

Substitute Form W-9
Request For Taxpayer Identification Number

To: _____ Account Number: _____

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status. Complete Part 2 if you are exempt from reporting. Complete Part 3 to sign and date the form, and return it to us in the enclosed envelope.

Part 1: *Tax Status. Please complete only ONE of the following:*

Individuals:

Individual Name:	Individual's Social Security Number:
_____	_____

A sole proprietorship may have a "doing business as (dba)" trade name, but the legal name is the name of the business owner.

Sole Proprietor:

Business Owner's Name:	Business Owner's Social Security Number or EIN:	Business or Trade Name (optional)
_____	_____	_____

A partnership may have a "doing business as (dba)" trade name and/or a name based on the names of the partners.

Partnership:

Name of Partnership:	Partnership's Employer Identification Number:	Partnership's Name on IRS records(see IRS mailing label)
_____	_____	_____

Corporation:

Legal Name of Corporation:	Employer Identification Number:	Business or Trade Name (dba):
_____	_____	_____

**Other:

Legal Name of Entity:	Business or Trade Name (dba):	Type of Entity:
_____	_____	_____
	Tax Identification Number (TIN):	Type of Tax Identification Number:
	_____	_____

Use this "other" category only if your organization does not fall into one of the other four categories. If you chose this option you must provide the legal name of the person or entity that corresponds to the TIN that you give to us. If uncertain what the legal name of your corporation is, check the mailing labels of IRS correspondence

Part 2: *Exemption:*

If exempt from Form 1099 reporting, check the appropriate box:

<input type="checkbox"/>	Corporation, providing other than medical services
<input type="checkbox"/>	Tax exempt charity under 501(a), or IRA
<input type="checkbox"/>	Other: _____

Part 3: *Certification:* I am a U. S. person (including a U.S. resident alien).

Person completing this form: _____

Signature: _____ Title: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Please return this form in the enclosed envelope. Thank you for your cooperation.