



# CITY OF WILMINGTON, DELAWARE VENDOR APPLICATION

Louis L. Redding City/County Building  
800 French Street Wilmington, DE 19801  
www.WilmingtonDE.gov

**Official Use Only**

City License No.: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

## VENDOR APPLICATION FORM

Please complete this form and return it to the City of Wilmington in order to be listed in the City's Vendor Directory. Completed forms should be returned to: City of Wilmington, Procurement, 5th floor, Louis L. Redding City/County Building, 800 French Street, Wilmington, DE 19801. They may also be emailed to [procurement@WilmingtonDE.gov](mailto:procurement@WilmingtonDE.gov) or faxed to (302) 571-4283.

Indicate on the attached sheets the product(s) or service(s) you wish to provide.

(PLEASE TYPE OR PRINT LEGIBLY)

1. Name of Company: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

2. Federal Employer Identification No. (Social Security No., if individual): \_\_\_\_\_

3. Address to which bid forms and purchase orders are to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone: \_\_\_\_\_ 5. Email Address: \_\_\_\_\_

6. Fax Number: \_\_\_\_\_ 7. Website: \_\_\_\_\_

8. Address and phone number to which payments are to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

9. Do you claim, in connection with a Federal program, Minority Business Enterprise Status?  Yes  No

If yes, for statistical purposes only, indicate which category:

- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Black American  | <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Female    |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> American Eskimo   | <input type="checkbox"/> American Aleut | <input type="checkbox"/> Net Worth |

10. Do you claim Disadvantaged Business Enterprise Status?  Yes  No

11. I certify that the information supplied herein is correct.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**SUPPLIES**  
(CATEGORIES 005 THRU 899)

**NOTE: Indicate commodity area if not specified below**

**PLEASE PLACE A CHECKMARK (✓) BY THE ITEMS YOU ARE INTERESTED IN SUPPLYING**

<input type="checkbox"/> 025	AIR COMPRESSORS, ACCESSORIES & PARTS	<input type="checkbox"/> 140	BROOM, BRUSH & MOP MANUFACTURING MACHINERY & SUPPLIES
<input type="checkbox"/> 031	AIR CONDITIONING, HEATING & VENTILATING: EQUIPMENT, PARTS & ACCESSORIES (SEE RELATED ITEMS IN CLASS 740)	<input type="checkbox"/> 145	BRUSHES (NOT OTHERWISE CLASSIFIED)
<input type="checkbox"/> 68004	AMMUNITION	<input type="checkbox"/> 150	BUILDER'S SUPPLIES
<input type="checkbox"/> 045	APPLIANCES & EQUIPMENT HOUSEHOLD TYPE	<input type="checkbox"/> 155	BUILDINGS FABRICATED
<input type="checkbox"/> 73310	ART/DRAFTING SUPPLIES (RECYCLED)	<input type="checkbox"/> 165	CAFETERIA & KITCHEN EQUIPMENT, COMMERCIAL
<input type="checkbox"/> 050	ART EQUIPMENT & SUPPLIES	<input type="checkbox"/> 175	CHEMICAL LABORATORY EQUIPMENT & SUPPLIES
<input type="checkbox"/> 80515	ATHLETIC AWARDS	<input type="checkbox"/> 180	CHEMICAL RAW MATERIALS
<input type="checkbox"/> 880	AUDIO VISUAL EDUCATION EQUIPMENT & SUPPLIES (EXCEPT PROJECTION LAMPS - SEE CLASS 285)	<input type="checkbox"/> 190	CHEMICALS, COMMERCIAL, IN BULK AMOUNTS
<input type="checkbox"/> 055	AUTOMOBILE & TRUCK ACCESSORIES	<input type="checkbox"/> 192	CLEANING COMPOSITIONS & SOLVENTS (NOT OTHERWISE CLASSIFIED)
<input type="checkbox"/> 65058	AUTOMOBILE IMMOBILIZERS (BOOTS) FOR CARS	<input type="checkbox"/> 195	CLOCKS, TIMERS, WATCHES, & JEWELERS & WATCHMAKERS TOOLS & EQUIPMENT
<input type="checkbox"/> 065	AUTOMOTIVE: BODIES & SPECIAL BODY ACCESSORIES FOR TRUCKS MEDIUM & HEAVY DUTY (EXCEPT SCHOOL BUSES)	<input type="checkbox"/> 200	CLOTHING & APPAREL
<input type="checkbox"/> 074	AUTOMOTIVE: CYCLES & OFF-ROAD MINI VEHICLES	<input type="checkbox"/> 206	COMPUTER HARDWARE (LEASE/RENTAL ONLY)
<input type="checkbox"/> 070	AUTOMOTIVE: MAJOR TRANSPORTATION EQUIPMENT	<input type="checkbox"/> 207	COMPUTER HARDWARE, PERIPHERALS & ACCESSORIES (INSTALLMENTS PURCHASE/LEASE PURCHASE ONLY)
<input type="checkbox"/> 060	AUTOMOTIVE: PARTS & MAINTENANCE ITEMS	<input type="checkbox"/> 205	COMPUTER HARDWARE, PERIPHERALS & ACCESSORIES PURCHASE ONLY
<input type="checkbox"/> 075	AUTOMOTIVE: SHOP EQUIPMENT & SUPPLIES	<input type="checkbox"/> 217	COMPUTER SOFTWARE, PACKAGED FOR MAINFRAMES
<input type="checkbox"/> 072	AUTOMOTIVE: TRAILERS	<input type="checkbox"/> 215	COMPUTER SOFTWARE, PACKAGED FOR MICROCOMPUTERS
<input type="checkbox"/> 080	BADGES & OTHER IDENTIFICATION EQUIPMENT & SUPPLIES	<input type="checkbox"/> 216	COMPUTER SOFTWARE, PACKAGED FOR MINICOMPUTERS
<input type="checkbox"/> 08010	BADGES, BUTTONS, EMBLEMS	<input type="checkbox"/> 218	COMPUTER SUPPLIES (EXCEPT PAPER)
<input type="checkbox"/> 103	BATTERIES, PRIMARY & RECHARGEABLE NICKEL CADMIUM	<input type="checkbox"/> 210	CONCRETE & CORRUGATED METAL CULVERTS, PIPES & OTHER PRODUCTS
<input type="checkbox"/> 105	BEARINGS (EXCEPT WHEEL BEARINGS & SEALS - SEE CLASS 060)	<input type="checkbox"/> 220	CONTROLLING, INDICATING & RECORDING INSTRUMENTS & SUPPLIES
<input type="checkbox"/> 120	BOATS, MOTORS & MARINE & WILDLIFE SUPPLIES	<input type="checkbox"/> 225	COOLERS, DRINKING WATER
<input type="checkbox"/> 68008	BODY ARMOR, BALLISTIC (BULLETPROOF)	<input type="checkbox"/> 232	CRAFTS, GENERAL
<input type="checkbox"/> 73308	BOXES, CORRUGATED (RECYCLED)	<input type="checkbox"/> 233	CRAFTS, SPECIALIZED
<input type="checkbox"/> 135	BRICKS & OTHER CLAY PRODUCTS, REFACTORY MATERIALS & STONE PRODUCTS	<input type="checkbox"/> 88400	CURB BOX REPAIR KITS

___240	CUTLERY, DISHES, FLATWARE, GLASSWARE, TRAYS, UTENSILS & SUPPLIES	___371	FOODS/BEVERAGES
___245	DAIRY EQUIPMENT & SUPPLIES	___395	FORMS, CONTINUOUS (COMPUTER PAPER) & SNAP-OUT
___250	DATA PROCESSING CARDS & PAPER (SINGLE SHEET, NOT CONTINUOUS)	___400	FOUNDRY, CASTINGS, EQUIPMENT & SUPPLIES
___255	DECALCOMANIAS	___405	LUBRICANTS
___265	DRAPERIES, CURTAINS & UPHOLSTERY	___40512	HEATING FUEL
___269	DRUGS/PHARMACEUTICALS	___40515	GASOLINE
___281	ELECTRICAL – LIGHTING & FIXTURES	___73312	GLASS BEADS, (RECYCLED)
___280	ELECTRICAL CABLES & WIRES (NOT ELECTRONIC)	___420	FURNITURE
___286	ELECTRICAL EQUIPMENT & SUPPLIES (EXCEPT CABLE, WIRE & LIGHTING)	___435	GERMICIDES, HOSPITAL & PERSONAL MATERIALS, SANITATION PRODUCTS
___287	ELECTRONIC COMPONENTS, REPLACEMENT PARTS & ACCESSORIES & MISCELLANEOUS ELECTRONIC EQUIPMENT (NOT FOR TESTING, MEASURING, OR ANALYZING – SEE CLASS 730)	___460	HOSE, ALL KINDS
___295	ELEVATORS, BUILDING TYPE	___470	HOSPITAL EQUIPMENT – MOBILITY, SPEECH & VISION IMPAIRED
___300	EMBOSSING & ENGRAVING	___485	JANITORIAL SUPPLIES, GENERAL LINE
___290	ENERGY COLLECTING EQUIPMENT & ACCESSORIES: SOLAR & WIND	___490	LABORATORY EQUIPMENT & ACCESSORIES FOR GENERAL ANALYTICAL & RESEARCH USE: NUCLEAR, OPTICAL & PHYSICAL
___305	ENGINEERING EQUIPMENT, SURVEYING EQUIPMENT, DRAWING INSTRUMENTS & SUPPLIES	___493	LABORATORY EQUIPMENT & ACCESSORIES: BIOCHEMISTRY, CHEMISTRY, ENVIRONMENTAL SCIENCE, ETC.
___73304	ENVELOPES (RECYCLED)	___505	LAUNDRY & DRY CLEANING SUPPLIES
___310	ENVELOPES, PLAIN OR PRINTED	___510	LAUNDRY TEXTILES & SUPPLIES
___316	EXERCISE EQUIPMENT	___517	LAWN & ROADSIDE MAINTENANCE EQUIPMENT (TO BE MOUNTED OR TOWED BEHIND POWERED EQUIPMENT)
___320	FASTENERS, FASTENING DEVICES PACKAGE STITCHING, STRAPPING & TYING EQUIPMENT & SUPPLIES	___515	LAWN EQUIPMENT & ACCESSORIES
___325	FEED & BEDDING (FOR ANIMAL & FOWL)	___540	LUMBER, PLYWOOD, PRESSBOARDS, SHEETROCK, SHINGLES, SIDINGS & STAKES
___330	FENCE	___545	MACHINERY & HEAVY HARDWARE
___335	FERTILIZERS & SOIL CONDITIONERS	___550	MARKERS, PLAQUES, SIGNS & TRAFFIC CONTROL DEVICES
___340	FIRE PROTECTION EQUIPMENT & SUPPLIES	___89045	METER, WATER
___345	FIRST AID & SAFETY EQUIPMENT & SUPPLIES (EXCEPT NUCLEAR & WELDING)	___89046	METER, WATER, PARTS & FITTINGS
___350	FLAGS, FLAG POLES, BANNERS & ACCESSORIES	___575	MICROFICHE, MICROFILM, MICROFILMING EQUIPMENT & SUPPLIES
___55020	FLARES & FUSES	___600	OFFICE MACHINES, EQUIPMENT & ACCESSORIES
___360	FLOOR COVERING, FLOOR COVERING INSTALLATION & REMOVAL EQUIPMENT & SUPPLIES	___605	OFFICE MECHANICAL AIDS, SMALL MACHINES & APPARATUSES
___365	FLOOR MAINTENANCE MACHINES, PARTS & ACCESSORIES		

___620	OFFICE SUPPLIES, ERASERS, INKS, LEADS, PENS, PENCILS, ETC.	___755	ROAD, HIGHWAY & CONSTRUCTION EQUIPMENT & PARTS: ASPHALT & CONCRETE HANDLING & PROCESSING
___73309	OFFICE SUPPLIES, (RECYCLED)	___765	ROAD, HIGHWAY & CONSTRUCTION EQUIPMENT ACCESSORIES & PARTS SPECIALIZED (INCLUDING ATTACHMENTS)
___73305	PAPER TOWELS (RECYCLED)	___760	ROAD, HIGHWAY & CONSTRUCTION EQUIPMENT: PACKING, GRADING, MOVING, EARTH HANDLING, ETC.
___630	PAINT, PROTECTIVE COATINGS, VARNISH, WALLPAPER & RELATED PRODUCTS	___770	ROOFING (EXCEPT WOOD - SEE CLASS 540)
___635	PAINTING EQUIPMENT & ACCESSORIES	___151	SAFETY EQUIPMENT, HATES, VESTS, GLOVES
___56054	PALLETS, WOOD	___775	SALT, SODIUM CHLORIDE (EXCEPT TABLE, SEE CLASS 377)
___640	PAPER & PLASTIC PRODUCTS, DISPOSABLE	___780	SCALES & WEIGHING APPARATUS (SEE 175-08 FOR LABORATORY BALANCES)
___645	PAPER (FOR OFFICE & PRINT SHOP USE)	___790	SEED, SOD, SOIL & INOCULANTS
___650	PARK, PLAYGROUND & SWIMMING POOL EQUIPMENT	___800	SHOES & BOOTS
___64565	PAPER, FACSIMILE	___803	SOUND SYSTEMS, COMPONENTS & ACCESSORIES: GROUP INTERCOM, MUSIC, PUBLIC ADDRESS, ETC.
___73302	PAPER, XEROGRAPHIC (RECYCLED)	___805	SPORTING & ATHLETIC GOODS
___73301	PAPER, COMPUTER (RECYCLED)	___810	SPRAYING EQUIPMENT (EXCEPT HOUSEHOLD, NURSERY PLANT, & PAINT)
___655	PHOTOGRAPHIC EQUIPMENT & SUPPLIES (NOT INCLUDING GRAPHIC ARTS, MICROFILM, X-RAY)	___815	STEAM & HOT WATER SPECIALTIES
___670	PLUMBING EQUIPMENT, FIXTURES & SUPPLIES	___832	TAPE (NOT DATA PROCESSING, MEASURING, OPTICAL, SEWING, SOUND OR VIDEO)
___680	POLICE EQUIPMENT & SUPPLIES	___840	TELEVISION/VIDEO EQUIPMENT & ACCESSORIES
___696	PRINTING (ALSO SEE CLASS 250 & 395)	___845	TESTING APPARATUS & INSTRUMENTS (NOT FOR ELECTRICAL OR ELECTRONIC MEASUREMENTS)
___705	PRINTING PREPARATIONS: ETCHING, PHOTOENGRAVING, TYPESETTING, & PREPARING MATS, NEGATIVES & PLATES	___860	TICKETS, COUPON BOOKS, SALES BOOKS, SCRIPT BOOKS, ETC.
___715	PUBLICATIONS & AUDIOVISUAL MATERIALS (PREPARED MATERIALS ONLY, NOT EQUIPMENT, SUPPLIES, OR PRODUCTION)	___73307	TIRES, RETREAD (RECYCLED)
___720	PUMPS & PUMP ACCESSORIES (EXCEPT AUTOMOTIVE ENGINE, HOSPITAL, LABORATORY, MARINE BAILING & BILGE, HVAC & VACUUM)	___863	TIRES & TUBES
___725	RADIO & TELECOMMUNICATIONS EQUIPMENT & ACCESSORIES	___73306	TOILET TISSUES (RECYCLED)
___730	RADIO, TELEVISION & ELECTRONIC TESTING, MEASURING & ANALYZING EQUIPMENT & ACCESSORIES (ALSO SEE CLASS 840)	___73303	TONER, CARTRIDGE (RECYCLED)
___735	RAGS, SHOP TOWELS & WIPING CLOTHS	___866	TRACTORS, DIESEL & GASOLINE
___740	REFRIGERATION EQUIPMENT & ACCESSORIES	___870	VENETIAN BLINDS, AWNINGS & SHADES
___745	ROAD & HIGHWAY BUILDING MATERIALS (ASPHALTIC)	___875	VETERINARY SUPPLIES
___750	ROAD & HIGHWAY BUILDING MATERIALS (NOT ASPHALTIC)	___883	WASTE & REFUSE EQUIPMENT & PARTS

\_\_\_89100 WATER METERS – SCRAP

\_\_\_890 WATER SUPPLY & SEWAGE TREATMENT EQUIPMENT  
(NOT FOR AIR CONDITIONING, STEAM BOILER, OR  
LABORATORY REAGENT WATER)

\_\_\_885 WATER TREATING CHEMICALS

\_\_\_894 WELDING EQUIPMENT, GASES & SUPPLIES

OTHER

---

---

---

**SERVICES**  
**(CATEGORIES 900 THRU 99999)**

**NOTE: Indicate commodity area if not specified below**

**PLEASE PLACE A CHECKMARK (✓) BY THE ITEMS YOU ARE INTERESTED IN SUPPLYING**

<input type="checkbox"/> 902	ADVERTISING/PUBLIC RELATION SERVICES	<input type="checkbox"/> 96126	FENCE INSTALLATION SERVICES
<input type="checkbox"/> 905	ALCOHOL & DRUG ABUSE SERVICES	<input type="checkbox"/> 932	FINANCIAL SERVICES
<input type="checkbox"/> 907	APPRAISAL SERVICES	<input type="checkbox"/> 98222	FIRE EXTINGUISHER INSPECTION
<input type="checkbox"/> 92205	AMBULANCE SERVICE	<input type="checkbox"/> 934	FOOD & BEVERAGE SERVICE
<input type="checkbox"/> 92405	ARCHITECT/ENGINEER SERVICES	<input type="checkbox"/> 91337	GENERAL CONTRACTOR SERVICES
<input type="checkbox"/> 93212	AMBULANCE BILLING	<input type="checkbox"/> 90938	GLASS INSTALLATION
<input type="checkbox"/> 908	ARTISTIC SERVICES	<input type="checkbox"/> 91338	HAULING SERVICES
<input type="checkbox"/> 92509	ASBESTOS REMOVAL	<input type="checkbox"/> 91339	GRADING, EXCAVATING & SODDING
<input type="checkbox"/> 96110	AUCTIONEERING SERVICES	<input type="checkbox"/> 91341	HIGHWAY & ROAD, ASPHALT
<input type="checkbox"/> 95612	AUTOMOBILE BODY REPAIR	<input type="checkbox"/> 90942	HVAC MAINTENANCE
<input type="checkbox"/> 909	BUILDING MAINTENANCE & REPAIR	<input type="checkbox"/> 91340	HVAC SERVICE
<input type="checkbox"/> 95725	BUILDING MANAGEMENT	<input type="checkbox"/> 942	INDUSTRIAL ENGINEERING SERVICES
<input type="checkbox"/> 99515	BUS W/OPERATOR	<input type="checkbox"/> 98030	INDUSTRIAL EQUIPMENT, RENTAL OF
<input type="checkbox"/> 93420	CAFETERIA SERVICES	<input type="checkbox"/> 943	INSURANCE
<input type="checkbox"/> 91320	CARPENTRY SERVICE	<input type="checkbox"/> 90947	JANITORIAL/CUSTODIAL SERVICE
<input type="checkbox"/> 93423	COFFEE SERVICES	<input type="checkbox"/> 947	LABORATORY SERVICES
<input type="checkbox"/> 93217	COLLECTION SERVICES (PARKING TICKETS)	<input type="checkbox"/> 949	LANDSCAPE SERVICES
<input type="checkbox"/> 90402	COMPOSTING SERVICES	<input type="checkbox"/> 95016	LEASE OF FORKLIFT TRUCKS
<input type="checkbox"/> 91307	CONSTRUCTION MANAGEMENT	<input type="checkbox"/> 951	LEGAL SERVICES
<input type="checkbox"/> 93218	CREDIT CARD SERVICES	<input type="checkbox"/> 91350	LOCKSMITH SERVICE
<input type="checkbox"/> 91309	CURBS, GUTTERS & SIDEWALKS	<input type="checkbox"/> 96148	MACHINE SHOP WORK
<input type="checkbox"/> 916	DATA PROCESSING SERVICES	<input type="checkbox"/> 955	MAIL HANDLING SERVICE
<input type="checkbox"/> 91325	DEMOLITION SERVICE	<input type="checkbox"/> 956	MAINTENANCE & REPAIR SERVICES
<input type="checkbox"/> 91330	ELECTRICAL SERVICE, NEW CONSTRUCTION	<input type="checkbox"/> 957	MANAGEMENT SERVICES
<input type="checkbox"/> 922	EMERGENCY MEDICAL SERVICES	<input type="checkbox"/> 91352	MARINE CONSTRUCTION
<input type="checkbox"/> 923	EMPLOYMENT SERVICES	<input type="checkbox"/> 91355	MASONRY: BRICK WORK, LAYING REPAIR, ETC.
<input type="checkbox"/> 925	ENVIRONMENTAL SERVICES	<input type="checkbox"/> 91357	MASONRY: CONCRETE WORK, REPAIR, ETC.
<input type="checkbox"/> 926	EVALUATION & DIAGNOSTIC SERVICES	<input type="checkbox"/> 960	MEDICAL SERVICES
<input type="checkbox"/> 91335	EXCAVATING SERVICES	<input type="checkbox"/> 91359	MECHANICAL CONTRACTORS
<input type="checkbox"/> 90933	EXTERMINATING SERVICE	<input type="checkbox"/> 91358	MEMORIALS

___962	MOVING SERVICES	___91367	STEEL ERECTION
___94960	MOVING, LANDSCAPE	___990	TELECOMMUNICATIONS SERVICES
___965	NATURAL RESOURCES SERVICES	___991	TEMPORARY PERSONNEL
___91360	PAINTING	___98068	TENTS, RENTAL OF
___91362	PAVING SERVICE	___91380	TRAFFIC SIGNAL CONSTRUCTION & REPAIR SERVICES
___970	PHOTOGRAPHIC SERVICES	___994	TRAINING SERVICES
___91378	PLAYGROUND: TENNIS, HANDBALL, BASKETBALL, ETC.	___995	TRANSPORTATION SERVICES
___90956	PLUMBING REPAIR	___94980	TREE TRIMMING
___91365	PLUMBING SERVICE, NEW CONSTRUCTION	___97690	UNIFORM RENTAL
___98053	PORTABLE TOILETS, RENTAL OF	___90957	VACANT PROPERTY SERVICES
___972	PRINTING, BOOKBINDING & RELATED SERVICES	___96185	VEHICLE TOWING SERVICE
___979	RECREATIONAL SERVICES	___93475	VENDING
___91366	RENOVATION, SMALL CONSTRUCTION	___998	WAREHOUSE SERVICES
___91370	ROOFING SERVICE	___90995	WINDOW CLEANING
___982	SECURITY & GUARD SERVICES	___999	WRITING SERVICES
___91377	SEWERS & UTILITIES REPAIRS, CONSTRUCTION & RECONSTRUCTION		
___96176	SOLID DEWATERING SERVICES		

OTHER \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code			
<b>7</b> 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.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## 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](http://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.*



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# Disadvantaged Business Enterprise (DBE) Program

The Office of Equal Opportunity Contract Compliance, also known as the Small and Minority Business Enterprise Office (SMBEO), actively seeks Disadvantaged Business Enterprise (DBE) firms to take part in the City of Wilmington's competitive bidding process. Not only does this provide more opportunities to more businesses, it ensures that we get the best services for the best value. Building mutually beneficial, productive partnerships between the City of Wilmington and the DBE business community is our ultimate goal. Thank you for your interest and participation.

Brought to you by the:

CITY OF WILMINGTON MAYOR'S OFFICE OF ECONOMIC DEVELOPMENT  
Small & Minority Business Enterprise Office

800 North French Street—3rd Floor • Wilmington, DE 19801 • 302-576-2121 • [smbeo@wilmingtonde.gov](mailto:smbeo@wilmingtonde.gov)



# CITY OF WILMINGTON

## DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

### Program Overview & Eligibility Guidelines

---

Responsibilities of the Equal Opportunity/Contract Compliance Office (EO/CCO) are assumed by the City of Wilmington's Small and Minority Business Enterprise Office (SMBEO) in the Office of Economic Development. The City of Wilmington has established laws and procedures to increase accessibility of contracting opportunities for small and minority businesses. The EO/CCO authority derives from Chapter 35, Article IV of the Wilmington City Code. This section of the Code addresses Equal Opportunity in Employment and City Contracts.

#### **DEFINITION OF DISADVANTAGED BUSINESS ENTERPRISE (DBE)**

As defined in the City Code, *disadvantaged business* means a new, small or local business, whether a sole proprietorship, partnership, corporation or other entity, or any business that is at least 51 percent owned by one or more disadvantaged individuals who, in fact, control the management and daily operations of that business.

*Disadvantaged individuals* are those individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business who are not so disadvantaged (i.e. economically disadvantaged).

#### **ELIGIBILITY CRITERIA**

When determining disadvantaged status, there is a presumption of economic disadvantage if the business is 51% or more owned, controlled, and managed by an individual or group of individuals who meet at least one of the following two criteria:

- 1) an individual is a member of a chronically unemployed demographic subgroup identified by race or national origin, where current, verifiable local statistics confirm the existence of unemployment rates among the subgroup that are more than fifty percent (50%) above the prevailing overall unemployment rate statewide.  
**Presently the two subgroups identified under this provision are Black/African American and Hispanic.**  
**Firms that apply and qualify under this provision will be referenced as a "Minority-Owned Firm".**
- 2) an individual has net worth under \$500,000 (not including up to \$150,000 of equity in his primary residence); in determining net worth eligibility, the City may consider, but shall not be limited to, reviewing the assets and net worth of the individual disadvantaged owner(s) and the business.  
**Firms that apply and qualify under this provision will be referenced as a "Net Worth Firm".**

#### **PARTICIPATION GOALS**

The City of Wilmington, through the Equal Opportunity/Contract Compliance Office, is dedicated to assisting Disadvantaged Business Enterprises (DBE) in becoming actively involved in the City's procurement process. In an effort to expand opportunities for disadvantaged businesses, the City has established goals for contracting with DBEs, expressed as percentages of the total dollar amount of each of the following contract categories: construction, goods/services, and professional services. The current participation goals are defined as follows:

- **Construction Contracts**                      **20%**
- **Goods & Services**                              **10%**
- **Professional Services**                         **5%**



CITY OF WILMINGTON  
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
**Certification Application Instructions**

*This DBE Certification Application is for the City of Wilmington's DBE program only.  
Wilmington's program is separate and distinct from Federal, State, and other local program certifications.  
Please review the **Program Overview & Eligibility Guidelines** before completing this application.*

**START BY DETERMINING YOUR APPLICATION TYPE:**

- If you are renewing your certification as a minority-owned firm, submit documents listed in PART A ONLY.
- If you are applying as a minority-owned firm for the first time, submit the items listed in PARTS A & B.
- If you are applying as a net worth firm for the first time or renewal, submit the items listed in PARTS A, B, & C.

**PART A:**

- Notarized **Certification Application Form**

**\*\*\*STOP HERE IF THIS IS A MINORITY CERTIFICATION RENEWAL; IF NOT, PLEASE CONTINUE \*\*\***

**PART B:**

- Copy of valid, official photo identification with signature for each owner (driver's license, passport, etc.)
  - Copy of a valid business license (from a city or state)
- NOTE: Construction firms require a City of Wilmington business license**
- Resume for each owner/principal
  - Business literature (brochure, business card, etc.)
  - Reference documents (select ONLY 1 type of reference documentation from the following):

- Copy of unexpired minority or disadvantaged business certification(s)

OR

- Three letters of reference (character or business)

**\*\*\*STOP HERE IF YOU ARE A MINORITY-OWNED FIRM; CONTINUE IF YOU ARE A NET WORTH APPLICANT\*\*\***

**PART C-NET WORTH ADDENDUM:**

Submit the following documents for each owner that will be included in our review to satisfy the 51% disadvantaged status requirement.

- Signed **Personal Financial Statement** form
- Notarized **Declaration of Net Worth** form
- Copy of bank/account statements to verify balances
- Statements/bills from creditors showing proof of liabilities
- Copy of settlement sheet to verify purchase price of primary residence
- Copy of most recent tax return
- Copy of current balance sheet for business seeking certification

*Please allow 6-8 weeks for processing of a completed application. Upon the approval of your application, you will receive a DBE certification document via mail, which will be valid for two years from the date of issuance. If you have any questions, please feel free to contact the office. Thanks for your participation!*



# Certification Application Form (Part A)

CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

1. NAME OF FIRM: \_\_\_\_\_ DATE THE FIRM WAS ESTABLISHED: \_\_\_\_\_ EIN OR SS# (if sole proprietor): \_\_\_\_\_

2. AUTHORIZED CONTACT PERSON/SIGNER: \_\_\_\_\_ TITLE: \_\_\_\_\_

3. CONTACT #: \_\_\_\_\_ EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

4. BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

6. TYPE OF FIRM:  Corporation  Partnership  Individual  Other: \_\_\_\_\_ BUSINESS LICENSE(S) HELD: List State: \_\_\_\_\_ List City: \_\_\_\_\_

7. DECLARATION OF FIRM OWNERSHIP (attach additional pages if necessary): BL/AA = Black/African American; HISP = Hispanic; NET = Net Worth; N/A = Not Disadvantaged

Names of Owners	Owner Social Security #	% Owned	Gender	Veteran	Basis for Disadvantaged Status
			M F	Y N	BL/AA HISP NET N/A
			M F	Y N	BL/AA HISP NET N/A

8. LIST PRODUCTS/SERVICES: \_\_\_\_\_

Select up to three North American Industry Classification System (NAICS) Codes —Go to <http://www.census.gov/eos/www/naics/> for more information (enter 4-digit to 6-digit codes)

NAICS Code 1: Description & Number	NAICS Code 2: Description & Number	NAICS Code 3: Description & Number

9. CONSTRUCTION FIRMS ONLY: Provide details on your largest contract: \$ Value: \_\_\_\_\_ Date: \_\_\_\_\_ Description: \_\_\_\_\_

Select up to three trades:  Demolition  Site Work  Concrete  Masonry  Lead/Asbestos  Carpentry  Painting  Roofing  Mechanical  Plumbing  Electrical  Home Renovation

10. LIST OTHER MINORITY OR DISADVANTAGED ENTERPRISE CERTIFICATIONS (MBE/DBE/SBA 8(a), etc.-attach additional pages if necessary):

Name of Certifying Agency	Type of Certification(s)	Date Certified	Expiration Date

*I hereby certify that the information provided above and in the attached documentation is true and complete, and that I am authorized to request certification on behalf of the firm. I am aware that making a false written statement on this certification can lead to disqualification of certificate.*

PRINT NAME OF AUTHORIZED SIGNER: \_\_\_\_\_

PRINT TITLE OF AUTHORIZED SIGNER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AFFIX NOTARY SIGNATURE, STAMP, SEAL, AND DATE:**



## Disadvantaged Business Enterprise (DBE) Program

### **PART C: NET WORTH ADDENDUM**

**If you are applying as a Minority-Owned Firm, SKIP THIS SECTION.**

Submit the following documents for each owner that will be included in our review to satisfy the 51% disadvantaged status requirement.

Attach these documents to documents listed under Parts A & B of the DBE Application (see application instructions for details).

- Signed ***Personal Financial Statement*** form
- Notarized ***Declaration of Net Worth*** form
- Copy of bank/account statements to verify balances
- Statements/bills from creditors showing proof of liabilities
- Copy of settlement sheet to verify purchase price of primary residence
- Copy of most recent tax return
- Copy of current balance sheet for business seeking certification

Brought to you by the:

CITY OF WILMINGTON MAYOR'S OFFICE OF ECONOMIC DEVELOPMENT  
Small & Minority Business Enterprise Office

800 North French Street—3rd Floor • Wilmington, DE 19801 • 302-576-2121 • [smbeco@wilmingtonde.gov](mailto:smbeco@wilmingtonde.gov)

# Personal Financial Statement

## CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

Each owner whose profile will be used to determine eligibility should submit this form. Add sheets as needed.

**Name of Owner/Applicant:**

**Name of Business Seeking Certification:**

**Information Provided As of Date:**

### Section 1. Summary of Assets

Cash on Hand & In Banks/Savings Accounts (Itemize in Section 3)		Automobile(s) - Present Value (Itemize in Section 5)	
IRA or Other Retirement Accounts (Itemize in Section 3)		Other Personal Property (Itemize in Section 5)	
Cash Value of Life Insurance (Itemize in Section 3)		Other Assets (Itemize in Section 5)	
Marketable Securities, Stocks & Bonds (Itemize in Section 4)		Real Estate (Itemize in Section 6)	
Accounts & Notes Receivable		Equity/Share of Businesses Owned (Itemize in Section 7)	
<b>Total Assets</b>			

### Section 2. Summary of Liabilities

Accounts Payable		Loans on Life Insurance (Itemize in Section 8)	
Notes Payable to Banks and Others (Itemize in Section 8)		Mortgages on Real Estate (Itemize in Section 6)	
Installment Account Balance--Auto (Itemize in Section 8)		Unpaid Taxes (Itemize in Section 8)	
Installment Account Balance--Other (Itemize in Section 8)		Special Debt/Other Liabilities (Itemize in Section 8)	
<b>Total Liabilities</b>			

### Section 3. Itemization of Cash, Savings, Retirement Accounts, Life Insurance

Name of Institution	Type of Acct	Name on Account	Balance/ Cash Value

### Section 4. Itemization of Marketable Securities, Stocks, Bonds

Name of Securities/Instruments	# of Shares	Type of Acct	Value of Shares

Section 5. Itemization of Vehicles, Personal Property, & Other Assets		Value
Vehicles:		
Furniture:		
Clothing/Jewelry:		
Other:		
Other:		

Section 6. Real Estate	PRIMARY HOME (A)	Property B	Property C
Address			
Year Purchased			
Purchase Price			
Present Market Value			
Mortgage Holder(s)/Account #s			
Mortgage Balance(s)			
<b>Equity Calculation (Primary Only)</b>			

Section 7. Business Equity	Business A	Business B	Business C
Name of Business	<i>Business Seeking Certification</i>		
Total Value of Business			
% of Personal Ownership			
\$ Amount of Personal Equity			

Section 8. Itemization of Loans, Notes, Credit Cards, Bills, & Other Liabilities			
Name of Institution/Creditor	Type of Acct	Acct #	Balance
Auto Lender:	<i>Auto Loan</i>		

I authorize The City of Wilmington to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of determining eligibility. I understand FALSE statements may result in forfeiture of benefits and certification.

Signature:	SS#:	Date:
Signature	SS#:	Date:

# Declaration of Net Worth

CITY OF WILMINGTON—DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

THIS FORM MUST BE NOTARIZED.

Each owner whose profile will be used to determine eligibility should submit this form.  
See the *Certification Application Instructions* for a list of the required supporting documentation.

Name of Owner/Applicant:
Name of Business Seeking Certification:
Information Provided As of Date:

A. TOTAL ASSETS (as listed on Personal Financial Statement) \_\_\_\_\_

B. TOTAL LIABILITIES (as listed on Personal Financial Statement) \_\_\_\_\_

C. NET WORTH CALCULATION (A minus B) \_\_\_\_\_

*D. Less excludable equity in Primary Residence  
(Not to exceed \$150,000)* \_\_\_\_\_

QUALIFYING NET WORTH (C minus D): \_\_\_\_\_

I, the undersigned, understand that filing a “false written statement” is a criminal offense. I authorize the City of Wilmington to contact banks, other entities, or individuals listed in order to verify information provided.

I hereby declare the above to be an accurate accounting of my Net Worth and that the above Qualifying Net Worth is less than \$500,000, therefore, determining my status as a Disadvantaged Individual under the City Of Wilmington's Disadvantaged Business Enterprise (DBE) Program.

Signature

Date

\*\*\*AFFIX NOTARIZATION BELOW\*\*\*