

DATE: 6/26/2019

Page: 5

BID NO.: 50-00126972

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) EF.0002749

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Terracon Consultants, Inc.

ADDRESS: 524 Elmwood Park Boulevard, Suite 170

CITY, STATE: New Orleans, LA ZIP: 70123

TELEPHONE: (504) 818-3638 FAX: (504) 818-3890

EMAIL ADDRESS: lem.dial@terracon.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ \$9,381

AUTHORIZED
SIGNATURE: Zack "Lem" Dial

Zack "Lem" Dial, PE

Printed Name

TITLE: Sr. Associate | Office Manager

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00126972

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT TO PROVIDE ENVIRONMENTAL TESTING AND CONSULTING IN COORDINATION WITH DEMOLITION PROCEEDINGS FOR THE DEPARTMENT OF INSPECTION & CODE ENFORCEMENT,DANGEROUS BUILDING ABATEMENT		
1	1.00	HR	0001 LDEQ Certified Contractor/Asbestos Supervisor	\$80.00	\$80.00
2	89.00	HR	0002 LDEQ Certified Asbestos Inspector	\$65.00	\$5,785.00
3	193.00	EA	0003 PLM Analysis	\$7.00	\$1,351.00
4	1.00	EA	0004 PCM Analysis	\$5.00	\$5.00
5	1.00	EA	0005 TEM Analysis	\$20.00	\$20.00
6	20.00	HR	0006 Emergency Asbestos Testing for Inspector	\$65.00	\$1,300.00
7	8.00	HR	0007 Emergency Asbestos Testing for Supervisor	\$80.00	\$640.00
8	4.00	EA	0008 For 3 Hour PLM Testing for Emergency Asbestos Testing	\$25.00	\$100.00
9	2.00	EA	0009 For 3 Hour PCM Testing for Emergency Asbestos Testing	\$15.00	\$30.00
10	2.00	EA	0010 For 3 Hour TEM Testing for Emergency Asbestos Testing	\$35.00	\$70.00



CORPORATE RESOLUTION OF AUTHORITY

Please be advised that Zack L. Dial is the Office Manager for the New Orleans office of Terracon Consultants, Inc. Mr. Dial is authorized to execute contracts on behalf of Terracon Consultants, Inc. for services to be provided by Terracon Consultants, Inc.



Michael J. Yost, Corporate Secretary

July 26, 2018

Date



Non-Public Works Bid**AFFIDAVIT**STATE OF LouisianaPARISH/COUNTY OF Parish of Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: _____
Zack L. Dial, P.E., (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized representative of Terracon Consultants, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00126972, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A X

Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B _____

there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.


Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.



Signature of Affiant

Zack L. Dial, P.E., Office Manager

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 3 DAY OF July, 20 17.



Notary Public

Donald A. Di Maggio

Printed Name of Notary

33195

Notary/Bar Roll Number

My commission expires on my death



Terracon Consultants, Inc.
Jefferson Parish Campaign Contributions List

Campaign Name	Date	Amount
Campaign of Dominick Impastato	10/23/2018	\$500.00
Campaign of Jennifer VanVranken	8/09/2018	\$600.00
Campaign of Dominick Impastato	8/20/2018	\$600.00
Campaign of Paul Johnson	2016	\$500.00
Campaign of Ben Zahn	2016	\$500.00





Terracon Consultants, Inc.
Jefferson Parish Campaign Contributions List

Campaign Name	Date	Amount
Campaign of Dominick Impastato	8/20/2018	\$600.00
	10/23/2018	\$500.00
Campaign of Jennifer VanVranken	8/09/2018	\$600.00
	7/18/2019	\$750.00
Campaign of Paul Johnson	2016	\$500.00
Campaign of Ben Zahn	2016	\$500.00



Print

Notary Search - Detail

Name: MR. DONALD P. DIMAGGIO
Address: 5440 MOUNES ST. SUITE 108
ELMWOOD, LA 70123
Phone: (504) 734-8100
Phone 2: (504) 733-5143
Notary ID Number: 33195
Parish: JEFFERSON with authority in the following parishes:
ORLEANS, PLAQUEMINES, ST. BERNARD
Agency: N/A
Notary Type: Non Attorney
Status: Active
Commission Date: 08/26/1991
Oath Date: 08/02/1991
Surety Expiration Date: None
Annual Report Current: Yes

Notary Events

Suspension From: 10/26/2018 To: 12/21/2018
Suspension From: 10/26/2017 To: 11/09/2017

Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)

12/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
INSURED	TERRACON CONSULTANTS, INC. 10841 S. RIDGEVIEW ROAD OLATHE KS 66061	INSURER(S) AFFORDING COVERAGE	
1312891		INSURER A: Lexington Insurance Company	NAIC # 19437
		INSURER B: Travelers Property Casualty Co of America	25674
		INSURER C: The Travelers Indemnity Company	25658
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES MAIN**CERTIFICATE NUMBER:** 13881552**REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> XCU COVERAGE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	TC2J-GLSA-1118L293	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	TC2J-CAP-131J3858	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX	
B B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	N	N	ZUP-91M46583 (EXCLUDES PROF. LIAB.)	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB-2L010337-19-51-K (AOS) UB1L5546071951R (AZ,MA,WI)	1/1/2019 1/1/2019	1/1/2020 1/1/2020	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	PROFESSIONAL LIABILITY	N	N	26030216	1/1/2019	1/1/2020	\$1,000,000 EACH CLAIM & \$1,000,000 ANNUAL AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF COVERAGE. THE UMBRELLA LIABILITY IS FOLLOW FORM OVER THE GENERAL LIABILITY, AUTO LIABILITY, AND EMPLOYER'S LIABILITY PER THE POLICY TERMS, CONDITIONS, AND EXCLUSIONS.

CERTIFICATE HOLDER13881552
SPECIMEN**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Zack Lem Dial III

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS INSPECTOR

Accreditation No. 01136444

AI No. 136444

Date of Issuance 3/21/2019

Expiration 2/27/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E, (1)(a) and La. R.S. 2025.F, (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron

Permit Support Services Division
Office of Environmental Services

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Jason M Maloney

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS INSPECTOR

Accreditation No. 01178742

AI No. 178742

Date of Issuance 2/22/2019

Expiration 1/31/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Christopher Mayeux
Permit Support Services Division
Office of Environmental Services

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Adam McEvoy

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS CONTRACTOR/SUPERVISOR

Accreditation No. 0S201568

AI No. 201568

Date of Issuance 3/6/2019

Expiration 1/29/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron

**Permit Support Services Division
Office of Environmental Services**

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Adam McEvoy

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS INSPECTOR

Accreditation No. 0I201568

AI No. 201568

Date of Issuance 3/6/2019

Expiration 1/31/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron

**Permit Support Services Division
Office of Environmental Services**

STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Steven Latiolais

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

Asbestos Inspector

Accreditation No. MI200658

AI No. 200658

Date of Issuance March 13, 2019

Expiration March 21, 2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron
Permit Support Services Division
Office of Environmental Services

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Steven Latiolais

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

Asbestos Contractor/Supervisor

Accreditation No. MS200658

AI No. 200658

Date of Issuance March 13, 2019

Expiration March 22, 2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron
Permit Support Services Division
Office of Environmental Services

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Samuel Welty

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS CONTRACTOR/SUPERVISOR

Accreditation No. 0S217434

AI No. 217434

Date of Issuance 6/20/2019

Expiration 6/6/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron

Permit Support Services Division
Office of Environmental Services

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

Samuel Welty

Has complied with all requirements of the Louisiana Department of Environmental Quality
and is authorized to perform the duties of

ASBESTOS

Accreditation No. 0217434

AI No. 217434

Date of Issuance 6/20/2019

Expiration 6/6/2020

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)
may result in civil and/or criminal enforcement actions by the State.

Paul Bergeron

Permit Support Services Division
Office of Environmental Services

**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) Terracon Consultants, Inc	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 18001 W. 106th Street, Suite 300	Requester's name and address (optional)
City, state, and ZIP code Olathe, KS 66061	
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 the "Name" line 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								
			-					
Employer identification number								
4	2	-	1	2	4	9	9	1

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶

Sheryl Wagner

Date ▶ 06.03.2014

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:

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