



## State Licensing Board for Contractors

This is to Certify that:

TPS GULF SOUTHEAST, LLC  
8184 Hwy 44  
Suite 105  
Gonzales, LA 70737

is duly licensed and entitled to practice the following classifications

ELECTRICAL WORK (STATEWIDE)



Expiration Date: July 26, 2022

License No: 55638

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 27th day of July 2021

Director

Chairman

Treasurer

This License Is Not Transferrable

NETA

# CERTIFICATE OF ACCREDITATION

is hereby granted to

*Tidal Power Services, LLC*  
*Gonzales, LA*

AS RECOGNIZED BY THE  
INTERNATIONAL ELECTRICAL TESTING ASSOCIATION

January 1, 2021 – January 31, 2022

*Ken Bassett*

*Ken Bassett*  
*Membership Chair*

INTERNATIONAL ELECTRICAL TESTING ASSOCIATION  
3050 OLD CENTRE - SUITE 102 - PORTAGE, MI 49024 - [WWW.NETAWORLD.ORG](http://WWW.NETAWORLD.ORG)





Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Ascension

BEFORE ME, the undersigned authority, personally came and appeared: Leslie  
Magee, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Business Manager of TPS Gulf South LLC (Entity),  
the party who submitted a bid in response to Bid Number 5000136400, 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 ☒ \_\_\_\_\_

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 ✓ \_\_\_\_\_ 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.

Leslie Magee  
Signature of Affiant

Leslie Magee  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 9 DAY OF Dec, 2021



Notary Public

**Rhonda L. Vinet #65467**  
Printed Name of Notary

#65467  
Notary/Bar Roll Number

My commission expires for Life.

DATE: 11/16/2021

Page: 6

BID NO.: 50-00136400

**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 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 01/31/22

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) 55638

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

FIRM NAME: TPS Gulf Southeast, LLC

ADDRESS: 8184 Hwy 44 Ste. 105

CITY, STATE: Gonzales, LA ZIP: 70737

TELEPHONE: (225) 6448170 FAX: (225) 6448215

EMAIL ADDRESS: Tyler@tpsgse.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 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: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ \$ 328,700.00

AUTHORIZED SIGNATURE: Darryn Kimbrough

TITLE: GENERAL MANAGER

DARRYN KIMBROUGH  
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.

DATE: 11/16/2021

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136400

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	ONLY	PREVENTATIVE MAINTENANCE AND REPAIRS OF ELECTRICAL SWITCHGEAR AND RELATED EQUIPMENT FOR JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS, WATER - TWO (2) YEAR CONTRACT  0010 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SWITCH-GEAR SYSTEMS AT EAST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT EAST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM).	194,000	194,000
2	1.00	ONLY	0020 - MAJOR PREVENTATIVE MAINTENANCE PROGRAM ON EXISTING ELECTRICAL SYSTEMS  AT WEST JEFFERSON WATERWORKS, TO BE APPLIED ONLY AT WEST JEFFERSON WATERWORKS, (AS PER SPECIFICATIONS AND THE RELATED SINGLE LINE DIAGRAM).	109,000	109,000
3	8.00	ONLY	0030 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS.  EASTBANK 3 WESTBANK 5	750	6,000
4	2.00	EA	0035 - INSPECTION OF GROUNDING SYSTEM AT ELEVATED WATER STORAGE TANKS.  (FOR GRAND ISLE ONLY) GRAND ISLE 2	1,200	2,400
5	30.00	EA	0040 - RELATED MANHOLE WORK AND INSPECTIONS AS DESCRIBED IN  SUB-PARAGRAPHS NOS. 4.7.8 & 4.7.9	150	4,500
6	40.00	HR	0050 - COST PER ONE (1) MAN-HOUR FOR ENGINEERING SERVICES  (ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)	120	4,800
7	40.00	HR	0060 - COST PER ONE (1) MAN-HOUR FOR TECHNICIAN SERVICES  (ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)	120	4,800
8	40.00	HR	0070 - COST PER ONE (1) MAN-HOUR FOR ELECTRICIAN SERVICES	80	3,200

DATE: 11/16/2021

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 8

BID NO.: 50-00136400

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	1.00	ONLY	<p>(ALL ASSOCIATED COSTS SHALL BE INCLUDED IN THE UNIT PRICE BID)</p> <p>9999 - PARTS AND MATERIALS</p> <p>THIS IS A NON-BIDABLE ITEM. THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB, WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.</p> <p>INVOICES SHALL BE SUBMITTED AT COST ONLY (WITH NO MARKUP)</p>		



## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
TPS Gulf Southeast, LLC  
\_\_\_\_\_  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF TPS Gulf Southeast LLC  
INCORPORATED, DULY NOTICED AND HELD ON September 12, 2017 A  
QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND  
SECONDED. IT WAS:

RESOLVED. THAT Darryn Kimbrough, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE AND RECEIPT THEREFOR ALL  
PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF  
ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING,  
APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT  
PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO  
BE A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE  
ABOVE DATED MEETING OF THE BOARD  
OF DIRECTORS OF SAID CORPORATION,  
AND THE SAME HAS NOT BEEN  
REVOKED OR RESCINDED.



Susie Lowell

**SECRETARY-TREASURER**

September 12, 2017

**DATE**

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/25/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> <b>6425 Youree Drive Suite 520</b> <b>Shreveport, LA 71105</b> <b>318 626-6633</b>		<b>CONTACT NAME:</b> Karen Vickers <b>PHONE (A/C, No, Ext):</b> 318 704-8525 <b>FAX (A/C, No):</b> 800-933-3721 <b>E-MAIL ADDRESS:</b> karen.vickers@mcgriff.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Indian Harbor Insurance Company	<b>36940</b>
		<b>INSURER B:</b> Scottsdale Insurance Company	<b>41297</b>
		<b>INSURER C:</b> Zurich American Insurance Company	<b>16535</b>
		<b>INSURER D:</b> Navigators Specialty Insurance Company	<b>36056</b>
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
**Tidal Power Services, LLC; Tidal Power Services LA, LLC; TPS Gulf Southeast, LLC**  
**4211 Chance Lane**  
**Rosharon, TX 77583**

## 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 INSR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			US00103292LI21A	10/25/2021	03/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 POLLUTION \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP292998300	10/25/2021	03/01/2022	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			US00103294LI21A*	10/25/2021	03/01/2022	EACH OCCURRENCE \$10,000,000
B	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XNS0008272*	10/25/2021	03/01/2022	AGGREGATE \$10,000,000
				*EACH POLICY IS \$5M/\$5M			\$
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		WC292998200	10/25/2021	03/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liab			CH21MPLX00221NC	10/25/2021	03/01/2022	\$2,000,000 Each Claim \$2,000,000 Aggregate

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

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

<b>Jefferson Parish</b> <b>Purchasing Department</b> <b>200 Derbigny St Ste 4400</b> <b>Gretna, LA 70056-0000</b>	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 <i>Charlotte Riviere</i>
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## DESCRIPTIONS (Continued from Page 1)

The following provisions and endorsements are part of the policies shown on this certificate of liability insurance. Each policy and all of its terms and conditions supersede any representation made herein. Electronic copies are available by email request.

### General Liability/Contractors Pollution Liability:

Blanket Additional Insured (Ongoing Operations) Where required by written contract  
Blanket Additional Insured (Completed Operations) Where required by written contract  
Blanket Additional Insured-Lessor Leased Equipment Where required by written contract  
Blanket Primary and Non-Contributory Joint and Several Liability Endorsement Where required by written contract  
Blanket Waiver of Subrogation Where required by written contract  
Contractual Liability  
Gulf of Mexico In Rem Endorsement  
Gulf of Mexico Territory Amendment Endorsement  
Cross Claims and Cross Suits (Named Insured vs. Named Insured) Exclusion  
Contractors Pollution Liability (CPL) Limit \$1,000,000 Each Pollution Incident subject to policy General Aggregate Limit of \$2,000,000. Occurrence Form.  
General Liability Aggregate Per Project Limit \$5,000,000 (does not apply to CPL)  
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 10 days for non payment of premium by insured)

### Automobile:

Blanket Additional Insured Where required by written contract  
Blanket Waiver of Subrogation Where required by written contract  
Blanket Primary and Non-Contributory Endorsement Where required by written contract  
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 7 days for non payment of premium by insured)

### Workers Compensation and Employers Liability:

Blanket Waiver of Subrogation Where required by written contract  
Blanket Alternate Employer Endorsement Where required by written contract  
United States Longshoremen's and Harbor Workers' Act  
Outer Continental Shelf Lands Act  
Maritime Coverage  
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 7 days for non payment of premium by insured)  
Officer/Member Excluded Dennis Janak

### Excess Liability:

Follow Form General Liability, Contractors Pollution Liability, Automobile Liability, Employers Liability.  
Blanket Additional Insured Where required by written contract  
Blanket Waiver of Subrogation Where required by written contract  
Blanket Primary and Non-Contributory Endorsement Where required by written contract  
Written Notice of Cancellation by Insurance Company to Certificate Holder: 30 days (except 10 days for non payment of premium by insured)

## Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

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

TPS Gulf Southeast, LLC

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) ► P

**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.

8184 Hwy 44 Suite 105

6 City, state, and ZIP code

Gonzales, LA 70737

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

2 7 - 4 5 5 0 6 2 6

### 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 ►

*Leellie Mager*

Date ► 1/14/20

### 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](http://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.