



LORENZO'S TRUCKING SERVICES

INFORMATION

LORENZO'S TRUCKING SERVICES STARTED: JUNE/2008

MC# 663226 FED ID# 26-0452579 USDOT # 2243421 BOND POLICY #22512 BOND LIMBT: \$10,000.00

BOND INFORMATION:

-PACIFIC FINANCIAL ASSOCIATION
SAN DIEGO, CALIFORNIA
PHN: 800.595.2615
EFFECTIVE: NOVEMBER / 2008

MAIN OFFICE:

-1517 E. ALBA DRIVE
CASA GRANDE, AZ 85222
PHN: 520.836.8083 FAX: 520.836.2115

OWNER / DISPATCH: JOSE GARCIA
ACCOUNTS PAYABLE: BERENICE GARCIA
ACCOUNTS RECIEVEABLE: DENISE GARCIA

OTHER LOCATIONS:

-PHOENIX, AZ
FREDDY GONZALEZ
PHN: 623.385.6084 FAX: 623.386.2896

LOS ANGELES, CA
ROSALIO TAPIA
PHN: 626.706.5373 FAX 626.918.5122

-LOS ANGELES
JOSEPH LOPEZ
PHN: 951.243.2566 FAX: 951.413.6305

LOS ANGELES, CA
ABLE VIDALES
PHN: 951.462.3077 FAX 951.242.0147

BILLING INFORMATION:

MAIN OFFICE

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CASA GRANDE, AZ 85222
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LOAD PAPERWORK MUST BE SENT TO THE MAIN OFFICE FOR PAYMENT. LORENZO WILL REMIT PAYMENT WITHIN 30 DAYS FROM RECEIVING PAPERWORK AS LONG AS ORIGINAL SIGNED BILLS, CLEAR DELIVERY RECEIPTS, CURRENT INSURANCE, SIGNED CONFIRMATION SHEET IS ON FILE FOR BILLED SHIPMENT, AND LOAD HAS BEEN DELIVERED CLEAR OF ANY CLAIMS AND/OR EXCEPTIONS.



**LORENZO'S
TRUCKING SERVICES**
WWW.LORENZOSTRUCKINGLLC.COM

ANNOUNCEMENT

DEAR VALUED CUSTOMER,

JB FREIGHT BROKERS WOULD LIKE TO INFORM YOU THAT WE HAVE CHANGED OUR COMPANY NAME EFFECTIVE SEPTEMBER 1, 2012 TO **LORENZOS TRUCKING SERVICES**. OUR NAME HAS CHANGED, BUT THE SERVICE WE PROVIDE WILL REMAIN. OUR ADDRESS, CONTACTS AND PHONE NUMBER WILL REMAIN THE SAME ALONG WITH OUR INSURANCE, AUTHORITY, TAX ID AND LICENSE. FOR ANY QUESTIONS OR CONCERNS PLEASE FEEL FREE TO CONTACT US. WE APOLOGIZE FOR ANY INCONVINIENCE THIS MAY CAUSE. THANK YOU AND WE APPRECIATE YOUR BUSINESS AND WILL CONTINUE TO STRIVE FOR THE BEST.

FEEL FREE TO CONTACT US AT 520-836-8083 OR JBGARCIA09@AOL.COM

YOU CAN ALSO VISIT US ONLINE AT WWW.LORENZOSTRUCKINGLLC.COM

THANK YOU!

LORENZOS TRUCKING SERVICES

1517 E. ALBA DRIVE CASA GRANDE ARIZONA 85122
MAIN 520-836-8083 FAX 520-836-2115 ALTERNATIVE 520-431-5168
WWW.LORENZOSTRUCKINGLLC.COM



LORENZO'S TRUCKING SERVICES

LORENZO'S TRUCKING SERVICES / CARRIER CONTRACT AGREEMENT

THIS AGREEMENT MADE THIS _____ DAY OF _____, 20_____, BY AND BETWEEN

MC# _____ HEREINAFTER REFERRED TO AS "CARRIER"
AND LORENZO'S TRUCKING SERVICES, MC-663225. CARRIER REPRESENTS THAT IT IS A CONTRACT CARRIER,
HAVING APPROPRIATE REQUIRED AUTHORITY FROM ANY AND ALL GOVERNMENTAL AGENCIES AND DESIRES TO
RETAIN THE SERVICES OF LORENZO'S TRUCKING SERVICES TO OBTAIN GOODS AND MERCHANDISE FOR
TRANSPORTING AS ARE OFFERED BY LORENZO'S TRUCKING SERVICES. LORENZO'S TRUCKING SERVICES
DESIRES TO AVAIL ITSELF OF CARRIER'S MOTOR CARRIER SERVICE. NOW THEREFORE, IN CONSIDERATION OF
THE PREMISES AND THE MUTUAL COVENANTS HEREWITH CONTAINED, IT IS HEREBY AGREED AS FOLLOWS:

1. LORENZO'S TRUCKING SERVICES WILL TENDER A SERIES OF SHIPMENTS TO CARRIER. CARRIER AGREES
TO MAKE EQUIPMENT AVAILABLE ON AN "EXCLUSIVE USE" BASIS OR TO MEET THE "DISTINCT NEEDS" OF
LORENZO'S TRUCKING SERVICES.

2. CARRIER RESERVES THE RIGHT TO REFUSE TO TRANSPORT ANY SHIPMENT FOR ANY REASON IT DEEMS
REASONABLE BEFORE CONSIGNMENT; AFTER CONSIGNMENT, HOWEVER, CARRIER AGREES TO DELIVER EACH
SHIPMENT PURSUANT TO ITS DOT / FMCSA OBLIGATIONS.

3. THE RATE AND OTHER CHARGES TO APPLY TO EACH SHIPMENT TRANSPORTED UNDER THIS AGREEMENT
SHALL BE SET FORTH IN THE LORENZO'S TRUCKING SERVICES RATE CONFIRMATION SHEET, ISSUED BY
LORENZO'S TRUCKING SERVICES WITHIN TWENTY-FOUR (24) HOURS OF THE ORAL AGREEMENT. UNLESS
OBJECTED TO WITHIN TWENTY-FOUR (24) HOURS OF ITS RECEIPT, CARRIER SHALL BE CONCLUSIVELY
PRESUMED TO HAVE AGREED THAT THE TERMS AND CONDITIONS SET FORTH ON SUCH ARE FULLY AND
CORRECTLY STATED.

4. CARRIER AGREES TO HAVE INSURANCE CARRIER FORWARD A CERTIFICATE OF INSURANCE SHOWING
LIABILITY AND CARGO INSURANCE WITH LORENZO'S TRUCKING SERVICES NAMED AS ADDITIONAL INSURED.
CARRIER'S CARGO INSURANCE SHALL BE IN AN AMOUNT SUFFICIENT TO COMPENSATE LORENZO'S TRUCKING
SERVICES, OWNER, OR CONSIGNEE FOR LOSS OR DAMAGE TO PROPERTY TRANSPORTED, BUT IN NO EVENT IN
AN AMOUNT LESS THAN \$100,000. CARRIER ALSO AGREES TO PROVIDE 30 DAYS NOTICE PRIOR TO THE
CANCELLATION OF INSURANCE. THE CERTIFICATE IS REQUIRED BEFORE CARRIER CAN BE DISPATCHED ON A
LOAD.

5. CARRIER SHALL BE LIABLE TO OWNER OF CARGO, CONSIGNEE, OR LORENZO'S TRUCKING SERVICES FOR
ANY LOSS OR DAMAGE TO THE PROPERTY OR CARGO WHILE IN THE POSSESSION OF OR UNDER THE CONTROL
OF CARRIER. CARRIER FURTHER AGREES TO INDEMNIFY AND SAVE HARMLESS LORENZO'S TRUCKING SERVICES
FROM AND AGAINST LOSS, DAMAGE, INJURY, INCLUDING DEATH, AND/OR CLAIMS, INCLUDING THE DEFENSE OF
ANY LAWSUITS WHICH ARISE BY THE GROSS NEGLIGENCE OF CARRIER IN CONNECTION WITH THE CARRIAGE OF
ANY AND ALL COMMODITIES OR OPERATION OF THE MOTOR VEHICLE EQUIPMENT UTILIZED BY CARRIER HEREIN
UNDER THIS AGREEMENT.

6. CARRIER AGREES TO RETAIN THIS LORENZO'S TRUCKING SERVICES CONTRACT CARRIER AGREEMENT
AND EACH OF LORENZO'S TRUCKING SERVICES RATE CONFIRMATION SHEET FOR A PERIOD OF THREE (3)
YEARS.

INITIAL



LORENZO'S TRUCKING SERVICES

WORKERS COMPENSATION AGREEMENT

WE, _____ (CARRIER) MC# _____, SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS LORENZO'S TRUCKING SERVICE FROM AND AGAINST ALL LOSS, DAMAGE, FINES, EXPENSE, ACTIONS, AND CLAIMS FOR INJURY TO CARRIERS EMPLOYEES, AGENTS, OR SUBCONTRACTORS (INCLUDING INJURY RESULTING IN DEATH) ARISING OUT OF OR IN CONNECTION WITH THE CARRIER'S DISCHARGE OF DUTIES AND RESPONSIBILITIES UNDER CARRIER CONTRACT AGREEMENT BETWEEN LORENZO'S TRUCKING SERVICES AND CARRIER.

I HAVE READ, UNDERSTAND AND AGREE THE ABOVE STATEMENT AS OF THIS _____ DAY OF _____, 20 _____.

CARRIER: _____ MC #: _____

SIGNATURE: _____ PRINT NAME / OWNER: _____

DATE: _____



LORENZO'S TRUCKING SERVICES

LORENZO'S TRUCKING SERVICES / CARRIER CONTRACT AGREEMENT

7. CARRIER SHALL NEITHER HAVE NOR CLAIM ANY LIEN RIGHTS ON OR AGAINST ANY PROPERTY TRANSPORTED UNDER THIS AGREEMENT. HOWEVER, SHOULD A CONSIGNOR OR CONSIGNEE NOTIFY LORENZO'S TRUCKING SERVICES OF A CLAIM FOR LOSS OR DAMAGE TO PROPERTY TRANSPORTED BY CARRIER UNDER THIS UNDER THIS AGREEMENT, CARRIER AGREES THAT LORENZO'S TRUCKING SERVICES AND CONSIGNOR/CONSIGNEE SHALL HAVE THE RIGHT TO SET-OFF AN AMOUNT SUFFICIENT TO COVER SUCH DAMAGES, AND TO DEDUCT AND WITHHOLD SUCH AMOUNT FROM ANY FREIGHT CHARGE PAYMENTS DUE CARRIER.

8. LORENZO'S TRUCKING SERVICES AGREES TO PAY CARRIER FOR SERVICES RENDERED WITHIN 30 DAYS OF LORENZO'S TRUCKING SERVICES RECEIPT OF CARRIER'S INVOICE, CLEAR ORIGINAL SIGNED ORIGINAL BILL OF LADING, PROOF OF DELIVERY, CURRENT INSURANCE ON FILE, SIGNED CONFIRMATION SHEET IS ON FILE FOR SHIPMENT AND LOAD HAS BEEN DELIVERED CLEAR OF ANY CLAIMS AND/OR EXCEPTIONS.

9. CARRIER SHALL NOT SOLICIT TRAFFIC FROM ANY SHIPPER, CONSIGNEE, OR CUSTOMER OF LORENZO'S TRUCKING SERVICES DURING THE TERM OF THIS AGREEMENT AND FOR A PERIOD OF ONE (1) YEAR AFTER. IF CARRIER "BACK-SOLICITS" ANY OF LORENZO'S TRUCKING SERVICES SHIPPERS, CONSIGNEES, OR CUSTOMER AND OBTAINS TRAFFIC, LORENZO'S TRUCKING SERVICES IS ENTITLED TO A COMMISSION FROM THE CARRIER OF 15% OF ALL TRANSPORTATION REVENUE RECEIVED ON SUCH TRAFFIC MOVEMENT.

10. THIS AGREEMENT SHALL CONTINUE IN FULL FORCE AND EFFECT FOR A PERIOD OF ONE (1) YEAR, WHICH TERM SHALL THEREAFTER BE DEEMED AUTOMATICALLY RENEWED FOR SUCCESSIVE YEAR PERIODS; SUBJECT, HOWEVER, TO THE RIGHT OF THE PARTIES HERETO TO CANCEL OR TERMINATE THE SAME UPON PRIOR WRITTEN 30 DAY NOTICE TO THE OTHER PARTY.

11. THE PARTIES AGREE THAT, SHOULD EITHER PARTY RESORT TO LEGAL ACTION TO ENFORCE THE TERMS OF THIS AGREEMENT, THE PREVAILING PARTY IN SUCH LEGAL ACTION SHALL, IN ADDITION TO ALL OTHER RELIEF, RECOVER ITS ACTUAL ATTORNEY'S FEES AND COURT COSTS.

12. IN THE EVENT THAT LEGAL ACTION TO ENFORCE THIS AGREEMENT SHALL BECOME NECESSARY, THE PARTIES AGREE THAT THE LAWS OF THE STATE OF ARIZONA SHALL GOVERN IT, AND THAT JURISDICTION OVER THE PARTIES AND SUBJECT MATTER OF THE DISPUTE SHALL BE APPROPRIATE IN MARICOPA COUNTY, ARIZONA.

13. THE PARTIES HERE TO AGREE THAT FACSIMILE SIGNATURES MAY BY AFFIXED TO THIS AGREEMENT, AND THAT ONCE SO AFFIXED, SHALL BE DEEMED TO BE OF THE SAME FORCE AND EFFECT AS ORIGINAL SIGNATURES.

IN WITNESS WHEREOF THE PARTIES HAVE EXECUTED THIS AGREEMENT, BY AND THROUGH THEIR DULY AUTHORIZED REPRESENTATIVES, AS OF THE DATE SET FORTH ABOVE.

JOSE GARCIA
PHN: 520.836.8083 FAX 520.836.2115
LORENZO'S TRUCKING SERVICES

CARRIER: _____

MC # _____

SIGNATURE: _____

PRINT NAME / TITLE: _____

DATE: _____

** ALL DOCUMENTS MUST BE FAXED TO 520.836.2115 **



LORENZO'S TRUCKING SERVICES

DEAR CARRIER,
THANK YOU FOR PARTNERING WITH **LORENZO'S TRUCKING SERVICES** TO BETTER
SERVE YOU & EXPEDITE PAYMENT, WE MUST HAVE YOUR COMPANY'S COMPLETE
INFORMATION IN OUR SYSTEM. WE ASK THAT YOU PLEASE FILL OUT COMPLETELY
AND PRINT LEGIBLY, THANK YOU.

Legal Name: _____ DBA Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell: _____ E-Mail: _____

Dispatch Contact: _____ Acc Contact: _____

MC# _____ USDOT# _____ FED ID# _____

Type Of Equipment: _____ How Many: _____ Size: _____

Lanes / States: _____

Additional Info: _____

Notes: _____

Date Entered: _____ Entered By: _____ Time: _____

WE ALSO REQUIRE THE FOLLOWING DOCUMENTS FILLED OUT & FAXED BACK TO
COMPLETE THE SET UP PROCESS:

- CARRIERS CURRENT CARGO & LIABILITY INSURANCE
- CARRIERS MC/ICC AUTHORITY
- CARRIERS W9 TAX FORM
- LORENZO'S CARRIER PACKET FILLED OUT, PAGES 2-5

****ALL DOCUMENTS MUST BE FAXED TO 520-836-2115****

PAGE 2/5

1517 E. ALBA DRIVE CASA GRANDE, AZ 85122
MAIN:520-836-8083 FAX:520-836-2115 ALT:520-431-5168

Lorenzos Trucking Services

1517 E. Alba Dr.

Casa Grande AZ 85122

Phn: 520-836-8083 Fax:520-836-2115

E-Mail jbgarcia09@aol.com

MC# 663225

Request for _____

To Whom It May Concern please add Lorenzos
Trucking Services as a certificate Holder.Fax back to
520-836-2115

Thank You

AP Department

Commercial Certificate of Liability Insurance



FARMERS

Agency **BRIAN COX INSURANCE**
 Name **200 S LEROUX ST STE. 1**
 & **FLAGSTAFF, AZ 86001**
 Address

Issue Date (MM/DD/YY) **11/09/12**

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 shown below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

St 88 Dist. 02 Agent 35

Insured **LORENZO'S TRUCKING LLC.**
 Name **DBA: LORENZO'S TRUCKING SERVICES**
 & **1517 E ALBA**
 Address **CASA GRANDE, AZ 85122**

Companies Providing Coverage (NAIC #):

- Company Letter A Truck Insurance Exchange 21709
- Company Letter B Farmers Insurance Exchange 21652
- Company Letter C Mid-Century Insurance Company 21687
- Company Letter D _____

Coverages

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.

Co. Ltr.	Add'l. Insrd.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
C		General Liability <input checked="" type="checkbox"/> Commercial General Liab. <input type="checkbox"/> Businessowners Liability <hr/> <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence General Aggregate Limit Applies <input type="checkbox"/> Per Location <input type="checkbox"/> Per Project	604776860	11/09/12	11/09/13	Each Occurrence \$ 1,000,000 Damage To Rented Premises (Ea. Occur.) \$ Medical Expenses (Any one person) \$ Personal & Adv. Injury \$ General Aggregate \$ 2,000,000 Prod./Comp. Ops. Aggr. \$
C		Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	604776860	11/09/12	11/09/13	Combined Single Limit (Each accident) \$ 1,000,000 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage (Per accident) \$
		Garage Liability <input type="checkbox"/> Any Auto				Auto Only-Ea. Accident \$ Other Than Auto Only: Each Accident \$ Aggregate \$
		Umbrella Liability Retention \$				Limit \$
		Workers' Compensation and Employers' Liability				Statutory Each Accident \$ Disease - Ea. Employee \$ Disease - Policy Limit \$

Description of Operations/Vehicles/Restrictions/Special Items:

ALSO CARRIES \$100,000 IN CARGO INSURANCE - POLICY 604776860- EFFECTIVE 11/09/2012 - EXPIRES 11/09/2013

Certificate Holder

Name **UNIVERSAL FOREST PRODUCTS INC ITS**
 & **AFFILIATES & SUBSIDIARIES**
 Address **5200 HWY 138 SUITE 100**

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.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification:	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership) ▶	
	<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 the "Name" line 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.

Social security number										

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

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.

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/disregarded entity name" line.

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/disregarded entity 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 following chart 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 5 and 7 through 13. Also, C corporations.
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 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, 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 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 item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

- 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.