



Questions regarding this form should be directed to Hazel Jackson at (254) 770-2311 or George Losoya at (254) 770-2439.

Unit Address: _____, City _____ Zip _____

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you, and because the payment is reportable on a Form 1099 to the IRS. You are required by law to provide your correct Social Security number or Employer Identification Number to us. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723. Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income.

PRIVACY NOTICE:

1. You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
2. You are entitled to receive and review that information; and
3. You are entitled to have the information corrected at no charge to you.

INSTRUCTIONS FOR BELOW:

1. Complete part 1 by completing the one row of boxes that corresponds to your tax status.
2. Complete part 2 if you are exempt from Form 1099 reporting.
3. Complete Part 3 by filling in all lines.

Part 1 – Tax Status (Complete ONLY ONE ROW of boxes)					
Individuals/ Sole Proprietor (Fill out this row) ▶	A Sole Proprietorship may have a "Doing Business As" (dba) trade name, but the legal name is the individual's name.				
	Individual Name: (First name, middle initial, last name)				
	DBA Name:		Tax ID Number/ SS Number		Employer ID Number
Partnership: (or an LLC with multiple owners) (Fill out this row) ▶	Name of Partnership:		Partnership's Tax Identification Number		Partnership's Name on IRS Records (See IRS Mailing label)
Corporation or Tax-Exempt Entity (Fill out this row) ▶	A corporation may use an abbreviated name or its initials, but its legal name is the name on the Articles of Incorporation.				
	Name of Corporation or Entity:			Employer Identification Number	
Part 2 – Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:					
<input type="checkbox"/> Corporation – Note, there is no corporate exemption for payments for medical, healthcare or legal services.	<input type="checkbox"/> Tax Exempt Entity under 501(a) includes 501c(3) or IRA.	<input type="checkbox"/> The United States or any of its agencies or instrumentalities.	<input type="checkbox"/> A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies.	<input type="checkbox"/> A foreign government or political subdivision or international organization in the United States participating under a treaty or act of congress.	

Under penalty 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 me 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 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. person (including a U.S. resident alien)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Part 3 - Certification					
Name:		Title:			
Signature:		Phone:			
Correspondence ATTN to:		Check To:			
Address:		Address:			
City:	State:	Zip:	City:	State:	Zip:

