# Curriculum Associates

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

Bill To:
Beaufort Cnty Sd
Po Drawer 309
Beaufort, SC 29901
US

Ship To:
INDIVIDUAL SCHOOL SITES PER PO

Invoice Number: 90029323-3
Account Number: 4023925
Invoice Date: 7/31/23
Due Date: 8/30/23
PO Number: 22000016
Payment Terms: Scheduled Payment
OC #: 60028550

Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 10 | 31118.0 IRY MTH+RDG UPGR <200 3Y | 1 | $17,365.98 | $17,365.98 |
| 11 | 31119.0 IRY MTH+RDG UPGR 201-350 3Y | 2 | $29,504.37 | $59,008.74 |
| 12 | 13177.0 IRY MTH A+I STU 3Y | 200 | $67.68 | $13,536.00 |
| 13 | 13170.0 IRY RDG A+I STU 3Y | 200 | $67.68 | $13,536.00 |
| 14 | 31120.0 IRY MTH+RDG UPGR 351-500 3Y | 2 | $42,828.87 | $85,657.74 |
| 15 | 31119.0 IRY MTH+RDG UPGR 201-350 3Y | 3 | $30,157.50 | $90,472.50 |
| 16 | 16954.0 PD OS IRY_A+I TSS | 45 | $1,500.00 | $67,500.00 |
| 17 | 15288.0 PD OS FT CONSULT 1Y | 1 | $150,000.00 | $150,000.00 |

Please note that this invoice may not represent all items on your order, as some items might have been placed on backorder until available.

Payment terms
Due 8/30/21: PAID
Due 8/30/22: PAID
Due 8/30/23: $150,000.00

| | |
|---|---|
| Sub Total: | $1,185,332.52 |
| Shipping: | $0.00 |
| Tax: | $0.00 |
| Prepayment Applied: | $0.00 |
| Total USD Amt: | $150,000.00 |

Please do not fall incident to FRAUD. Curriculum Associates will not change its banking instructions without notifying customers through several different channels, including verification via a live phone call from a company designee. We will also place a notice of impending bank account changes on our company web site. If you receive a single, unverified request to change our bank account information for payments, it is likely fraudulent—please notify our Accounts Receivable team immediately by email at ar@cainc.com or by phone at +1 (800) 225-0248

**Curriculum Associates**

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

| | |
|---|---|
| Invoice Number: | 90029323-3 |
| Account Number: | 4023925 |
| Invoice Date: | 7/31/23 |
| Due Date: | 8/30/23 |
| PO Number: | 22000016 |
| Payment Terms: | Scheduled Payment |
| OC # | 60028550 |
| Account: | 4418064408 |
| Account Name: | Curriculum Associates, LLC |
| Bank Name: | Wells Fargo Bank, San Francisco, CA |
| ABA Routing: | 121000248 |
| SWIFT: | WFBIUS6S |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Mail payment to Lockbox:
Curriculum Associates LLC
PO Box 936600
Atlanta, GA 31193-6600

| | |
|---|---|
| Account #: | 4023925 |
| Invoice #: | 90029323-3 |
| Invoice Date: | 7/31/23 |
| PO #: | 22000016 |
| Total USD Amt: | $150,000.00 |

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Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 1 | 31122.0 IRY MTH+RDG UPGR 801-1200 3Y | 2 | $66,450.90 | $132,901.80 |
| 2 | 27941.0 IMPL SUPPORT SVC IRY 3Y | 20 | $0.00 | $0.00 |
| 3 | 28355.0 TBX RDG+WRT 801-1200 2Y | 3 | $7,670.40 | $23,011.20 |
| 4 | 31121.0 IRY MTH+RDG UPGR 501-800 3Y | 7 | $51,502.08 | $360,514.56 |
| 5 | 28354.0 TBX RDG+WRT 501-800 2Y | 7 | $6,201.60 | $43,411.20 |
| 6 | 31120.0 IRY MTH+RDG UPGR 351-500 3Y | 2 | $43,482.00 | $86,964.00 |
| 7 | 28353.0 TBX RDG+WRT 351-500 2Y | 4 | $5,385.60 | $21,542.40 |
| 8 | 28352.0 TBX RDG+WRT 201-350 2Y | 5 | $3,590.40 | $17,952.00 |
| 9 | 28351.0 TBX RDG+WRT <200 2Y | 1 | $1,958.40 | $1,958.40 |

Curriculum Associates®

January 1, 2022

Dear Valued Customer:

Curriculum Associates would like to provide a friendly reminder of its banking information which took effect August 2018.

We encourage ACH electronic payments as it ensures timely processing and is environmentally friendly.

Account Number: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank—San Francisco, CA
ABA Routing: 121000248
SWIFT Code (International only): WFBIUS6S
Tax ID: 26-3954988

Please send any payment notifications to payments@cainc.com.

Lockbox Address:
Curriculum Associates, LLC
PO Box 936600
Atlanta, GA 31193-6600

Overnight Payment Address:
Curriculum Associates, LLC
Attn: Lockbox 936600
3585 Atlanta Avenue
Hapeville, GA 30354-1705

**Invoice Delivery Options**

Curriculum Associates is pleased to offer electronic invoice delivery via email. Electronic invoice delivery allows for:

- Prompt delivery of invoices
- The ability to distribute to multiple recipients.

If you would like to request electronic invoice delivery, please contact our Accounts Receivable team. Please reference your Quote Number, Invoice Number, and/or Account Number and provide the email address to which we should send the invoice indicating you would like to opt in for electronic invoice delivery.

The Accounts Receivable team can be reached via email: Email: ar@cainc.com, phone +1 (800) 225-0248 (option 3), or fax +1 (800) 366-1158

From Your Partner in Education,

Curriculum Associates, LLC
800-225-0248
https://www.curriculumassociates.com/support

## Curriculum Associates, LLC

153 Rangeway Road
North Billerica, MA 01862

FID: 26-3954988

# INVOICE

BILL TO:
Beaufort Co SD
Po Drawer 309
Beaufort, SC 29901
United States of America

SHIP TO:
Beaufort Co SD
2900 Mink Point Blvd
Beaufort, SC 29902
United States of America
Beaufort County School District, SC

| | |
|---|---|
| INVOICE | 10006848 |
| ACCOUNT NUMBER | 4023925 |
| DATE | 11/20/2023 |
| TERMS | Net 30 |
| DUE DATE | 12/20/2023 |
| PO NUMBER | 24004683 |

| Sales Item | Description | Amount |
|---|---|---|
| In-Person Training | In-Person Training 10/19/23 | $4,000.00 |
| In-Person Training | In-Person Training 10/25/23 | $4,000.00 |

Please remit payment to:

| | |
|---|---|
| Account: | 4418064408 |
| Account Name: | Curriculum Associates, LLC |
| Bank Name: | Wells Fargo Bank, San Francisco, CA |
| ABA Routing: | 121000248 |
| SWIFT: | WFBIUS6S |

Mail payment to Lockbox:
Curriculum Associates LLC
PO Box 936600
Atlanta, GA 31193-6600

| | |
|---|---|
| SUBTOTAL | $8,000.00 |
| TAX | $0.00 |
| TOTAL | $8,000.00 |
| BALANCE DUE-USD | $8,000.00 |

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## Curriculum Associates, LLC

153 Rangeway Road
North Billerica, MA 01862

FID: 26-3954988

| | |
|---|---|
| Invoice Number | 10006848 |
| Account Number | 4023925 |
| Invoice Date | Nov 20, 2023 |
| Due Date | Dec 20, 2023 |
| PO Number | 24004683 |
| Payment Terms | Net 30 |

| | |
|---|---|
| Account: | 4418064408 |
| Account Name: | Curriculum Associates, LLC |
| Bank Name: | Wells Fargo Bank, San Francisco, CA |
| ABA Routing: | 121000248 |
| SWIFT: | WFBIUS6S |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Mail payment to Lockbox:
Curriculum Associates LLC
PO Box 936600
Atlanta, GA 31193-6600

| | |
|---|---|
| Account # | 4023925 |
| Invoice # | 10006848 |
| Invoice Date | Nov 20, 2023 |
| PO # | 24004683 |
| Total Amount | $8,000.00 |

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# Curriculum Associates

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

Bill To:
Beaufort Cnty Sd
Po Drawer 309
Beaufort, SC 29901
US

Ship To:
Robert Smalls Intl Academy
43 W K Alston Dr
Beaufort, SC 29906
US

Invoice Number: 90731527
Account Number: 4023925
Invoice Date: 3/16/23
Due Date: 4/15/23
PO Number: 23000369
Payment Terms: Net 30
OC #: 60148850

Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 1 | 16515.9 RDY MTH INST G4 TRB | 2 | $25.50 | $51.00 |
| 2 | 16514.0 RDY MTH INST G3 SB | 20 | $15.00 | $300.00 |
| 3 | 12689.1 PHONICS FOR RDG 1ST LEV SB | 10 | $9.00 | $90.00 |
| 4 | 16516.0 RDY MTH INST G5 SB | 20 | $15.00 | $300.00 |
| 5 | 16513.9 RDY MTH INST G2 TRB | 2 | $25.50 | $51.00 |
| 6 | 16514.9 RDY MTH INST G3 TRB | 2 | $25.50 | $51.00 |
| 7 | 12689.0 PHONICS RDGING 1ST LEV 5-PACK | 20 | $45.00 | $900.00 |
| 8 | 16525.9 RDY RDG INST G5 TRB | 2 | $25.50 | $51.00 |

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153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

Bill To:
Beaufort Cnty Sd
Po Drawer 309
Beaufort, SC 29901
US

Ship To:
Robert Smalls Intl Academy
43 W K Alston Dr
Beaufort, SC 29906
US

Invoice Number: 90731527
Account Number: 4023925
Invoice Date: 3/16/23
Due Date: 4/15/23
PO Number: 23000369
Payment Terms: Net 30
OC #: 60148850

Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 9 | 16516.9 RDY MTH INST G5 TRB | 2 | $25.50 | $51.00 |
| 10 | 16525.0 RDY RDG INST G5 SB | 20 | $15.00 | $300.00 |
| 11 | 24212.0 RDY MTH INST G6 SB C20 | 20 | $15.00 | $300.00 |
| 12 | 16526.0 RDY RDG INST G6 SB | 20 | $15.00 | $300.00 |
| 13 | 24212.9 RDY MTH INST G6 TRB C20 | 2 | $25.50 | $51.00 |
| 14 | 16515.0 RDY MTH INST G4 SB | 20 | $15.00 | $300.00 |
| 15 | 16522.9 RDY RDG INST G2 TRB | 2 | $25.50 | $51.00 |
| 16 | 16526.9 RDY RDG INST G6 TRB | 2 | $25.50 | $51.00 |

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Bill To:
Beaufort Cnty Sd
Po Drawer 309
Beaufort, SC 29901
US

Ship To:
Robert Smalls Intl Academy
43 W K Alston Dr
Beaufort, SC 29906
US

Invoice Number: 90731527
Account Number: 4023925
Invoice Date: 3/16/23
Due Date: 4/15/23
PO Number: 23000369
Payment Terms: Net 30
OC #: 60148850

Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 17 | 16524.0 RDY RDG INST G4 SB | 20 | $15.00 | $300.00 |
| 18 | 16523.9 RDY RDG INST G3 TRB | 2 | $25.50 | $51.00 |
| 19 | 16522.0 RDY RDG INST G2 SB | 20 | $15.00 | $300.00 |
| 20 | 16513.0 RDY MTH INST G2 SB | 20 | $15.00 | $300.00 |
| 21 | 16524.9 RDY RDG INST G4 TRB | 2 | $25.50 | $51.00 |
| 22 | 16523.0 RDY RDG INST G3 SB | 20 | $15.00 | $300.00 |

| | |
|---|---|
| Sub Total: | $4,500.00 |
| Shipping: | $450.00 |
| Tax: | $297.04 |
| Prepayment Applied: | $0.00 |
| Total USD Amt: | $5,247.04 |

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# Curriculum Associates

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

| | |
|---|---|
| Invoice Number: | 90731527 |
| Account Number: | 4023925 |
| Invoice Date: | 3/16/23 |
| Due Date: | 4/15/23 |
| PO Number: | 23000369 |
| Payment Terms: | Net 30 |
| OC # | 60148850 |
| Account: | 4418064408 |
| Account Name: | Curriculum Associates, LLC |
| Bank Name: | Wells Fargo Bank, San Francisco, CA |
| ABA Routing: | 121000248 |
| SWIFT: | WFBIUS6S |

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Mail payment to Lockbox:
Curriculum Associates LLC
PO Box 936600
Atlanta, GA 31193-6600

| | |
|---|---|
| Account #: | 4023925 |
| Invoice #: | 90731527 |
| Invoice Date: | 3/16/23 |
| PO #: | 23000369 |
| Total USD Amt: | $5,247.04 |

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# Curriculum Associates

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

Invoice Number: 90734131-1
Account Number: 4023925
Invoice Date: 3/29/23
Due Date: 4/28/23
PO Number: CCMINKPOINT
Payment Terms: Net 30
OC #: 60146387

Bill To:
Beaufort Cnty Sd
Po Drawer 309
Beaufort, SC 29901
US

Account: 4418064408
Account Name: Curriculum Associates, LLC
Bank Name: Wells Fargo Bank, San Francisco, CA
ABA Routing: 121000248
SWIFT: WFBIUS6S

Ship To:
Beaufort Co School District
2900 Mink Point Blvd
Beaufort, SC 29902
US

Please send remittance detail to:
payments@cainc.com

| Line # | Product | Shipped | Unit Price | Extended Amt |
|---|---|---|---|---|
| 1 | 12689.9 PHONICS FOR RDG 1ST LEV TG | 60 | $14.95 | $897.00 |
| 2 | 12689.1 PHONICS FOR RDG 1ST LEV SB 1Y | 650 | $9.00 | $5,850.00 |
| 3 | 12691.1 PHONICS FOR RDG 3RD LEV SB 1Y | 100 | $9.00 | $900.00 |
| 4 | 12690.9 PHONICS FOR RDG 2ND LEV TG | 60 | $14.95 | $897.00 |
| 5 | 12690.1 PHONICS FOR RDG 2ND LEV SB 1Y | 200 | $9.00 | $1,800.00 |
| 6 | 12691.9 PHONICS FOR RDG 3RD LEV TG | 60 | $14.95 | $897.00 |

| | |
|---|---|
| Credit Memo 90773747 Applied: | ($11,915.46) |
| Sub Total: | $11,241.00 |
| Shipping: | $1,011.69 |
| Tax: | $735.15 |
| Prepayment Applied: | $0.00 |
| Total USD Amt: | $1,072.38 |

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**Curriculum Associates**

153 Rangeway Road
N. Billerica, MA 01862
FID: 26-3954988

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|---|---|
| Invoice Number: | 90734131-1 |
| Account Number: | 4023925 |
| Invoice Date: | 3/29/23 |
| Due Date: | 4/28/23 |
| PO Number: | CCMINKPOINT |
| Payment Terms: | Net 30 |
| OC # | 60146387 |
| Account: | 4418064408 |
| Account Name: | Curriculum Associates, LLC |
| Bank Name: | Wells Fargo Bank, San Francisco, CA |
| ABA Routing: | 121000248 |
| SWIFT: | WFBIUS6S |

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Curriculum Associates LLC
PO Box 936600
Atlanta, GA 31193-6600

| | |
|---|---|
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| Invoice #: | 90734131-1 |
| Invoice Date: | 3/29/23 |
| PO #: | CCMINKPOINT |
| Total USD Amt: | $1,072.38 |

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# Purchase Requisition Form

| Requisitioner Info: | |
|---|---|
| Date: | 12-Jul-23 |
| Name | Dietra Holmes |
| Dept/ Prog | Student Services |
| Phone | (843) 322-2394 |
| Delivery Location | |

| Recommended Vendor Info: | |
|---|---|
| Name | Curriculum Associates |
| Address | 153 Rangeway Road N.<br>Billerica, MA 01862 |
| Phone | |
| Fax | |
| Attn. | |

| Purpose: | |
|---|---|
| Special Instructions | Please send remittance detail to: payments@cainc.com |

| Item # | Qty | Description | Unit Price | Line Total |
|---|---|---|---|---|
| | 1 | Shipping charge for return of Phonics for Rdg materials | $1,011.69 | $ 1,011.69 |
| | | | $ - | $ - |
| | | | $ - | $ - |
| | | | $ - | $ - |
| | | | $ - | $ - |
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| | | | $ - | $ - |
| | | | $ - | $ - |
| | | | $ - | $ - |
| | | | $ - | $ - |
| | | | Subtotal | $1,011.69 |
| | | | Sales Tax | $0.00 |
| | | | Total | $1,011.69 |

Account Number: 10022301-541000

Procurement Method: P-Card ☐ Exempt ☐ Contract ☐ Other

**Release of Purchase Card ONLY**

I am aware that this form must be signed and approved by my supervisor before the purchase card is released to me. I also understand that once in my possession, I will be the designated person responsible for the card. I must immediately return the purchase card after the purchase and provide receipts for the merchandise to Jy'Kiera Garvin (purchase cardholder)

Cardholder Signature _____ Date _____

Department Approval _____ Date 7/12/2023

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

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

Curriculum Associates, LLC

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

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

153 Rangeway Road

Requester's name and address (optional)

6 City, state, and ZIP code

North Billerica, MA 01862

7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

[redacted]

**or**

**Employer identification number**

[redacted]

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

**Sign Here** | **Signature of U.S. person** ▶ [signature] | **Date** ▶ January 4, 2022

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*