

DATE: 10/13/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136121

JEFFERSON PARISH

PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678VENDOR: Denny Exterminating Co

BUYER: DABRAHAM

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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

FIRM NAME:

Denny Exterminating Inc

SIGNATURE:

(Must be signed here)

Dennis Miller Jr.TITLE: owner/mgr

PRINT OR TYPE NAME:

Dennis Miller Jr.

ADDRESS:

P.O. Box 86151241 21st St B

CITY, STATE:

Metairie La. 70011-8615

ZIP:

Kenner La 70062

TELEPHONE:

504 712-1755

FAX:

504 712-1809

EMAIL ADDRESS:

busbaganela@aol.comTOTAL PRICE OF ALL BID ITEMS: \$ 4,800⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136121

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>A two (2) year contract for pest control at various locations for JEFFCAP Head Start</p> <p>1000 BEECHGROVE HEAD START PEST CONTROL SERVICE ALL ENTRANCES/EXITS, KITCHEN</p> <p>RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS SILVERFISH, INCLUDING TERMITES INCLUDE ONE EACH INSIDE AND OUTSIDE BAIT STATION STATION FOR THE FOLLOWING LOCATION</p> <p>BEECHGROVE HEAD START 721 TRICIA COURT WESTWEGO, LA 70094</p> <p>CONTACT PERSON LONNIE BEWLEY 322-5872</p>	40 ⁰⁰	960 ⁰⁰
2	24.00	MO	<p>2000 CAUSEWAY HEAD START PEST CONTROL SERVICE ALL ENTRANCES/EXITS, KITCHEN</p> <p>RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS SILVERFISH, INCLUDING TERMITES. INCLUDE ONE EACH INSIDE AND OUTSIDE BAIT STATION STATION FOR THE FOLLOWING LOCATION</p> <p>CAUSEWAY HEAD START 3420 N CAUSEWAY BLVD., SUITE B METAIRIE, LA 70002</p>	40 ⁰⁰	960 ⁰⁰
3	24.00	MO	<p>3000 JUTLAND HEAD START PEST CONTROL SERVICE ALL ENTRANCES/EXITS, KITCHEN</p> <p>RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS SILVERFISH, INCLUDING TERMITES. INCLUDE ONE EACH INSIDE AND OUTSIDE BAIT STATION STATION FOR THE FOLLOWING LOCATION</p> <p>JUTLAND HEAD START 1821 JUTLAND DRIVE HARVEY, LA 70058</p>	40 ⁰⁰	960 ⁰⁰
4	24.00	MO	<p>4000 LAPALCO HEAD START PEST CONTROL SERVICE ALL ENTRANCES/EXITS, KITCHEN</p> <p>RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS SILVERFISH, INCLUDING TERMITES. INCLUDE ONE EACH INSIDE AND OUTSIDE BAIT STATION STATION FOR THE FOLLOWING</p>	40 ⁰⁰	960 ⁰⁰

DATE: 10/13/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136121

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
5	24.00	MO	<p>LOCATION</p> <p>LAPALCO HEAD START 2001 LINCOLNSHIRE DRIVE MARRERO, LA 70072</p> <p>5000 TERRYTOWN HEAD START PEST CONTROL SERVICE ALL ENTRANCES/EXITS, KITCHEN RESTROOMS AND ANY OTHER AREA AS NEEDED FOR RODENTS, ROACHES, ANTS, SPIDERS SILVERFISH, INCLUDING TERMITES. INCLUDE ONE EACH INSIDE AND OUTSIDE BAIT STATION STATION FOR THE FOLLOWING LOCATION</p> <p>TERRYTOWN HS 2315 PARK PLACE DRIVE GRETN, LA 70056</p> <p>CONTRACT START: 11-12-2021 **</p>	<p>40⁰⁰</p> <p>Total</p>	<p>960⁰⁰</p> <p>4,800⁰⁰</p>

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Dennis Miller, hereby certify on
(name and title of bidder's official)

behalf of Denney Exterminating Inc that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 21 day of October, 2021.

By Dennis Miller
(signature of authorized official)

President
(title of authorized official)

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Dennis Miller Jr. President
(Name and Title of bidder's official)

Dennis Estimating Inc.
(Name of bidder/company)

P.O. Box 8615 Metairie La. 70011-8615
(Address)

1241 27th St B Kenner La 70062
(Address)

PHONE (504) 712-1755 FAX (504) 712-1809

EMAIL bug.besone@aol.com

Dennis Miller Jr. Signature October 21, 2021 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2021

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



Beth Anne Naugher State Farm Agency LLC
3536 Holiday Dr Ste A

New Orleans

LA 70114

INSURED

Denney Exterminating Inc.

PO Box 8815

Metairie

LA 70011-8815

CONTACT NAME: Doris Adams

PHONE (A/C, No, Ext): 504-367-8660

FAX (A/C, No): 504-367-6663

E-MAIL ADDRESS: doris@teambethanne.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Mutual Automobile Insurance Company

25178

INSURER B:

INSURER C:

INSURER D:

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
X	AUTOMOBILE LIABILITY	X	248-0639-B29-18	08/29/2021	02/28/2022	EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> ANY AUTO		248-0640-B29-18	08/29/2021	02/28/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY		248-0641-B29-18	08/29/2021	02/28/2022	MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		248-0642-B29-18	08/29/2021	02/28/2022	PERSONAL & ADV INJURY \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PRODUCTS - COMPROP AGG \$
	UMBRELLA LIAB					COMBINED SINGLE LIMIT (Ea accident) \$
	EXCESS LIAB					BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				\$
						PER STATUTE \$
						OTHER \$
						E.I. EACH ACCIDENT \$
						E.I. DISEASE - EA EMPLOYEE \$
						E.I. DISEASE - POLICY LIMIT \$

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

Exterminating

BID # 5000136121

CERTIFICATE HOLDER

Jefferson Parish Jeffcap Head Start
Jefferson Parish Purchasing Dept.
200 Derbigny St Ste 4400
Gretna

LA 70053

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

Beth Anne Naugher



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/15/2021

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 LIPCA Inc. PO Box 80663 Baton Rouge, LA 70898	CONTACT NAME: LIPCA, Inc.	
	PHONE (A/C. No. Ext): (225) 927-3283 E-MAIL: info@lipca.com ADDRESS:	FAX (A/C. No.): (225) 927-3295
INSURED Denney Exterminating Inc 1241 27th St Ste B Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Gemini Insurance Company	NAIC # 10833
	INSURER B: LWCC	22350
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: 75240

REVISION NUMBER: 20210915

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 SUBR. INSR. LTR	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		LGL0000368 08	8/27/2021	8/27/2022	EACH OCCURRENCE \$ 2,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5.00
	<input checked="" type="checkbox"/> Deductible 2,000					PERSONAL & ADV INJURY \$ 2,000.00
	<input checked="" type="checkbox"/> **Pollution Liability included at policy limits					GENERAL AGGREGATE \$ 2,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPOSE AGG \$ 2,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		148596-A	9/7/2021	9/7/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000.00
						E.L. DISEASE - POLICY LIMIT \$ 1,000.00

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

CERTIFICATE HOLDER

For Bid Purposes Only

Must Be Reissued if Job or Contract is Awarded and Certificate Holder requires that their name be listed on the COI

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

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Dennery Exterminating Inc.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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.) See instructions.

P.O. Box 8615

1241 27th St

6 City, state, and ZIP code

Metairie La. 70011-8615

Kenner La 70062

Requester's name and address (optional)

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

72-0804832

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); and
4. 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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Elizabeth Callahan

Date ► *4/18/2021*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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*, later.