

**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 ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 29 Aug 2017.

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

As Ordered

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

N/A

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: American Defense Services, Inc.

ADDRESS: 2411 Athania Parkway

CITY, STATE: Metairie, LA ZIP: 70001

TELEPHONE: (504) 836-6009 FAX: (504) 617-6808

EMAIL ADDRESS: rpeterson@fivestardefense.com

**REJECTED**  
**BID REQUIREMENTS NOT MET**

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: N/A  
NUMBER: N/A  
NUMBER: N/A  
NUMBER: N/A

\* NOTE: DUE TO UNCERTAIN QUANTITIES AND SHIPPING DATE ALL UNIT AND EXTENDED PRICES ARE FOB OUR DISTRIBUTION CENTER IN MS. FREIGHT CHARGES WILL BE BILLED AS A NET PASS THROUGH SEPERATE LINE ITEM AS INCURRED PER SHIPMENT.

TOTAL PRICE OF ALL BID ITEMS: \$ 113,134.81 + Pass through freight

AUTHORIZED SIGNATURE: Ralph White

RALPH L PETERSON

TITLE: President

Printed Name

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.: 50-00119966

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			ONE (1) YEAR CONTRACT FOR THE SUPPLY OF WATER METER BOXES, LID ASSEMBLIES, AND VALVE BOX TOPS AND CAPS FOR THE JEFFERSON PARISH DEPT. OF PUBLIC WORKS AND DEPT. OF WATER, EAST AND WEST BANK		
1	10.00	EA	0020 - FORD YOKEBOX UPPER BODY CASTING ONLY, FOR 5/8 INCH BY 3/4 INCH WATER METERS, SHALLOW BOXES, STRAIGHT INLET FORD #YUC-7 (38556)	\$30.70	\$307.01
2	50.00	EA	0030 - GRADE ADJUSTERS FOR FORD YOKEBOX, ADJUSTS FROM 1-1/4 INCH TO 3 INCH TO GRADE, STAINLESS STEEL SET SCREWS FOR ATTACHMENTS TO YOKEBOX TOP FORD #9501 (38557)	\$26.94	\$1,346.95
3	120.00	EA	0040 - LOCKLESS LIDS - TO FIT 5/8 INCH BY 3/4 INCH FORD YOKEBOX, CATALOG #FLYP1 TO FIT 5-5/8 INCH BY 9-1/8 INCH OPENING FORD #YLL (38352)	\$12.22	\$1,466.52
4	2,000.00	EA	0060 - CAST IRON METER BOX AND COVER ASSEMBLIES, FOR 3/4 INCH AND 1 INCH METERS OVAL SHAPE BOX DIMENSIONS: 19-1/4 IN L X 10-3/8 IN W X 11-3/8 IN H COVER DIMENSIONS: 18-5/16 IN L X 9-5/8 IN W X 2 IN H SIGMA #MB281 (38550)	\$34.02	\$68,046.00
5	100.00	EA	0070 - REPLACEMENT COVERS ONLY, 3/4 INCH AND 1 INCH CAST IRON METER BOXES OVAL SHAPE 18-5/16 IN L X 9-5/8 IN W BY 2 IN H SIGMA #MB281 (38351)	\$13.61	\$1,360.70
6	480.00	EA	0090 - VALVE BOX TOPS AND CAPS, CAST IRON MATERIAL, TYLER 461-S, WITH 10 INCH TOP SECTION BY 9 INCH DIAMETER SIGMA #VB2611 AND VB2600W (64001)	\$18.14	\$8,706.72
7	35.00	EA	0100 - VALVE BOX TOPS AND CAPS, CAST IRON MATERIAL, TYLER 461-S, WITH 16 INCH TOP SECTION BY 9 INCH DIAMETER SIGMA #VB2621 AND VB260W (64002)	\$20.42	\$714.50
8	125.00	EA	0110 - CAST IRON METER BOX AND COVER ASSEMBLIES, FOR 2 INCH METERS	\$81.65	\$10,206.63

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00119966

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	100.00	EA	SIGMA #MB283 (38330)  0120 - REPLACEMENT COVERS ONLY, 2 INCH CAST IRON METER BOX, SIP INDIA,  VULCAN VMB-3 OR SIGMA MB283 (38361)	\$16.61	\$1,661.00
10	12.00	EA	0130 - 17 INCH X 30 INCH X 18 INCH RECTANGULAR HIGH PERFORMANCE STRUCTURAL  POLYOLEFIN VALVE BOX WITH LOCKING STAINLESS STEEL BOLTS, STRUCTURAL RIBS, DROP-IN METER COVER AND UV INHIBITOR, BLACK/BLACK, BOTTOM MEASURE: 40-1/2 INCH BY 27-1/4 INCH WIDE NDS BRAND #126BCDMB (38335)	\$192.27	\$2,307.23
11	500.00	EA	0140 - COVER ONLY WITH 2 INCH HOLE TO FIT EXISTING SIGMA BRAND #MB281 (38349)	\$13.61	\$6,803.50
12	500.00	EA	0150 - CAST IRON METER BOX, LESS COVER FOR 3/4 INCH AND 1 INCH WATER METERS, OVAL SHAPE BOX; DIMENSIONS: 19-1/4 INCH LONG X 10-3/8 WIDE X 11-3/8 IN. HEIGHT, SIGMA #MB281 (LESS COVER)	\$20.42	\$10,208.00
<p>*NOTE: DUE TO UNCERTAIN QUANTITIES AND SHIPPING RATES ALL UNIT AND EXTENDED PRICES ARE FOB OUR DISTRIBUTION CENTER IN MS. FREIGHT CHARGES WILL BE BILLED AS A NET PASS THROUGH SEPARATE LINE ITEM AS INCURRED PER SHIPMENT.</p>					

**Tom Schedler**  
**Secretary of State**

**State of Louisiana**  
**Secretary of State**

**COMMERCIAL DIVISION**  
**225.925.4704**



Fax Numbers  
 225.932.5317 (Admin. Services)  
 225.932.5314 (Corporations)  
 225.932.5318 (UCC)

Name	Type	City	Status
AMERICAN DEFENSE SERVICES, INC.	Business Corporation	METAIRIE	Active

**Previous Names**

**Business:** AMERICAN DEFENSE SERVICES, INC.  
**Charter Number:** 35492298D  
**Registration Date:** 5/30/2003

**Domicile Address**

2411 ATHANIA PARKWAY  
 METAIRIE, LA 70001

**Mailing Address**

C/O RALPH L. PETERSON, SR.  
 2411 ATHANIA PARKWAY  
 METAIRIE, LA 70001

**Principal Office Address**

2411 ATHANIA PARKWAY  
 METAIRIE, LA 70001

**Status**

**Status:** Active  
**Annual Report Status:** In Good Standing  
**File Date:** 5/30/2003  
**Last Report Filed:** 6/15/2017  
**Type:** Business Corporation

**Registered Agent(s)**

<b>Agent:</b>	RALPH PETERSON
<b>Address 1:</b>	1320 GARDENIA DR
<b>City, State, Zip:</b>	METAIRIE, LA 70005
<b>Appointment Date:</b>	10/12/2012

**Officer(s)**

Additional Officers: No

<b>Officer:</b>	RALPH L. PETERSON, SR.
<b>Title:</b>	President, Officer

**Address 1:** 1320 GARDENIA DR  
**City, State, Zip:** METAIRIE, LA 70005

**Officer:** KENNETH LANZALCO  
**Title:** Officer  
**Address 1:** 20 POINSETTA RD  
**City, State, Zip:** SULPHUR, LA 70663

**Officer:** NIKI LANDRY  
**Title:** Secretary, Officer  
**Address 1:** 326 RIVER POINT DR  
**City, State, Zip:** DESTREHAN, LA 70047

**Officer:** JEFFERY ARCENEUX  
**Title:** Officer  
**Address 1:** 12093 CENTRAL PARK DR  
**City, State, Zip:** GEISMAR, LA 70734

## Amendments on File (6)

Description	Date
Appointing, Change, or Resign of Officer	9/27/2012
Domicile, Agent Change or Resign of Agent	10/12/2012
Appointing, Change, or Resign of Officer	10/12/2012
Appointing, Change, or Resign of Officer	1/3/2014
Appointing, Change, or Resign of Officer	2/6/2014
Disclosure of Ownership	6/15/2017

**Print**

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: RALPH L  
PEYERSON, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized PRESIDENT of AMERICAN DEFENSE SERVICES, INC (Entity),  
the party who submitted a bid in response to Bid Number 50-0019966, 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** \_\_\_\_\_ 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** (R) 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**   *R*   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.]*

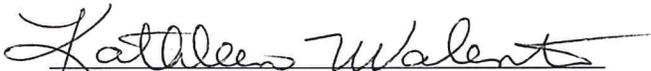
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection 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

RALPH L PETERSON  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 10th DAY OF July, 2017.

  
Notary Public

KATHLEEN W. VALENTI NP #62879  
State of Louisiana - Parish of Jefferson  
Commissioned for Life

\_\_\_\_\_  
Printed Name of Notary

62879  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires life.

## Notary Search - Detail

**Name:** MS. KATHLEEN W. VALENTI  
**Address:** 4437 MEADOWDALE ST  
METAIRIE, LA 70006  
**Phone:** (504) 616-3024  
**Notary ID Number:** 62879  
**Parish:** JEFFERSON with authority in the following parishes:  
ORLEANS, PLAQUEMINES, ST. BERNARD  
**Agency:** N/A  
**Notary Type:** Non Attorney  
**Status:** Active  
**Commission Date:** 05/21/2010  
**Oath Date:** 05/20/2010  
**Surety Expiration Date:** 01/30/2021  
**Annual Report Current:** Yes

## Notary Events

**Suspension** From: 07/21/2015 To: 07/23/2015  
**Parish Change** Previous Parish: Previous Commission Date:  
ORLEANS 02/28/2001

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

## **Non-Public Works Bid Affidavit Instructions**

- **Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.**
- **Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.**
- **Affidavit must be notarized or the affidavit will not be accepted.**
- **Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.**
- **Affiant MUST select either A or B when required or the affidavit will not be accepted.**
- **Affiants who select choice A must include an attachment or the affidavit will not be accepted.**
- **If both choice A and B are selected, the affidavit will not be accepted.**
- **Affidavit marked N/A will not be accepted.**
- **It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.**

*Instruction sheet may be omitted when submitting the affidavit*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/10/2017

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).

<b>PRODUCER</b> Risk Concepts of Louisiana Inc 2411 Athania Parkway Metairie, LA 70001 Gloria Bruno	<b>504-836-6009</b>	<b>CONTACT NAME:</b> Gloria Bruno <b>PHONE (A/C, No, Ext):</b> 504-836-6009 <b>FAX (A/C, No):</b> 504-836-6009 <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Defense Services, Inc Ralph Peterson 2411 Athania Pkwy Metairie, LA 70001	<b>INSURER A:</b> Everest Indemnity Insurance Co	
	<b>INSURER B:</b> LWCC	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

### 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	ADDL INSD	SUBR WVD	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"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	EF4ML05905	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIO/OP AGG \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	EF4ML05905	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ Included BODILY INJURY (Per accident) \$ Included PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	146581-S	01/31/2017	01/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input checked="" 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
A	<b>Professional Liabi</b>			EF4ML05905	07/01/2017	07/01/2018	<b>Aggregate</b> \$ 3,000,000 <b>Per Occur</b> \$ 1,000,000

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

Additional Worker Compensation policy provided by AIG through payroll service, ADP. GL incl Cont E&O, pollution, EB. Officers Ken Lanzalaco & Ralph Peterson are Excl'd. LWCC policy incl Bikt Waiver if req by written contract. Alternate Employer endt incl on LWCC

### CERTIFICATE HOLDER

### CANCELLATION

Jefferson Parish Purchasing Dept.- Bid 50-00119966 Melissa Ovalle 200 Derbigny St-Genl Gvt Bldg Ste 4400 Gretna, LA 70053	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 Gloria Bruno 
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**Request for Taxpayer  
 Identification Number and Certification**

#293174

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**American Defense Services, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) \_\_\_\_\_  
 Other (see Instructions) ▶

C Corporation  S Corporation  Partnership  Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**2411 Athania Parkway**

6 City, state, and ZIP code  
**Metairie, LA 70001**

7 List account number(s) here (optional)

Requester's name and address (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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
0	1	-	0	7	8	3	7	1	5

**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 ▶ *Robert L. Roberts* Date ▶ *12/7/2015*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- 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. See *What is FATCA reporting?* on page 2 for further information.