

CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Tue March 31, 2015 2:00:59 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

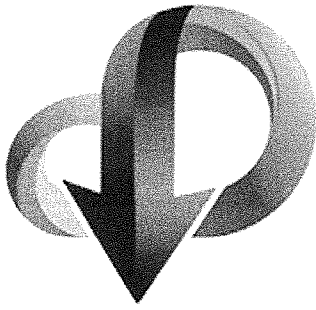
Location:	Slidell > Louisiana > USA
Name:	Rod Rotolo
Email:	estimating@rotoloconsultants.com
Address:	894 Robert Blvd.
Zip code:	70458
Contact number:	+9856432427
Company name:	Rotolo Consultants, Inc.
Contact:	Rod Rotolo
Contact number:	985-643-2427
Official Company/Business Name:	
Are you registered with the State of Louisiana as a Disadvantaged Business Enterprise (DBE)?:	No
Is your company owned by a female?:	No
Is your company owned by a minority?:	No
Louisiana Contractor ID#:	29959

Where To?



Main Menu





CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Tue March 31, 2015 2:01:19 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Place a Bid for 5000112529 - NEW WALKING TRAIL AT BELLEMEADE BLVD.

Please enter your best bid proposal for this project

Louisiana Contractor ID#

29959

Enter all information required on the outside of the sealed envelope in the box below

FROM: Rotolo Consultants, Inc.
894 Robert Boulevard
Slidell, LA 70458
Louisiana State License Number 29959

[Check Spelling](#)

Bid Bond #

SLA15427513

Jefferson Parish Vendor #:

197086

Upload Attachment(s)

[Upload a file](#)

Click the Upload button in order to upload bid related documents



LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Attn.: Purchasing Department
200 Derbigny St., Suite 4400
Gretna, Louisiana 70053

BID FOR: New Walking Trail @ Bellemeade Blvd.
617 Bellemeade Blvd. Gretna, La 70056

Proposal No: 50-00112529

(Owner to provide name of project and other identifying information)

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Burgdahl & Graves AIA Architects and dated: 6 February 2015.

(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following ADDENDA: (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

Three hundred sixty four thousand four hundred forty Dollars (\$364,440⁰⁰)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$)

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$)

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$)

NAME OF BIDDER: Rotolo Consultants, Inc.

ADDRESS OF BIDDER: 894 Robert Boulevard
Slidell, LA 70458

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 29959

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Rod Rotolo

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Senior Vice President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: [Signature]

DATE: March 31, 2015

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(A)(1)(c) or RS 38:2212(O).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid.


GENERAL RESOLUTION FOR
ROTOLO CONSULTANTS, INC

Resolved that, Joseph Rotolo, Jr., CEO, or Keith Rotolo, President / Secretary, or Rod Rotolo, Senior Vice President, or Brian Rotolo, Vice President, or Michael Rotolo, Vice President are hereby authorized and empowered to sign for and in the name of the corporation any such legal documents that said officers in their sole discretion may deem best.

Resolved further that said officers are hereby authorized and empowered to sign and execute for and in the name of the corporation any acts, deeds, notes, mortgages, insurance documents, or other documents that may be necessary and proper to carry the foregoing into effect, to receive and receipt for the purchase price of any property sold by the corporation, and any set of mortgages which he may execute shall contain all of the usual and customary security clauses, including the pact de non alienando, confession of judgment, the provisions for attorney's fees, and the right to have the property seized and sold unto executory proceeds to the highest bidder for cash.

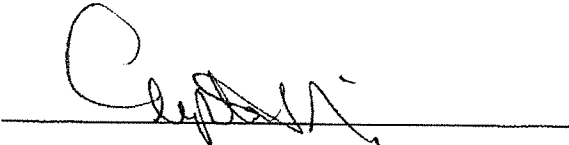
I, Keith Rotolo, Secretary of ROTOLO CONSULTANTS, INC., do hereby certify that the above and foregoing is a true and correct copy of resolutions which were adopted at a meeting of the Board of Directors of said corporation held at its offices in the city of Slidell, LA on the 18th day of December, 2014.

IN WITNESS THEREOF, I have affixed my official signature on this the 25th day of March, 2015.



Keith Rotolo, Secretary of
Rotolo Consultants, Inc.

Signed before me, the undersigned notary public, this 25th day of March, 2015.



Print: Crystal Gravois 066725

My commission is for life.





LSLBC

Louisiana State
Licensing Board for Contractors



[HOME](#)
[ABOUT US](#)
[FOR CONSUMERS](#)
[FOR CONTRACTORS](#)
[NEWS/VIOLATIONS](#)
[LINKS](#)

[CHECK STATUS OF APPLICATION](#)
[HOW TO APPLY](#)
[NEED A FORM](#)
[RENEW ONLINE](#)
[VERIFY HOMEOWNER CONSTRUCTION REP](#)
[HOMEOWNER](#)
[CONSUMER VIDEO](#)
[CONTRACTOR COMPLAINT](#)
[PUBLIC EDUCATION](#)
[ABOUT LSLBC](#)
[CONTACT LSLBC](#)

Related Links:

[Online Search Main Page](#)

Licensing Board's Online Database

Search Results - Contractor Detail

Business Name: ROTOLO CONSULTANTS, INC. ✓
Mailing Address: 894 Robert Blvd.
 Slidell, LA 70458
Phone Number: (985) 643-2427
Fax Number: (985) 643-2691
Email Address: jsummers@rotoloconsultants.com
Website:

Active Licenses

Ac#	Type	Status	Effective	Expiration	First Issued
✓ 29959	Commercial License Certificate	LICENSED	07/21/2014	07/20/2015	07/20/1995

Classifications:

Class	Qual Party	Valid Parishes
✓ BUILDING CONSTRUCTION	Michael Joseph Rotolo	ALL
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION	Michael Joseph Rotolo	ALL
SPECIALTY: FENCING	Kerry Rotolo	ALL
SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION	Kerry Rotolo	ALL
SPECIALTY: RECREATION & SPORTING FACILITIES & GOLF COURSES	Michael Joseph Rotolo	ALL
SPECIALTY: SWIMMING POOLS, WATER FEATURES AND FOUNTAINS	Michael Joseph Rotolo	ALL

[Start New Contractor Search](#)

Louisiana State Licensing Board For Contractors
 2525 Quail Drive ~ Baton Rouge, LA 70808
 Phone: (225) 765-2301 ~ Fax: (225) 765-2431
[Employee Login](#)

Site design & maintenance by Keith A. Horton, LLC



Jefferson Parish - Brenda Campos



Live chat by LivePerson

Bond Number: SLA15427513**Contractor Information****Principal:** Rotolo Consultants Inc. 985-643-2427**Address:** 894 Robert Blvd Slidell Louisiana 70458 United States**Contractor's State Vendor ID Number:** 197086**Owner/Obligee Information****Bond Form:** Bid Bond in accordance with Contract Specifications**Owner / Obligee:** Jefferson Parish**Address:** 200 Derbigny Street Gretna Louisiana 70053 United States**Bond Information****Surety:** International Fidelity Insurance Company**Rider Present:** [Click here to view](#)**Amount of Bid Security:** Five Percent of the Amount Bid**Contract ID Number:** 50-00112529**Description of Job:** Bid No. 50-00112529 New Walking Trail at Bellemeade Blvd., 617 Bellemeade Blvd., Gretna, LA 70056[View AMBest Information](#)[Treasury List](#)**Primary Agency:**

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: unlimited

Executed

Executed By:

Kathleen L. Berni - 3/13/2015 4:51:51 PM ET

Phone: 504-888-1100

Email: sue_viola@ajg.com

Know all men by these presents that International Fidelity Insurance Company, a Corporation duly organized under the laws of the State of New Jersey, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

[Privacy Policy](#)



Bond Number: SLA15427513

Contractor Information

Principal: Rotolo Consultants Inc.

Address: 894 Robert Blvd Slidell Louisiana 70458 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Surety: International Fidelity Insurance Company

Bid Date: 3/31/2015

Estimated Contract Price: \$350,000.00

Time For Completion:

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: Five Percent of the Amount Bid

Contract # or IFB #: 50-00112529

Description of Job: Bid No. 50-00112529 New Walking Trail at Bellemeade Blvd., 617 Bellemeade Blvd., Gretna, LA 70056

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Owner Assigned Contractor Number:197086

Primary Agency:

Arthur J. Gallagher Risk Management Services

Power of Attorney Limited to: unlimited

Executed

Entered By: Kathleen L. Berni - 3/13/2015 4:51:22 PM ET

Approved & Executed By:

Kathleen L. Berni

Kathleen L. Berni (Signed: 13-Mar-2015 04:51 PM EDT (UTC-04:00))

Signature Information

Know all men by these presents that International Fidelity Insurance Company, a Corporation duly organized under the laws of the State of New Jersey, are held and

firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

© S2000, Inc.

Document ID: S2000-1000807015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2014

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 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 Arthur J. Gallagher Risk Management Services, Inc. 235 Highlandia Drive, Suite 200 Baton Rouge LA 70810	CONTACT NAME: Tomi Kinney PHONE (A/C, No, Ext): 225-906-1217 FAX (A/C, No): 866-828-1408 E-MAIL ADDRESS: Tomi_Kinney@aig.com														
INSURED Rotolo Consultants Inc dba RCI Rotolo Land, Inc. 894 Robert Rd Slidell LA 70458	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: National Trust Insurance Company</td><td>20141</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Trust Insurance Company	20141	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: National Trust Insurance Company	20141														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 707614208

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	ADDL INSR	SUBR WVB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	CPP0016919	5/30/2014	5/30/2015	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 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CA0024594	5/30/2014	5/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	UMB00172361	5/30/2014	5/30/2015	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	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 N	N/A	WC00002222	5/30/2014	5/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Equipment Floater Workers Comp			CPP0016919 010WC14A71066	5/30/2014 5/30/2014	5/30/2015 5/30/2015	Leased/Rented \$500,000 Policy Limit \$1,000,000

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

See Attached...

CERTIFICATE HOLDER

Jefferson Parish
Purchasing Department
P O Box 9
Gretna LA 70053 USA

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

002995

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Rotolo Consultants Inc dba RCI Rotolo Land, Inc. 894 Robert Rd Slidell LA 70458	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Blanket Additional Insured provided if required by written contract as respect General Liability form #CGL084(10/13); Blanket Additional Insured-Primary Non-Contributory, if required by written contract CGL025(11/08); Auto Liability form #CAU0710113

Blanket Waiver of Subrogation provided if required by written contract as respect General Liability, Auto Liability and Workers' Compensation.

Excess/Umbrella follows form over the Workers' Compensation, General Liability and Auto Liability.

General Liability, Auto and Workers' Comp. - 30 Day Notice of Cancellation to Third Parties - IL011(07/09)

Rented/Leased Equipment \$500,000 Aggregate

Installation/Builders Risk Floater - 6/30/14 to 6/30/15 - \$1,000,000 Limit; Policy #CPP0016919 - National Trust Ins. Co.

Workers' Comp., Policy #010WC14A71066 - Tennessee/Alabama/Mississippi
Limits: \$1,000,000/\$1,000,000/\$1,000,000
Louisiana WC Limits: \$1,000,000/\$1,000,000/\$1,000,000

Professional Liability - 6/30/14-15; Policy #CPL6765390615; Carrier-Catlin Specialty Ins. Co. - Each Claim \$1,000,000/\$2,000,000 Aggregate;
Includes Pollution Liability - \$1,000,000 Per Claim/\$2,000,000 Aggregate

#197084

Form (Rev. October 2007) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">W-9</h2> <h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3>	Give form to the requester. Do not send to the IRS.
Name (as shown on your income tax return) ROTOLO CONSULTANTS, INC.		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
Address (number, street, and apt. or suite no.) 894 ROBERT BOULEVARD		Requester's name and address (optional)
City, state, and ZIP code SLIDELL, LOUISIANA 70458		
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 Line 1 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 <i>How to get a TIN</i> on page 3.		
Social security number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		or Employer identification number <div style="border: 1px solid black; padding: 2px;">72 : 1285520</div>
Note. If the account is in more than one name, see the chart on page 4 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. 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 ▶ <i>Mina Y. Roto</i>	Date ▶ 7/29/2010
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:		
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.		
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:		
<ul style="list-style-type: none"> • 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.		
The person who gives 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 is in the following cases:		
<ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 		