ARE PROPOSED A COPY OF THE STATEMENT SPECIFIED IN SUBSECTION (1).
- 4. IN THE STATEMENT SPECIFIED IN SUBSECTION (1), NOTIFY THE EMPLOYEES THAT, AS A CONDITION OF WORKING ON THE COMMODITIES OR CONTRACTUAL SERVICES THAT ARE UNDER BID, THE EMPLOYEE WILL ABIDE BY THE TERMS OF THE STATEMENT AND WILL NOTIFY THE EMPLOYER OF ANY CONVICTION OF, OR PLEA OF GUILTY OR NOLO CONTENDERE TO, ANY VIOLATION OF CHAPTER 893 OR OF ANY CONTROLLED SUBSTANCE LAW OF THE UNITED STATES OR ANY STATE, FOR A VIOLATION OCCURRING IN THE WORKPLACE NO LATER THAN FIVE (5) DAYS AFTER SUCH CONVICTION.
- 5. IMPOSE A SANCTION ON, OR REQUIRE THE SATISFACTORY PARTICIPATION IN A DRUG ABUSE ASSISTANCE OR REHABILITATION PROGRAM IF SUCH IS AVAILABLE IN THE EMPLOYEE'S COMMUNITY, BY ANY EMPLOYEE WHO IS SO CONVICTED.
- 6. MAKE A GOOD FAITH EFFORT TO CONTINUE TO MAINTAIN A DRUG-FREE WORKPLACE THROUGH IMPLEMENTATION OF THIS SECTION.

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

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PROPOSER'S SIGNATURE

DATE

SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES FORM

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

THIS SWORN STATEMENT IS SUBMITTED TO THE CITY OF BUNNELL BY ____

FOR

(INDIVIDUAL'S NAME AND TITLE)

WHOSE BUSINESS ADDRESS IS

AND (IF APPLICABLE) ITS FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) IS ______ (IF THE ENTITY HAS NO FEIN, INCLUDE THE SOCIAL SECURITY NUMBER OF THE INDIVIDUAL SIGNING THIS SWORN STATEMENT)

(NAME OF ENTITY SUBMITTING SWORN STATEMENT)

- 1. I UNDERSTAND THAT A "PUBLIC ENTITY CRIME" AS DEFINED IN SECTION 287.133(1)(G), FLORIDA STATUTES, MEANS A VIOLATION OF ANY STATE OR FEDERAL LAW BY A PERSON WITH RESPECT TO AND DIRECTLY RELATED TO THE TRANSACTION OF BUSINESS WITH ANY PUBLIC ENTITY OR WITH AN AGENCY OR POLITICAL SUBDIVISION OF ANY OTHER STATE OR WITH THE UNITED STATES, INCLUDING, BUT NOT LIMITED TO, ANY BID OR CONTRACT FOR GOODS OR SERVICES TO BE PROVIDED TO ANY PUBLIC ENTITY OR AN AGENCY OR POLITICAL SUBDIVISION OF ANY OTHER STATE OR A OF THE UNITED STATES AND INVOLVING ANTITRUST, FRAUD, THEFT, BRIBERY, COLLUSION, RACKETEERING, CONSPIRACY, OR MATERIAL MISREPRESENTATION.
- 2. I UNDERSTAND THAT "CONVICTED" OR "CONVICTION" AS DEFINED IN PARAGRAPH 287.133(1)(B), FLORIDA STATUTES, MEANS A FINDING OF GUILT OR A CONVICTION OF A PUBLIC ENTITY CRIMES, WITH OR WITHOUT AN ADJUDICATION OF GUILT, IN ANY FEDERAL OR STATE TRIAL COURT OF RECORD RELATING TO CHARGES BROUGHT BY INDICTMENT OR INFORMATION AFTER JULY 1, 1989, AS A RESULT OF A JURY VERDICT, NON-JURY TRIAL, OR ENTRY OF A PLEA OF GUILTY OR NOLO CONTENDERE.
- 3. I UNDERSTAND THAT AN "AFFILIATE' AS DEFINED IN SECTION 287.133(1)(A), FLORIDA STATUTES, MEANS: PREDECESSOR OR SUCCESSOR OF A PERSON CONVICTED OF A PUBLIC ENTITY CRIME: OR AN ENTITY UNDER THE CONTROL OF ANY NATURAL PERSON WHO IS ACTIVE IN THE MANAGEMENT OF THE ENTITY AND HOW HAS BEEN CONVICTED OF A PUBLIC ENTITY CRIME. THE TERM "AFFILIATE" INCLUDES THOSE OFFICERS, DIRECTORS, EXECUTIVES, PARTNERS, SHAREHOLDERS, EMPLOYEES, MEMBERS, AND AGENTS WHO ARE ACTIVE IN THE MANAGEMENT OF AN AFFILIATE. THE OWNERSHIP BY ONE (1) PERSON OF SHARES CONSTITUTING A CONTROLLING INTEREST IN ANOTHER PERSON, OR A POOLING OF EQUIPMENT OR INCOME AMONG PERSONS WHEN NOT FOR FAIR MARKET VALUE UNDER AN ARM'S LENGTH AGREEMENT, SHALL BE A PRIMA FACIE CASE THAT ONE PERSON CONTROLS ANOTHER PERSON. A PERSON WHO KNOWINGLY ENTERS INTO A JOINT VENTURE WITH A PERSON WHO HAS BEEN CONVICTED OF A PUBLIC ENTITY CRIME IN FLORIDA DURING THE PRECEDING THIRTY-SIX (36) MONTHS SHALL BE CONSIDERED AN AFFILIATE.
 - 4. I UNDERSTAND THAT A "PERSON" AS DEFINED IN SECTION 287.133(1)(E), FLORIDA STATUTES, MEANS ANY NATURAL PERSON OR ENTITY ORGANIZED UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES WITH THE LEGAL POWER TO ENTER INTO A BINDING CONTRACT AND WHICH BIDS OR APPLIES TO BID ON CONTRACTS FOR THE PROVISION OF GOODS OR SERVICES LET BY A PUBLIC ENTITY, OR WHICH OTHERWISE TRANSACTS OR APPLIES TO TRANSACT BUSINESS WITH A PUBLIC ENTITY. THE TERM "PERSON" INCLUDES THOSE OFFICERS, DIRECTORS, EXECUTIVES,

PARTNERS, SHAREHOLDERS EMPLOYEES, MEMBERS, AND AGENTS WHO ARE ACTIVE IN MANAGEMENT OF AN ENTITY.

5. BASED ON INFORMATION AND BELIEF, THE STATEMENT WHICH I HAVE MARKED BELOW IS TRUE IN RELATION TO THE ENTITY SUBMITTING THIS SWORN STATEMENT. (YOU MUST INDICATE WHICH STATEMENT APPLIES.)

NEITHER THE ENTITY SUBMITTING THIS SWORN STATEMENT, NOR ANY OFFICERS, DIRECTORS, EXECUTIVES, PARTNERS, SHAREHOLDERS, EMPLOYEES, MEMBERS, OR AGENT WHO IS ACTIVE IN MANAGEMENT OF THE ENTITY, NOR THE AFFILIATE OF THE ENTITY HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME SUBSEQUENT TO JULY 1, 1989.

______ THE ENTITY SUBMITTING THIS SWORN STATEMENT, OR ONE OR MORE OF THE OFFICERS, DIRECTORS, EXECUTIVES, PARTNERS, SHAREHOLDERS, EMPLOYEES, MEMBERS OR AGENT WHO ARE ACTIVE IN MANAGEMENT OF THE ENTITY, OR AN AFFILIATE OF THE ENTITY, HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME SUBSEQUENT TO JULY 1, 1989.

THE ENTITY SUBMITTING THIS SWORN STATEMENT, OR ONE OR MORE OF THE OFFICERS, DIRECTORS, EXECUTIVES, PARTNERS, SHAREHOLDERS, EMPLOYEES, MEMBERS OR AGENTS WHO ARE ACTIVE IN MANAGEMENT OF THE ENTITY, OR AN AFFILIATE OF THE ENTITY, HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME SUBSEQUENT TO JULY 1, 1989. HOWEVER, THERE HAS BEEN A SUBSEQUENT PROCEEDING BEFORE AN ADMINISTRATIVE LAW JURY OF THE STATE OF FLORIDA, DIVISION OF ADMINISTRATIVE HEARINGS AND THE FINAL ORDER ENTERED BY THE ADMINISTRATIVE LAW JURY DETERMINED THAT IT WAS NOT IN THE PUBLIC INTEREST TO PLACE THE ENTITY SUBMITTING THIS SWORN STATEMENT ON THE CONVICTED VENDOR LIST. (YOU MUST ATTACH A COPY OF THE FINAL ORDER).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CITY OF BUNNELL IS FOR THE CITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31, OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE CITY PRIOR TO ENTERING IN TO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

SIGNATURE

DATE

STATE OF _____ COUNTY OF _____

PERSONALLY, APPEARED BEFORE ME, THE UNDERSIGNED AUTHORITY,

(NAME OF INDIVIDUAL SIGNING)

WHO, AFTER FIRST BEING SWORN BY ME, AFFIXED HIS/HER SIGNATURE IN THE SPACE PROVIDED ABOVE ON THE _____ DAY OF ______, 20 ___.

NOTARY PUBLIC MY COMMISSION EXPIRES:_____

CONFLICT OF INTEREST DISCLOSURE FORM

I HER	EBY CERTIFY THAT
1.	I <i>(PRINTED NAME)</i> AM THE <i>(TITLE)</i> AM THE <i>(TITLE)</i> AND THE DULY AUTHORIZED REPRESENTATIVE OF THE FIRM OF
	(FIRM NAME)
	WHOSE ADDRESS IS
	, AND THAT I POSSESS THE LEGAL
	AUTHORITY TO MAKE THIS AFFIDAVIT ON BEHALF OF MYSELF AND THE FIRM FOR WHICH I
2.	AM ACTING; AND, EXCEPT AS LISTED BELOW, NO EMPLOYEE, OFFICER, OR AGENT OF THE FIRM HAVE ANY
۷.	CONFLICTS OF INTEREST, REAL OR APPARENT, DUE TO OWNERSHIP, OTHER CLIENTS,
	CONTRACTS, OR INTERESTS ASSOCIATED WITH THIS PROJECT;
_	AND,
3.	THIS PROPOSAL IS MADE WITHOUT PRIOR UNDERSTANDING, AGREEMENT, OR CONNECTION
	WITH ANY CORPORATION, FIRM, OR PERSON SUBMITTING A PROPOSAL FOR THE SAME SERVICES, AND IS IN ALL RESPECTS FAIR AND WITHOUT COLLUSION OR FRAUD.
EXCE	PTIONS (LIST)
SIGNA	ATURE:
PRIN	TED NAME:
FIRM	NAME:
DATE	
SWO	RN TO AND DESCRIBED BEFORE ME THIS _DAY OF 20
PER	SONALLY KNOWNOR PRODUCED IDENTIFICATION
	(TYPE OF IDENTIFICATION)
MYC	OMMISSION EXPIRES NOTARY PUBLIC - STATE OF
	(PRINTED, TYPED OR STAMPED
	COMMISSIONED NAME OF NOTARY PUBLIC)

COMPLIANCE WITH THE PUBLIC RECORDS LAW FORM

Upon notice of an intended decision or thirty (30) days after receiving, submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the solicitation, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a Qualification authorizes release of your firm's credit data to City of Bunnell.

If the company submits information exempt from public disclosure, the company must identify with specificity which pages/paragraphs of their Qualification package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the City in a separate envelope marked accordingly.

By submitting a response to this solicitation, the company agrees to indemnify, defend, and hold harmless the City in the event we are forced to litigate the public records status of the company's documents.

Company Name:

Authorized representative (printed): _____

Authorized representative (signature):

Date: _____

PROJECT NUMBER: RFQ-2022-02 - ADMINISTRATION/POLICE DEPARTMENT COMPLEX

AMERICANS WITH DISABILITIES ACT AFFIDAVIT FORM

The undersigned CONTRACTOR swears that the information herein contained is true and correct and that none of the information supplied was for the purpose of defrauding the City.

The CONTRACTOR shall not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The CONTRACTOR agrees to comply with the rules, regulations and relevant orders issued pursuant to the Americans with Disabilities Act (ADA), 42 USC s. 12101 et seq. It is understood that in no event shall the City be held liable for the actions or omissions of the CONTRACTOR or any other party or parties to the Contract for failure to comply with the ADA. The CONTRACTOR agrees to hold harmless and indemnify the City, its agents, officers or employees from any and all claims, demands, debts, liabilities or causes of action of every kind or character, whether in law or equity, resulting from the CONTRACTOR's acts or omissions in connection with the ADA.

CONTRACTOR:						
Signature:						
Printed Name:						
Title:						
Date:						
Affix Corporate Seal						
STATE OF						
COUNTY OF) SS)					
The foregoing instrume	ent was	acknowledged by			of	day of
firm), on behalf of the fin identification.	rm.		He/She is p	ersonally knov	vn to me or has produced_	
		Print name				
		Notary Publi State Aforem	c in and for the entioned	County and		
		My commissi	on expires:			

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES LIST

*If bid amount is less than one million dollars (\$1,000,000), this form is not required.

Respondent Vendor's Name:	
Vendor FEIN:	
Authorized Representative's Name:	
Authorized Representative's Title:	
Address:	
City:	State:Zip:
Phone Number:	
Fax Number:	

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies for goods or services of one million dollars (\$1,000,000) or more that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both Lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor's Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs.

Certified By:______, who is authorized to sign on behalf of the above referenced company.

Authorized Signature: _____

Print Name &	Title:	

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

micerna	LIEVENUE DELAICE	-	de le minimage			ot internation		
	1 Name (as show	n on your income	tax return). Name is re	quired on this line; do r	ot leave this line blank.			
	City of Bunn	nell						
	2 Business name	2 Business name/disregarded entity name, if different from abovee						
ຕໍ	2 Oberlander	·			is entered on line 1. Ch			
page	3 Check appropri following seven	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
ы		ole proprietor ore	C Corporation	S Corporation	Partnership	Trust/estate	Exempt payee code (if any) 3	
Print or type. c Instructions			er the tax classification	(C=C corporation, S=S	corporation, P=Partner	ship) ►		
strue					of the single-member ov the owner unless the o		Exemption from FATCA reporting	
Specific Instructions	another LLC	that is not disreg	arded from the owner	for U.S. federal tax pur	classification of its own	le-member LLC that	code (if any)	
e j	Other (see in	nstructions) 🕨					(Applies to accounts maintained outside the U.S.)	
SP	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)					and address (optional)		
See	604 E Moody Boulevard Suite 6							
	6 City, state, and	ZIP code						
	Bunnell FL 3	2110						
	7 List account nu		onal)					
Par	Тахра	ayer Identific	cation Number	(TIN)				
Enter	your TIN in the a	ppropriate box.	The TIN provided m	ust match the name	given on line 1 to av	oid Social sec	curity number	
reside	ent alien, sole pro	prietor, or disre	garded entity, see th	ne instructions for Pa	er (SSN). However, for art I, later. For other mber, see <i>How to ge</i>			
TIN, la			. , , ,			or		
					Iso see What Name	and Employer	identification number	
Numb	er To Give the Re	equester for gui	delines on whose n	umber to enter.		5 0		

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.e 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 ame no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); ande

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.e

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 require the sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	K An	ult	Date > 3/3/2022	
•			1000		

later.

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or othere amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)e

Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain othere transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- •Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- •Form 1099-C (canceled debt)e
- Form 1099-A (acquisition or abandonment of secured property)e Use Form W-9 only if you are a U.S. person (including a resident

alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, By signing the filled-out form, you:

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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner fust complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
 Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. 	Individual/sole proprietor or single- member LLC
 LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. 	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

 Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

 Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5-A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

 $7{-}\text{A}$ futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

 $9-\mathrm{An}$ entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a) 11—A financial institution

12-A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

Form W-9 (Rev. 10-2018)

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F-A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

 $\rm H-A$ regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 What Name and Number To Give the Requester, later, 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 SSA 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 maye 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1.endividuale	The individual
2. Two or more individuals (jointe account) other than an accounte maintained by an FFIe	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. personse (joint account maintained by an FFI)e	Each holder of the account
4. Custodial account of a minore (Uniform Gift to Minors Act)e	The minor ²⁰
5. a. The usual revocable savings truste (grantor is also trustee)e	The grantor-trustee ¹
 b. So-called trust account that is note a legal or valid trust under state law 	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ⁸
7. Grantor trust filing under Optionale Form 1099 Filing Method 1 (seee Regulations section 1.671-4(b)(2)(i)e (A))	The grantor*
For this type of account:	Give name and EIN of:
 B. Disregarded entity not owned by an individuale 	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴ e
10. Corporation or LLC electinge corporate status on Form 8832 ore Form 2553e	The corporation
11. Association, club, religious,e charitable, educational, or other tax- exempt organizatione	The organization
12. Partnership or multi-member LLCe	The partnership
13. A broker or registered nomineee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a publice entity (such as a state or locale government, school district, or prison) that receives agricultural program paymentse	The public entity
 Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))e 	The trust

¹ List first and circle the name of the person whose number you furnish.e 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 "Business name/disregarded entity" 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*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.e

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.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, 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.

If your tax records are affected by identity theft and you receive ae notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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.e

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 property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.ldentityTheft.gov* and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.