

W-9

Requester: Microcomm Consulting
121 Florence Drive
Cogan Station PA 17728



Please complete the following information. We are required by law to obtain this information from you when making a reportable payment. If you do not provide us with this information your payments may be subject to backup withholding. Also, if you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is requires to withhold 31% of its payment to you. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status. If Part 2 applies to you please complete. Part 3 must be filled out. Complete Part 4 by signing your name, phone number and dating the form. Please return to the requester.

Part 1: Tax Status: (Must Circle one or document will not be accepted)
(complete address)

- 1. Sole Proprietor/ Individual: May have a "doing business as" trade name, but the tax name is the owner's name.
2. Partnership: May have a "doing business as" trade name, and/or a name based on the names of the partners.
3. Corporation: May use an abbreviated name or initials, but the legal name is the name on the articles of incorporation.

Table with 3 columns: Tax Name, Business EIN or SSN, Business/Trade Name & Address. The table is mostly blank with some dashes and lines indicating where information should be entered.

Part 2: Exemption: If exempt from 1099 reporting circle your exemption reason below.

- 1. Corporation
2. Tax Exempt Charity under 501(a) or IRA
3. A state, the District of Columbia, a possession of the USA, or any other political subdivision.
4. A foreign government or any of it's political subdivisions.
5. The United States or any of its agencies.

Part 3: Business Class: Circle class below.

- 1. Small Business
2. Minority Owned
a. African American
b. American Indian
c. Hispanic
d. Asian
e. Woman
3. Does not apply

Part 4: Additional Information:

- 1. Does Vendor accept payment via credit card?

I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

Person completing form (Please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Title of Person completing form (Please print) \_\_\_\_\_ Fax # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_