



Neighborhood Services Department • 102 N Neil St • Champaign IL 61820 • (217) 403-7070 • fax (217) 403-7090 • www.ci.champaign.il.us

NEIGHBORHOOD PROGRAMS DIVISION

CONTRACTOR PACKET

FOR:

GENERAL CONTRACTORS/SUB-CONTRACTORS

Questions Should Be Directed To:

**Susan Jones
Neighborhood Services
217-403-7070**

CONTRACTOR APPLICATION PACKAGE

I. CONTENTS - Each package should include the following forms:

- A. Contractor's Data Sheet
- B. List of Independent Workers or Subcontractors
- C. Work and Business Information, Insurance Information
- D. Affidavit of No Delinquent Illinois Taxes
- E. Authorization for Release of Information/Insurance Provisions
- F. Affirmative Action Report Form

II. INSTRUCTIONS for the certification application:

- A. Complete all of the forms entirely and be sure to sign all forms where required. The Verification letter that you sign will be sent to banking institutions and suppliers that you identify on the Contractor's Data Sheet. These are used to verify your account history and give the banks and suppliers authorization to release your information to the City.
- B. Please include a copy of all current licenses that you hold that are regulated by **Illinois Department of Professional Regulation** (i.e. - Roofers License, Plumbing License, Lead Contractor's License with IDPH.)
- C. Each contractor must submit a satisfactory, current Certificate Insurance to the Neighborhood Services Department. **Please See the Attached Insurance Provisions. Any Insurance Certificate that has not been properly prepared will result in the denial of the Contractor's Application.**

When all of the required documentation has been submitted to Neighborhood Services Department, your application will be reviewed and NSD Staff will send out the verifications to references and banks. You will be notified of the result of your application as soon as possible after the return of all verifications.

A. - Contractor's Data Sheet

Application for status as: General Contractor Subcontractor Both

Company Name _____ Telephone _____

Business Address _____ FAX # _____

City, State, Zip _____ Cellular # _____

Tax Identification # _____

Number of Years in the Business: _____

Names, Addresses and Phone numbers of all owners, partners of the Firm (if applicable)

1) Name: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cellular # _____

2) Name: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cellular # _____

3) Name: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____ Cellular # _____

List the construction experience and specific craft of each of the principals:

1. _____

2. _____

3. _____

Has your firm ever obtained a performance bond? Yes No

If yes, highest amount \$ _____

Other cities/locations in which your firm or principals have worked:

B. – List of Independent Workers/Subcontractors

Provide the name, address and phone number of all Independent Workers and Subcontractors who may be required to complete one of the Projects. (NOTE) Include copies of all Licenses, Certifications, and Insurance for each Worker and/or Subcontractor /Firm.

1) Trade: _____ Contact: _____
 Company Name: _____ Phone: _____
 Address: _____ Cellular #: _____
 City, State, Zip: _____
 FEIN or Social Security #: _____
Licensed: ____ Yes ____ No **Insured:** ____ Yes ____ No
*****Copies of State License and Insurance Certificates Must Be Included with Application*****

2) Trade: _____ Contact: _____
 Company Name: _____ Phone: _____
 Address: _____ Cellular #: _____
 City, State, Zip: _____
 FEIN or Social Security #: _____
Licensed: ____ Yes ____ No **Insured:** ____ Yes ____ No
*****Copies of State License and Insurance Certificates Must Be Included with Application*****

3) Trade: _____ Contact: _____
 Company Name: _____ Phone: _____
 Address: _____ Cellular #: _____
 City, State, Zip: _____
 FEIN or Social Security #: _____
Licensed: ____ Yes ____ No **Insured:** ____ Yes ____ No
*****Copies of State License and Insurance Certificates Must Be Included with Application*****

4) Trade: _____ Contact: _____
 Company Name: _____ Phone: _____
 Address: _____ Cellular #: _____
 City, State, Zip: _____
 FEIN or Social Security #: _____
Licensed: ____ Yes ____ No **Insured:** ____ Yes ____ No
*****Copies of State License and Insurance Certificates Must Be Included with Application*****

5) Trade: _____ Contact: _____
 Company Name: _____ Phone: _____
 Address: _____ Cellular #: _____
 City, State, Zip: _____
 FEIN or Social Security #: _____
Licensed: ____ Yes ____ No **Insured:** ____ Yes ____ No
*****Copies of State License and Insurance Certificates Must Be Included with Application*****

C. - WORK REFERENCES

List the names, addresses and phone numbers of at least three recent clients for whom your firm has provided home improvement work

1) Name: _____ Phone # _____
Address, City, State, Zip _____
Type of Project Completed/Date Completed: _____

2) Name: _____ Phone # _____
Address, City, State, Zip _____
Type of Project Completed/Date Completed: _____

3) Name: _____ Phone # _____
Address, City, State, Zip _____
Type of Project Completed/Date Completed: _____

BUSINESS REFERENCES (include bank accounts & business credit accounts):

1) Name: _____ Account #: _____
Type of Account: _____ (Checking/Credit/Savings/House Account)
Address, City, State, Zip: _____
Phone: _____ Contact Person: _____

2) Name: _____ Account #: _____
Type of Account: _____ (Checking/Credit/Savings/House Account)
Address, City, State, Zip: _____
Phone: _____ Contact Person: _____

3) Name: _____ Account #: _____
Type of Account: _____ (Checking/Credit/Savings/House Account)
Address, City, State, Zip: _____
Phone: _____ Contact Person: _____

INSURANCE INFORMATION:

Name of Insuring Company: _____
Local Contact Person: _____ Phone #: _____

CERTIFICATION: The undersigned certifies that all information given herein is true and correct:

Signature of Contractor: _____ Date: _____

Submission of false, misleading or incomplete information is cause for rejection of your application for certification as a Neighborhood Services Contractor.

D. - AFFIDAVIT OF NO DELINQUENT ILLINOIS TAXES

STATE OF: _____

COUNTY OF: _____

(Fill in county and State in which affidavit is signed)

The undersigned certifies that _____
(Contractor's Name – Please Print)

is not delinquent in payment of any tax administered by the Illinois Department of Revenue except the taxes for which liability for the taxes or the amount of the taxes are being contested, in accordance with the procedures established by the appropriate Revenue Act; or

The contractor has entered into an agreement(s) with the Illinois Department of Revenue for the payment of all such taxes due and is in compliance with the agreement.

Name: _____

Contractor's Signature

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____ (SEAL)

This affidavit must be completely filled out and signed by the Contractor or a determination that the contract is exempt must be obtained. To obtain exemption, contact the Legal Department.

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E. - AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned, _____, d.b.a.
_____ hereby authorizes release of information concerning his/her present and past financial, credit and employment records to the Neighborhood Services Department of the City of Champaign, Illinois for the purpose of determining eligibility for bidding on Neighborhood Services projects. A photocopy of this document shall be acceptable as proper authorization for the release of the above information.

Name (printed)

Signature

Date

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

My commission expires: _____ (SEAL)

Insurance Provisions

- 1) During the term of any agreement with the City, at its own cost and expense, the Contractor shall maintain in full force and effect insurance policies as enumerated below.
- 2) All policies shall be written on an occurrence basis.
- 3) The City of Champaign and its officers and employees shall be named as an additional insured party on the general liability policy and any umbrella policies if applicable and included as an additional insured on the automobile liability policy. The City's interest as an additional insured party shall be on a primary and non-contributory basis on all policies and noted as such on the insurance certificates **as described the Description Box of each certificate.**
- 4) All policies will be written with insurance carriers qualified to do business in the State of Illinois rated A- /VIII or better in the latest Best's Key Rating Guide.
- 5) All policies shall be written on the most current Insurance Service Office (ISO) or National Council on Compensation Insurance (NCCI) form or a manuscript form if coverage is broader than the ISO or NCCI form.
- 6) At the time of submission of the Contractor's Packet, the Contractor shall provide the City with certificates of insurance showing evidence the insurance policies noted below are in full force and effect and giving the City at least 30 days written notice prior to any change, cancellation, or non-renewal. An exception to this would be in the case of cancellation for non-payment of premium, in which case notice shall be 10 days. Any renewal certificates of insurance shall be automatically provided to the City at least 30 days prior to policy expiration.
- 7) The Contractor, shall upon request of the City, provide copies of any or all insurance policies.

A. Workers' Compensation:

Coverage A: - Statutory Limits

Coverage B: - five hundred thousand dollars (\$500,000) employer's liability limits for each accident or per disease, per employee and in the aggregate. Said policies shall be endorsed to cover any disability benefits or Federal compensation acts if applicable.

B. General Liability - Combined single limits of at least one million dollars (\$1,000,000) per occurrence. General Liability Insurance shall include:

1. Products and completed operations coverage.
2. Contractor's Protective coverage.
3. Personal Injury Liability coverage

C. Automobile Liability: - Combined single limits of at least one million dollars (\$1,000,000) per occurrence. Auto liability shall include hired and non-owned autos.

D. Pollution Liability: (if applicable) - \$250,000 as required by State of Illinois Department of Public Health for Lead Contractors only.

E. Umbrella Liability policies may be used to satisfy the limits named above.

If a self-insured retention or deductible is maintained on any of the policies, the amount of the self insured retention or deductible shall be approved by the City. Such approval shall not be unreasonably withheld. The Contractor will be held solely responsible for the amount of such deductible and for any co-insurance.

This provision shall not be construed to be a limitation of liability for the Contractor.

Indemnification: To the fullest extent permitted by law, the Contractor agrees to indemnify and hold harmless The City of Champaign, its officers and employees from any and all claims, lawsuits, or causes of action (including litigation costs and attorney's fees) for any injury (including death) or property damage sustained by any person or persons that arise as a result of the Contractor's duties in performance of this contract, except if such injury or damage is caused by the intentional action or gross negligence of the City, its officers or employees. This provision shall survive the term of any agreement with the City of Champaign.



City of
CHAMPAIGN

Community Relations Office
102 North Neil Street
Champaign, Illinois 61820
(217) 403-8830 or (217) 403-8835 (fax)

Office Use Only

Requested by:		Date:	
Approved by:		Date:	
Vendor Number:	Code:	Entered: CRO	
		FIN	
Certificate Number:	Certificate Expiration Date:		

AFFIRMATIVE ACTION REPORT FORM

Failure to properly complete and sign this form prior to the execution of a contract with the City, or within 7 days after a request to submit this report, will result in it being returned unprocessed thereby resulting in a delay or denial of eligibility to bid or do business with the City of Champaign.

Section I. Identification

1. Company Name and Address:

PLEASE PRINT

d/b/a:

Chief Executive Officer:

Address:

City/State/Zip:

Telephone: () _____ - _____

Fax: () _____ - _____

FEI Number:

Social Security Number:

E-mail Address:

Check one of the following:

Corporation Partnership Individual Proprietorship Limited Liability Corp.

2. Name and Address of the Company's Principal Office (*answer only if not the same as above*):

Name:

Address:

City/State/Zip:

3. Major activity of your company (product or service):

4. Nature of Business:

Contract:

Bid:

Register as a new vendor for future projects.

Other:

SECTION II. Policies and Practices

Description of EEO Policies and Practices		YES	NO
A.	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, sex, religion, national origin, age, mental and/or physical disability?		
B.	Has someone been assigned to develop procedures, which will assure that the EEO policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility. Name: _____ Title: _____ Telephone: _____ Fax: _____ E-mail _____		
C.	Has the company developed a written Affirmative Action Plan? Note: a copy of the Affirmative Action Plan must be submitted with this form in order to be considered eligible to do business with the City of Champaign. If you would like technical assistance in developing a plan, please contact the Community Relations Office at (217) 403-8830.		
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? Attach a copy of the policy statement.		
E.	Have all recruitment sources been notified that the company will consider all qualified applicants without regard to race, color, sex, religion, national origin, mental and/or physical disability, or age?		
F.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, sex, religion, national origin, mental and/or physical disability, or age?		
G.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?		
H.	Is your company a minority/women owned business?		
I.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		
J.	Is your company certified with IDOT as a DBE firm? (a small business firm that is owned and controlled by socially and economically disadvantaged individuals)		
K.	Does the company have collective bargaining agreements with labor organizations?		
L.	Have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts by the City of Champaign?		

SECTION III. Employment Information

- a. Please complete the company work force analysis on the bottom of this page. Use the number of employees as of the most recently payroll period. Be sure to complete all applicable columns.
- b. Job Classifications, see descriptions attached
- c. Identify the geographical area(s) from which the company may reasonably recruit employees (use city, county, Standard Metropolitan Statistical Area, or distance in miles from company location, etc.)
- d. If minorities and females are currently under-represented in your work force, please attach a copy of an explanation of your plan to recruit and hire qualified minorities and females.

Job Categories	Overall Totals		White (Not of Hispanic Origin)		Black or African-American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaskan Native		
	M	F	M	F	M	F	M	F	M	F	M	F	
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
Officials & Mgrs													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craft Workers (Skilled)													
Operatives (Semi-Skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
M = MALE, Column B is sum of Rows D, F, H, J and L.													
F = FEMALE, Column C is sum of Rows E, G, I, K and M.													
Date of above Data:													

SECTION IV. Certification

The company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City's Affirmative Action Ordinance (Section 12.5-65) and Human Rights Guarantee provision (Section 12.5-64).

Signature:	Typed Name & Title	Telephone Number
		Date

DEFINITIONS OF TERMINOLOGY LISTED IN THE WORKFORCE PROFILE TABLE

(See previous Page)

DESCRIPTION OF RACE/ETHNIC CATEGORIES

Race /ethnic designations as used by the Department do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than *one* race/ethnic group. The race/ethnic categories for this report are:

White (Not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black of African-American (Not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.

Hispanic or Latino. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander. All persons having origins any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

DESCRIPTION OF JOB CATEGORIES

Each employee should be counted in only one job category. Select the category containing the jobs most similar to that performed by the employee. The jobs listed in each category is intended to provide an example, not a complete list, of all job titles falling into that category.

Officials and managers. Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of firm's operations. Includes: officials, executives, middle management, plant managers, department managers, and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, railroad conductors and yard masters, ship captains, mates and other officers farm operators and managers, and kindred workers.

Professionals. Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, layers, librarians, mathematicians, natural scientist, registered professional nurses, personnel and labor relations specialist, physical scientist, physicians, social scientist, teachers, surveyors and kindred workers.

Technicians. Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and union colleges, or through equivalent on-the-job training. Include: computer programmers, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

Sales. Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents, and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks, and cashiers/checkers, and kindred workers.

Office and clerical. Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non manual though some manual work not directly involved with altering or transporting the products is included. Includes: bookkeepers, collectors (bills and accounts), messengers and office helpers, office machine operators (including computer), shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

Craft workers (skilled). Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes: the building trades, hourly paid supervisors and lead operators who are not members of occupations, compositors and typesetters, electricians, engravers, painters (construction and maintenance), motion picture projectionists, pattern and model makers, stationary handpainters, coaters, bakers, decorating occupations, and kindred workers.

Operatives (semiskilled). Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: apprentices (auto service and stitchers, dryers, furnace workers, heaters, laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (manufactured articles), photographic process workers, truck and tractor drivers, knitting, looping, taping and weaving machine operators, welders and flame cutters, electrical and electronic equipment assemblers, butchers and meatcutters, inspectors, testers and graders, handpackers and packagers, and kindred workers.

Laborers (unskilled). Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: garage laborers, car washers and greasers, groundskeepers and gardeners, farmworkers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operation and kindred workers.

Service workers. Workers in both protective and nonprotective service occupations. Includes: Attendants (hospital and other institutions, professional and personal service, including nurses aides, and orderlies), barbers, charworkers and cleaners, cooks, counter and fountain workers, elevator operators, firefighters and fire protection, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, amusement and recreation facilities attendants, guides, ushers, public transportation attendants, and kindred workers.

Affirmative Action Plan

Companies Name

This is to state that it is the policy of _____ to provide Equal Employment Opportunity through a program of positive action affecting all employees. This policy is in accordance with the Civil Rights Act of 1964, Equal Employment Act of 1972, and all other applicable laws. _____ also strives to assure compliance with the Illinois Fair Employment Practices Act, the Illinois Fair Employment Practices Act, the Illinois Human Rights Act, and other orders pertaining to equal employment opportunity.

Policy includes recruiting, hiring, training, upgrading, promoting, and disciplining without discrimination on the basis of race, color, religion, national origin, sex, age marital status, handicap, sexual preference, or political affiliation. _____ has developed procedures to assure this policy is understood and carried out by managerial administrative, and supervisory personnel. _____ will utilize applicants for any job vacancies.

ASSIGNMENT OF RESPONSIBILITY: _____ has undertaken a positive Affirmative Action Program to effectively implement and enforce this policy at all times. The EEO officer or person designated for monitoring the company's Affirmative Action Program is: _____

PROCEDURES FOR DISSEMINATION OF POLICY: A copy of this statement is posted in the main office at _____ and will be given to any employee, vendor or subcontractor.

UTILIZATION ANALYSIS: _____ will monitor its workforce and job classifications. It will analyze availability and under-utilization and respond accordingly. _____ will attempt to recruit in a 50 mile radius encompassing nearby cities in an effort to attract qualified minorities.

GOALS AND TIMETABLES: _____ will identify those areas within its workforce in which minorities and women are being under-utilized and set up a system of goals and timetables for correcting the deficiencies.

SYSTEM FOR MONITORING COMPLIANCE AND RECRUITMENT OF WORKFORCE: When adding new employees _____ policy is to utilize qualified minorities and females. If one is not available any qualified help is then used. If normal employment sources do not provide these goals, other sources will be used. _____ supports EEO programs.

SYSTEM OF RECORDS AND ANNUAL SUMMARY: _____ will monitor applicant data, employees' records and job descriptions to assist in its affirmative action efforts.

Sincerely,

EQUAL EMPLOYMENT OFFICER
(Signature)

DATE

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input 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.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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 *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

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 ▶	Date ▶
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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:

- 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:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.