

Request for Taxpayer Identification Number and Certification

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

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|---|---|--|
| Print or type See Specific Instructions on page 2. | Name (as reported 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"/> Other ▶ | |
| | <input type="checkbox"/> Exempt from backup withholding | |
| | Address (number, street, and apt. or suite no.) | |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |