

# JAMAIL & SMITH CONSTRUCTION PRE-QUALIFICATION FORM

Yes, Please send me the Master Subcontract Agreement for review.

\_\_\_\_\_  
(Pre-Qualification Number)

**(Name of Subcontractor; Legal Name and DBA)** \_\_\_\_\_ Type of Company: \_\_\_ Subcontractor \_\_\_ Supplier \_\_\_ Other

Physical address: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number is \_\_\_\_\_ Years in Business \_\_\_\_\_ Website/Email: \_\_\_\_\_

Company is owned by: \_\_\_\_\_ Individual, \_\_\_ Partnership, \_\_\_ Incorporated in the State of \_\_\_\_\_, Date of Incorporation \_\_\_\_\_,

Officer(s) or Owner(s) is/are \_\_\_\_\_

Tax I.D> No./Social Security No: \_\_\_\_\_ Dunn and Bradstreet: \_\_\_\_\_

**Is company a qualified and/or certified (list certification numbers and certificate expiration dates) as a**

- MWBE; Cert# \_\_\_\_\_ exp: \_\_\_\_\_,  Historically Underutilized Business (Texas TBPC HUB) # \_\_\_\_\_ exp: \_\_\_\_\_;  
 HUB Zone Business \_\_\_\_\_;  SCTRCA # \_\_\_\_\_ exp: \_\_\_\_\_;  NCTRCA # \_\_\_\_\_ exp: \_\_\_\_\_;  Small Business (SBE)  
 Woman Owned Business (WBE);  Disadvantaged Business Enterprise (DBE);  Minority Owned Business  Veterans Business Enterprise (VBE)  
 or Any Other Certifications: \_\_\_\_\_

What is the average dollar amount on your jobs: \_\_\_\_\_ Average Annual Volume: \_\_\_\_\_ Bonding Capacity: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

List any Organizations and/or Associations your company or its Officers hold Membership: \_\_\_\_\_

**Current Number of Employees:**

	Permanent	Part-Time	Temp	Contract
Office:				
Field Management:				
Field Workers:				
Other:				
<b>Total:</b>				

**Financial History:**

Year:	Gross Revenue	Gross Margin	Net Profit (Loss)
	\$	%	\$
	\$	%	\$
	\$	%	\$

\* Union \_\_\_\_\_ No-Union \_\_\_\_\_ Name: \_\_\_\_\_

**Can you obtain the following insurance coverage:**

- Workers Compensation \$1,000,000 \_\_\_ Yes \_\_\_ No  
 General Liability \$1,000,000 \_\_\_ Yes \_\_\_ No  
 Automobile Liability \$1,000,000 \_\_\_ Yes \_\_\_ No

Insurance Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EMR: \_\_\_\_\_

\* If no, what limits can you obtain: \_\_\_\_\_

**General Questions:**

Is your company currently working on Any Government Projects: \_\_\_ Yes \_\_\_ No - If Yes, Describe: \_\_\_\_\_

<b>Projects Under Evaluation:</b> _____ _____ _____	<b>Projects Bidding:</b> _____ _____ _____	<b>Under Construction:</b> _____ _____ _____
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Have you ever failed to complete the requirements of any contract awarded to you? ..... \_\_\_ Yes \_\_\_ No

Has your Firm paid any fines for any safety violations received during the last three years?.. \_\_\_ Yes \_\_\_ No

Are there any judgments, claims, or suits pending or outstanding against your company?... \_\_\_ Yes \_\_\_ No

Are you now or have you ever been involved in any bankruptcy or reorganization?..... \_\_\_ Yes \_\_\_ No

If you answered Yes to any of the above questions, please provide details: \_\_\_\_\_

\_\_\_\_\_

# JAMAIL CONSTRUCTION PER-QUALIFICATION FORM

Estimating Contact: \_\_\_\_\_ Mobile number: \_\_\_\_\_ Pager number: \_\_\_\_\_

Email and other contact information is \_\_\_\_\_

\* For Emergency Work: Contact \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_

Type of Work Typically Subcontracted: \_\_\_\_\_

Certifications / Licenses: \_\_\_\_\_

What scopes for work are you interested in bidding: \_\_\_\_\_

What area/cities are you interested in working in: Austin Beaumont Dallas Galveston Houston Killeen San Antonio Multiple

GENERAL REQUIREMENTS: I authorize Jamail & Smith Construction to inquire about our Credit and/or Trade Status with:

**Please Provide Project References:**

_____	_____	\$ _____	_____	_____	_____
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone
_____	_____	\$ _____	_____	_____	_____
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone
_____	_____	\$ _____	_____	_____	_____
Project Name	Location City/State	Contract Amount	Project GC	Project GC Contact	Phone

**Please Provide Supplier References:**

_____	_____	\$ _____	_____	_____	_____
Company Name	Contact	Credit Line	Phone	Fax	Customer Since
_____	_____	\$ _____	_____	_____	_____
Company Name	Contact	Credit Line	Phone	Fax	Customer Since
_____	_____	\$ _____	_____	_____	_____
Company Name	Contact	Credit Line	Phone	Fax	Customer Since

I hereby Certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading, Company Information Supplied By:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

JAMAIL CONSTRUCTION PER-QUALIFICATION FORM

**Type of Work: (State Primary Specialties ) Please check all that apply - List CSI Codes :**

**GENERAL REQUIREMENTS ( Div.01 ):**

- Overhead
- Engineer-01107
- Architect-01107
- Temp Labor / Staffing-01312
- Temp Facilities-01510
- Construction Aids-01540
- Scaffolding-01540
- Barriers & Enclosures-01560
- Equipment / Rental-01590
- Final Cleaning-01740
- Janitorial Services-01740

**SITE CONSTRUCTION ( Div.02 ):**

- Site / Basic Materials-02050
- Site Remediation-02100
- Site Preparation-02200
- Laboratory Testing-02210
- Demolition Site-02220
- Demolition Selective-02225
- Excavation-02260
- Earthwork-02300
- Pest Control-02360
- Utility Services-02500
- Asphalt / Resurfacing-02740
- Paving / Pavement Mkr-02760
- Site Imprvmnts & Amenities-02800
- Irrigation-02810
- Fences & Gates-02820
- Equipment / Playground-02880
- Landscaping-02900

**CONCRETE ( Div.03 ):**

- Concrete Supplier-03060
- Concrete Forms-03100
- Concrete Reinforcement-03200
- Concrete Contractor-03300
- Concrete / Precast-03400
- Concrete Restoration & Cleaning-03900

**MASONRY ( Div.04 ):**

- Masonry Supplier-04050
- Masonry Contractor-04200
- Refractories-04500
- Masonry / Simulated-04700
- Masonry Restoration & Cleaning-04900

**METALS ( Div.05 ):**

- Metal Supplier-05050
- Metal Framing-05100
- Structural Steel & Erectors-05120
- Metal Joists-05200
- Metal Deck-05300
- Metal Framing / Cold Formed-05400
- Metal Fabrications-05500
- Metal / Ornamental-05700
- Expansion Control-05800
- Metal Restoration & Cleaning-05900
- Metal Fastenings-05090

**WOOD PLASTIC ( Div.06 ):**

- Wood & Plastic Materials-06050
- Carpentry / Rough-06100
- Trusses-06170
- Carpentry / Finish-06200
- Cabinetry & Woodwork-06400
- Plastics & Fabrication-06500

**THERMAL & MOISTURE ( Div.07 ):**

- Waterproofing & Damp-07100
- Thermal Protection-07200
- Roof Tiles & Shingles-07300
- Roofing & Side Panels-07400
- Roofing / Membrane-07500
- Sheetmetal & Flashing-07600
- Roof Specialties & Accessories-07700
- Fireproofing-07800
- Joint Sealers-07900

**DOORS & WINDOWS ( Div.08 ):**

- Door & Window Supplier-08050
- Doors / Metal & Frames-08100
- Doors / Wood & Plastic-08200
- Doors / Specialty & Overhead-08300
- Storefronts & Entrances-08400
- Windows-08500
- Skylights-08600
- Hardware-08700
- Glass/Glazing-08800
- Curtain Wall-08900

**FINISHES ( Div.09 ):**

- Finishes Material Supplier-09050
- Framing-09100
- Plaster Contractor-09210
- Drywall Contractor-09250
- Tile/Ceramic/Porcelain/Quarry-09300
- Terrazzo-09400
- Ceilings-09500
- Ceilings / Acoustical-09510
- Flooring-09600
- Wall Finishes-09700
- Acoustical Treatment-09800
- Painting & Coating-09900

**SPECIALTIES ( Div.10 ):**

- Visual Display Boards-10100
- Compartments & Cubicles-10150
- Louvers & Vents-10200
- Wall & Corner Guards-10260
- Access Flooring-10275
- Flagpoles-10350
- Signage/ID Devices-10430
- Lockers-10500
- Fire Extinguishers/Cabinets-10520
- Protective Covers-10530
- Partitions-10600
- Toilet Accessories-10800

**EQUIPMENT ( Div.11 ):**

- Equipment / Maintenance-11010
- Equipment / Library-11050
- Equipment / Theater & Stage-11060
- Equipment / Audio-Visual-11130
- Equipment / Food Service-11400
- Equipment / Residential -11450
- Equipment / Athletic Recreation-11480
- Equipment / Industrial & Process-11520
- Equipment / Laboratory-11600
- Equipment / Medical-11700

**FURNISHINGS ( Div.12 ):**

- Case Work-12300
- Furnishings & Accessories-12400
- Blinds / Shades-12492
- Furniture-12500
- Multiple Seating-12600

**SPECIAL CONSTRUCTION ( Div.13 ):**

- Lightning Protection-13100
- Pre-Engineered Structure-13120
- Swimming Pools & Tubs-13150
- Hazardous Misc-13280
- Asbestos Abatement-13281
- Lead Abatement-13281
- Mold Remediation-13281
- Security Access & Detection-13700
- Fire Alarm-13720
- Bldg Automation & Control-13800
- Fire Protection/Sprinkler-13900

**CONVEYING SYSTEMS ( Div.14 ):**

- Elevators-14200
- Escalators & Moving Walks-14300
- Lifts-14400

**MECHANICAL ( Div.15 ):**

- Mechanical Supplier-15050
- Plumbing-15400
- HVAC -15700
- Controls-15900
- Testing/Adjusting/Balancing-15950

**ELECTRICAL ( Div.16 ):**

- Electrical-16200
- Lighting-16500
- Communications-16700

Please list all other applicable CSI codes:

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**SAFETY QUESTIONNAIRE**

## JAMAIL CONSTRUCTION PER-QUALIFICATION FORM

Does your company document that appropriate employees are certified and/or adequately trained in the following areas:

- |                                      |                       |     |                       |    |                       |     |                      |                       |     |                       |    |                       |     |
|--------------------------------------|-----------------------|-----|-----------------------|----|-----------------------|-----|----------------------|-----------------------|-----|-----------------------|----|-----------------------|-----|
| Written/Documented Safety Program    | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Man Lift Training    | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Documented Regular Meetings/Training | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Excavation/Trenching | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Written Fall Protection Plan         | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | CPR/First Aid        | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Defined Work Rules                   | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Lockout Tagout       | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Written Substance Abuse Policy       | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Injury Reporting     | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Scaffold/Ladders/Stairways           | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Hand Tool Safety     | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Safety Incentive Program             | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Disciplinary Program | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Fire Protection/Prevention           | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Rigging Safety       | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Incident Investigation Program       | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Electrical Safety    | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Personal Protective Equipment        | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Hazardous Comm       | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |
| Welding & Cutting Safety             | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A | Respiratory Training | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | N/A |

- Do you have a documented orientation program for new hires?  Yes  No
- Do you have an investigation program for injuries, incidents and near misses?  Yes  No
- Do you hold site safety / tool box meetings?  Yes  No
- How often (weekly, bi-weekly, monthly, quarterly, yearly)? \_\_\_\_\_
- Do you maintain inspection and maintenance certification records for operating equipment you own?  Yes  No
- Do you have a pre-qualification process for your subcontractors?  Yes  No
- Do you conduct project safety inspections?  Yes  No
- How often (weekly, bi-weekly, monthly, quarterly, yearly)? \_\_\_\_\_
- Who conducts the inspections? \_\_\_\_\_ Phone: \_\_\_\_\_
- Do you have a full time safety director?  Yes  No
- Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Do you develop Site Specific Safety Plans for your projects?  Yes  No

Have you been sited by Federal or State OSHA for serious violations in the last three years?  Yes  No

If Yes, list violations:

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Three consecutive years	Year _____	Year _____	Year _____
No. of Hours each Year			
No. of Fatalities each Year			
No. of Lost Work Day Cases			
No. of Recordable Cases			
OSHA Recorded Cases			
OSHA Lost Work Day Rate			

EMR: \_\_\_\_\_

Please list any additional comments regarding your company's safety program:

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I hereby Certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading,  
Safety Information Supplied By:

\_\_\_\_\_  
Signature                                  Printed Name                                  Title                                  Date

# 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		
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"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
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. 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 2.** 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 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

## 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. person (including a U.S. resident alien).

**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 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### Purpose of Form

A person who is required to file an information return with the IRS must get 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 give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**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.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include 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, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
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 on page 2 and the separate **Instructions for the Requester of Form W-9.**

### 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 social security card. 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 enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card 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).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's 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.

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

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

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

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

## 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 an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page 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. Get **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 get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

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:** Writing "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, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**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 or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give 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. 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, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% 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.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal 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.)

**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.

