## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

	d Consolidated Subsidiaries Substitute W-9 Form				
Business Address: (REQUIRED)		Remit to Address	Remit to Address: (REQUIRED)		
Address:		Address:			
City/State/ZIP:		City/State/ZIP:			
INTERNAL USE ONLY:		UPDATE INFORM	ATION:		
Request Number		Vendor Number(s)	Vendor Number(s) (if known)		
		Previous Individual	Previous Individual/Business Name and/or TIN:		
PART I - TAX STATUS (RE Complete the row of boxes to	QUIRED) hat correspond to your tax status. (COMPLETE O	NE ROW ONLY)			
Individual	Individual Name (First Name, Middle Initial, Last )	Name)	ne) Individual's Social Security Number (9 digits)		
Sole Proprietor or LLC Single-Owner (Unincorporated)	Business Owner's Name (Required)	ocial Security Number (9 digits) Business, Trade Name or DBA			
		and/or Employer ID N	lumbor		
		and or Employer ID	in or Employer to Funder		
Partnership, LLP or	Partnership's Name on IRS records	Employer ID Number	nployer ID Number (9 digits) Name or Partnership		
LLC with Multiple Owners (Unincorporated)	(see IRS mailing labels)				
(Unincorporated)					
Corporation, including	Name (as shown on your income tax return)	Employer ID Number	(9 digits)	Business, Trade Name or DBA	
LLC with Corporation Status (Incorporated)					
Other (Non Profit, Schools, Government, etc.)	Name (as shown on your income tax return)	Employer ID Number	(9 digits)	Specify Type	
PART II -OTHER INFORM	IATION (REQUIRED)				
Please check:	la anni ann ann a faoi faoi an	Г	Yes 🗆 N	lo Coccasionally	
1) There you of will you provide services rendered in cumoning.					
3) Have you or will you receive royalties for services originally rendered in California?  Yes No Occasionally				lo Occasionally	
4) Have you or will you provid	de rentals of tangible personal property to be used in	California?	Yes N	lo Cccasionally	
If you answer YES or OCCASIO	ONALLY to 1), 2), 3) or 4), submit a completed California	a Form 590 or you will	be subject to Ca	alifornia Nonresident Withholding.	
	N AND SIGNATURE (REQUIRED)				
Under penalties of perjury, I co	form in Part I is my correct taxpayer identification nu	mber (or Lam waiting t	for a number to	he assigned to me) and	
I am not subject to backup v     Revenue Service (IRS) that     notified me that I am no long	vithholding because: (a) I am exempt from backup w I am subject to backup withholding as a result of a fa ger subject to backup withholding, and	ithholding, or (b) I hav	e not been notif	ied by the Internal	
<ol> <li>I am a U.S. person (including Certification Instructions: You</li> </ol>	g a U.S. resident alien). 1 <b>MUST</b> cross out item (2) above if you have been notified	by the IRS that you are	currently subject	to backup withholding because of undergenorting	
	return. (Also see Signing the Certification under Specific				
SIGNATURE:	DATE:	DATE:			
PRINT NAME:	COMPAN	COMPANY/TITLE/DEPT:			
PHONE NUMBER:		FAX NU	MBER:		