

DATE: 3/05/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122329

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

### DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES \_\_\_\_\_

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK \_\_\_\_\_

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK \_\_\_\_\_

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: 1 *CP 3/13/18*

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 56372

### \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

*Pergue Carpet & Drapery*

SIGNATURE:

(Must be signed here)

*CP*

TITLE:

*Sales*

PRINT OR TYPE NAME:

*Donna Bailes*

ADDRESS:

*651 Terry Parkway Suite 110*

CITY, STATE:

*Gretna La*

ZIP:

*70056*

TELEPHONE:

*504 915-9954*

FAX:

*504 520-8994*

EMAIL ADDRESS:

*donna@perguecarpets.com*

TOTAL PRICE OF ALL BID ITEMS: \$ 10,355.<sup>18</sup>/xx

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122329

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	LABOR, MATERIAL AND EQUIPMENT TO REPLACE DAMAGED CARPET AT WB DRAINAGE OFFICE BLDG. FURNISH & INSTALL VCT ARMSTRONG FLOORING, BASE 4" ROPPE, COLOR TO BE SELECTED. OWNER WILL MOVE FURNITURE.  0010 - CLERICAL OFFICE - 900 SQ FT PULL UP EXISTING CARPET  LOCATION: WB DRAINAGE OFFICE BUILDING 1561 RIVER PARK RD. BRIDGE CITY, LA 70094  CONTACT PERSON: DOMINICK DITCHARO PHONE #: (504) 437-4941 OR (504) 437-4939  FOR A SITE VISIT, SEE CONTACT ABOVE.	\$ 198. <sup>00</sup>	\$ 198. <sup>00</sup>
2	1.00	JOB	0011 - CLERICAL OFFICE - 900 SQ FLOOR PREP	\$ 200.-	\$ 200.-
3	1.00	JOB	0012 - CLERICAL OFFICE - 900 SQ FT VINYL TILE - ARMSTRONG STANDARD	\$ 891.-	\$ 891.-
4	1.00	JOB	0013 - CLERICAL OFFICE - 900 SQ FT ADHESIVE	\$ 58. <sup>60</sup>	\$ 58. <sup>60</sup>
5	1.00	JOB	0014 - CLERICAL OFFICE - 900 SQ FT LABOR	\$ 648.-	\$ 648.-
6	1.00	JOB	0015 - CLERICAL OFFICE - 900 SQ FT 4" ROPPE COVE BASE	\$ 258. <sup>40</sup>	\$ 258. <sup>40</sup>
7	1.00	JOB	0020 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT  PULL UP EXISTING CARPET	\$ 51. <sup>75</sup>	\$ 51. <sup>75</sup>
8	1.00	JOB	0021 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT  FLOOR PREP	\$ 112. <sup>50</sup>	\$ 112. <sup>50</sup>
9	1.00	JOB	0022 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT	1.-	1.-

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122329

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
10	1.00	JOB	VINYL TILE - ARMSTRONG STANDARD 0023 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT	222.75	222.75
11	1.00	JOB	ADHESIVE 0024 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT	22.36	22.36
12	1.00	JOB	LABOR 0025 - HALLWAY OFF CLERICAL OFFICE 225 SQ FT	162-	162-
13	1.00	JOB	4" ROPPE COVE BASE 0030 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	153-	153-
14	1.00	JOB	FLOOR PREP 0031 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	135-	135-
15	1.00	JOB	PULL UP EXISTING CARPET 0032 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	59.40	59.40
16	1.00	JOB	VINYL TILE - ARMSTRONG STANDARD 0033 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	267.30	267.30
17	1.00	JOB	ADHESIVE 0034 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	58.60	58.60
18	1.00	JOB	LABOR 0035 - ASSISTANT DIRECTOR'S OFFICE 270 SQ FT	194.40	194.40
19	1.00	JOB	4" ROPPE COVE BASE 0040 - SPARE ROOM 225 SQ FT PULL UP EXISTING CARPET	102-	102-
20	1.00	JOB	0041 - SPARE ROOM 225 SQ FT FLOOR PREP	51.75	51.75
				100.-	100.-



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## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00122329

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ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
21	1.00	JOB	0042 - SPARE ROOM 225 SQ FT VINYL TILE - ARMSTRONG STANDARD	222.75	222.75
22	1.00	JOB	0043 - SPARE ROOM 225 SQ FT ADHESIVE	22.36	22.36
23	1.00	JOB	0044 - SPARE ROOM 225 SQ FT LABOR	162.-	162.-
24	1.00	JOB	0045 - SPARE ROOM 225 SQ FT 4" ROPPE COVE BASE	153.-	153.-
25	1.00	JOB	0050 - O&M MANAGER'S OFFICE 315 SQ FT PULL UP EXISTING CARPET	69.30	69.30
26	1.00	JOB	0051 - O&M MANAGER'S OFFICE 315 SQ FT FLOOR PREP	157.50	157.50
27	1.00	JOB	0052 - O&M MANAGER'S OFFICE 315 SQ FT VINYL TILE - ARMSTRONG STANDARD	311.85	311.85
28	1.00	JOB	0053 - O&M MANAGER'S OFFICE 315 SQ FT ADHESIVE	58.60	58.60
29	1.00	JOB	0054 - O&M MANAGER'S OFFICE 315 SQ FT LABOR	226.80	226.80
30	1.00	JOB	0055 - O&M MANAGER'S OFFICE 315 SQ FT 4" ROPPE COVE BASE	119.-	119.-
31	1.00	JOB	0060 - ENG. INSP. III'S OFFICE 270 SQ FT PULL UP EXISTING CARPET	59.40	59.40
32	1.00	JOB	0061 - ENG. INSP. III'S OFFICE 270 SQ FT FLOOR PREP	135.-	135.-
33	1.00	JOB	0062 - ENG. INSP. III'S OFFICE 270 SQ FT VINYL TILE - ARMSTRONG STANDARD	267.30	267.30

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122329

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
34	1.00	JOB	0063 - ENG. INSP. III'S OFFICE 270 SQ FT ADHESIVE	58 <sup>60</sup>	58 <sup>60</sup>
35	1.00	JOB	0064 - ENG. INSP. III'S OFFICE 270 SQ FT LABOR	194.40	194.40
36	1.00	JOB	0065 - ENG. INSP. III'S OFFICE 270 SQ FT 4" ROPPE COVE BASE	102 <sup>-</sup>	102 <sup>-</sup>
37	1.00	JOB	0070 - SUPT. I'S OFFICE 270 SQ FT PULL UP EXISTING CARPET	59.40	59.40
38	1.00	JOB	0071 - SUPT. I'S OFFICE 270 SQ FT FLOOR PREP	135 <sup>-</sup>	135 <sup>-</sup>
39	1.00	JOB	0072 - SUPT. I'S OFFICE 270 SQ FT VINYL TILE - ARMSTRONG STANDARD	267 <sup>30</sup>	267 <sup>30</sup>
40	1.00	JOB	0073 - SUPT. I'S OFFICE 270 SQ FT ADHESIVE	58 <sup>60</sup>	58 <sup>60</sup>
41	1.00	JOB	0074 - SUPT. I'S OFFICE 270 SQ FT LABOR	194.40	194.40
42	1.00	JOB	0075 - SUPT. I'S OFFICE 270 SQ FT 4" ROPPE COVE BASE	102 <sup>-</sup>	102 <sup>-</sup>
43	1.00	JOB	0080 - SUPT. II'S OFFICE 270 SQ FT PULL UP EXISTING CARPET	59.40	59.40
44	1.00	JOB	0081 - SUPT. II'S OFFICE 270 SQ FT FLOOR PREP	135 <sup>-</sup>	135 <sup>-</sup>
45	1.00	JOB	0082 - SUPT. II'S OFFICE 270 SQ FT VINYL TILE - ARMSTRONG STANDARD	267.30	267.30
46	1.00	JOB	0083 - SUPT. II'S OFFICE 270 SQ FT ADHESIVE	58 <sup>60</sup>	58 <sup>60</sup>

## INVITATION TO BID FROM JEFFERSON PARISH - continued

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SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
47	1.00	JOB	0084 - SUPT. II'S OFFICE 270 SQ FT LABOR	194.40	194.40
48	1.00	JOB	0085 - SUPT. II'S OFFICE 270 SQ FT 4" ROPPE COVE BASE	102.-	102.-
49	1.00	JOB	0090 - SUPT. III'S OFFICE 270 SQ FT PULL UP EXISTING CARPET	59.40	59.40
50	1.00	JOB	0091 - SUPT. III'S OFFICE 270 SQ FT FLOOR PREP	135.-	135.-
51	1.00	JOB	0092 - SUPT. III'S OFFICE 270 SQ FT VINYL TILE - ARMSTRONG STANDARD	267.30	267.30
52	1.00	JOB	0093 - SUPT. III'S OFFICE 270 SQ FT ADHESIVE	58.60	58.60
53	1.00	JOB	0094 - SUPT. III'S OFFICE 270 SQ FT LABOR	194.40	194.40
54	1.00	JOB	0095 - SUPT. III'S OFFICE 270 SQ FT 4" ROPPE COVE BASE	102.-	102.-
55	1.00	JOB	0100 - CONFERENCE ROOM 315 SQ FT PULL UP EXISTING CARPET	69.30	69.30
56	1.00	JOB	0101 - CONFERENCE ROOM 315 SQ FT FLOOR PREP	130.-	130.-
57	1.00	JOB	0102 - CONFERENCE ROOM 315 SQ FT VINYL TILE - ARMSTRONG STANDARD	311.85	311.85
58	1.00	JOB	0103 - CONFERENCE ROOM 315 SQ FT ADHESIVE	58.60	58.60
59	1.00	JOB	0104 - CONFERENCE ROOM 315 SQ FT LABOR	226.80	226.80



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00122329

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
60	1.00	JOB	0105 - CONFERENCE ROOM 315 SQ FT 4" ROPPE COVE BASE	119.-	119.-
61	1.00	JOB	0200 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT PULL UP EXISTING CARPET	51.75	51.75
62	1.00	JOB	0201 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT FLOOR PREP	110.-	110.-
63	1.00	JOB	0202 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT VINYL TILE - ARMSTRONG STANDARD	222.75	222.75
64	1.00	JOB	0203 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT ADHESIVE	2236	2236
65	1.00	JOB	0204 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT LABOR	162.-	162.-
66	1.00	JOB	0205 - SPARE OFFICE NEXT TO KITCHEN 225 SQ FT 4" ROPPE COVE BASE  JOB IS TO REPLACE THE DAMAGED CARPET AT THE WB DRAINAGE OFFICE BUILDING.  VCT-ARMSTRONG STANDARD BASE - 4" ROPPE COLORS TO BE SELECTED FURNITURE TO BE MOVED BY CUSTOMER  CONTACT PERSON: DOMINICK DITCHARO PHONE #: 437-4941 OR 437-4939  LOCATION ADDRESS: 1561 RIVER PARK RD. BRIDGE CITY, LA 70094  FOR A SITE VISIT, SEE CONTACT ABOVE.	153.-	153.-



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/16/2018

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 TWFG - Lovecchio Insurance Agency 1011 N. Causeway Blvd, Ste 23 Mandeville LA 70471		CONTACT NAME: Collette Biedenkopf PHONE (A/C No, Ext): (985) 612-1832 FAX (A/C, No): (985) 626-9566 E-MAIL ADDRESS: slovecchio@twfg.com	
INSURED Perque Carpet & Drapery, Inc. PO Box 1689 Gretna LA 70054		INSURER(S) AFFORDING COVERAGE INSURER A: Western World INSURER B: Amtrust NorthAmerica INSURER C: StarStone INSURER D: Certain Underwriters at Lloyds INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	ADDITIONAL INSURED	WV/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Non Contributory	Y	Y	NPP8438014	07/25/2017	07/25/2018	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000							
	MED EXP (Any one person) \$ 5,000							
	PERSONAL ADV INJURY \$ 1,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	TPP1220575-01	07/06/2017	07/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	80200T160ALI	07/25/2017	07/25/2018	EACH OCCURRENCE \$ 1,000,000	
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$	
							\$	
							\$	
B	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 Y	N/A		07/29/2017	07/29/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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							
D	Pollution Liability				07/25/2017	07/25/2018	Occurrence Limit 1,000,000	
	General Aggregate 2,000,000							

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

Sales &amp; Installation

General Liability &amp; Auto Liability policies are favored with a blanket additional insured &amp; waiver of subrogation endorsements. Workes Compensation policy is favo

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance

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

*Collette Biedenkopf*



## 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) <b>Perque Carpet &amp; Drapery</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" 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) ▶ _____	
Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) <b>P. O. Box 1689</b> City, state, and ZIP code <b>Gretna, LA 70054</b>	Requester's name and address (optional)
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								
7	2	-	0	9	2	0	2	1 8

### 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <u>1/22/2016</u>
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### General Instructions

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### 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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**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.