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## Request for Taxpayer Identification Number and Certification

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1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

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2. Business name/disregarded entity name, if different from above:

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3. Check appropriate box for federal tax classification; check only **one** of the following six boxes:

- Individual/sole proprietor or single-member LLC  
 C Corporation       S Corporation       Partnership       Trust/estate       Other \_\_\_\_\_

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4. Exemptions (codes apply only to certain entities, not individuals):

Exemption payee only (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

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5. Address (number, street, and apt. or suite no.):

6. City, State, and ZIP code:

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7. Tax Identification Number (TIN)

The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). For entities, it is your employer identification number (EIN).

Social Security Number ----- Employer Identification Number -----

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8. Independent Contractor Certification

I certify that I am an Independent Contractor as defined in [ORS 670.600](#).       Yes       No

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### 9. Certification

Under penalty of perjury, I certify that:

- a. 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
- b. I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) 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 (iii) the IRS has notified me that I am no longer subject to backup withholding; and
- c. I am a U.S. citizen or other U.S. person who is legally allowed to work in the U.S.; and
- d. I am authorized to conduct business within the State of Oregon; and
- e. The FATCA codes(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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Sign here:

Date:

## Additional Information

CONTACT FOR CONTRACTS/PURCHASE ORDERS	REMIT PAYMENT TO
Sales contact person:	Accounts Receivable contact person:
Address (number, street, and apt. or suite no.):	Address (number, street, and apt. or suite no.):
City, state, and ZIP code:	City, state, and ZIP code:
Phone:	Phone:
Email (Contracts/Purchase Orders will be emailed):	Email:
Website URL:	

## Certifications

Please indicate any certifications held:

- 8A
- Emerging Small Business
- Disadvantaged Business Enterprise
- Hub Zone
- Minority Owned
- Oregon COBID Certified
- Service-Disabled Veteran Owned
- Women Owned
- Other \_\_\_\_\_

Certifying Organization: \_\_\_\_\_