## **Substitute W-9 Form**



ALL Information is required by IRS Regulations – INCOMPLETE form will be RETURNED.

	Nam	ne: (as shown on yo	ur income tax return)	
	Business Name	: (disregarded entit	y name, if different from ab	ove)
Check The App	ropriate Box: Trust/Esta	te Exempt - F	Provide Payee Code:	
	ole Proprietor	S Corp Partne	rship	overnment Entity
Exempt fro	om FATCA reporting code (if an	ny):		
MWESB - Check		inority Owned Business [	Disabled Veteran Business  LGBT Business  Cert. #:	Disadvantaged Business
Payee Residency  California Nor		_	siness in CA or maintains permanen empt from CA Non-Resident Withho	
Legal Address (number, stree	t, and apt. or suite no.):		City, State and ZIP Cod	de:
Remittance Ad (number, stree	dress t, and apt. or suite no.):		City, State and ZIP Cod	de:
Contact Inform Phone:		ax #:	Email Address:	
Do you accept	credit card payments?	Please select	one: Yes No	
		Taxpayer Identificat	ion Number (TIN)	
alien, sole proprietor, or disr		gov. For other entities, it is your empl		ocial Security Number (SSN). However, for a resident not have a number, see instructions on www.irs.gov.
Social Se	curity Number	OR <b>Emplo</b>	yer Identification Number	¬
because: (a) I am exempt fro dividends, or (c) the IRS has	m backup withholding, or (b) I have not been	notified by the Internal Revenue Ser	number (or I am waiting for a number to be issued t vice (IRS) that I am subject to backup withholding as tizen or other U.S. person (defined on www.irs.gov)	s a result of a failure to report all interest or
	oes not apply. For mortgage interest paid, acc	quisition or abandonment of secured	o withholding because you have failed to report all in property, cancellation of debt, contributions to an in nust provide your correct TIN. See the instructions o	ndividual retirement arrangement (IRA), and
generally, payments other th				
generally, payments other the	Authorized Signature Name (please print):	e:		Date









