

SMALL BUSINESS LOAN APPLICATION CHECKLIST

To provide you with the most efficient service, we ask that you please submit a complete application package. If you have questions concerning application forms or materials, feel free to call the SSCCU. Please return your complete package to a SSCFCU loan officer or a designated loan packager listed on the business card enclosed with this application package. Make a check in the appropriate box after you have included the item in your loan package. Please be aware that your loan officer may request additional items after receiving your loan application package.

CLIENT INFORMATION
□ \$25 non-refundable Loan Application Fee □ Signed Small Business Loan Application Form □ Signed Personal Financial Statement (enclosed) □ Proof of Legal Residence (I-94, Green Card etc.) – for all applicants □ Credit report (South Side Community FCU will complete) – for all applicants □ 2 years Personal Income Tax Returns – for all applicants □ 2 years W-2's – for all applicants □ Pay stubs covering 1 month of employment – for all applicants □ Proof of rent or mortgage payment □ Employment Verification form □ Credit Statement □ W-9 Form □ 2 months bank statements (personal & business) – for all applicants □ Resume – for all applicants □ Receipt of Training Agreement Form – for all applicants
BUSINESS INFORMATION
□ 24 Month Cash Flow Projection (actual or projected) □ Business Notes Payable Schedule – for all applicants □ Business Plan (for new businesses only) □ Monthly Personal / Business Financial Form – for all applicants □ Profit and Loss Statement □ Equity Injection for Business □ 2 years Business Tax Returns (if applicable)
LEGAL INFORMATION
□ Partnership Agreement or Operating Agreement □ Insurance (Start-up: Quote, Existing: Documentation) □ Vendor's License; other licenses and permits required by type of business □ Lease, Deed or Land Contract for business location □ Co-Signer

SMALL BUSINESS DEVELOPMENT LOAN APPLICATION

Business or Organization Name	1			Who re	eferred you to us?
Street Address				City _	
State Zip Co	de	County		Federa	l Tax ID # (if incorporated)
Type of Business		Date Started	<u> </u>	Today'	's Date
Legal Structure (check one) C Corporation Legal Partnership	☐ S Corporation ☐ Sole Proprietorship		fit Corporation Liability Corp		Are you thinking about changing you legal structure? Yes □ No □
Contact Person			Business	Phone ()
Number of employees now			How many	y jobs w	ill this loan create?
Briefly describe your business	or organization and wh	at you plan to do	with this loan		
PROJECT INFORMAT	ION:				
Uses of Funds 7	Fotal uses should equa	total sources.	Sources of l	Funds	Total sources should equal total uses
Land and/or Building Purchase	s \$				
New Building Construction	\$		Loan Reque	sted	\$
Building Improvements	S				
Machinery and Equipment	\$		Owner's Inv	estment	S
Inventory	s				
Working Capital	S		Other Fundi	ng Sourc	ces \$
Other	S		Specify_		
Other	\$				
Total Project Uses	\$		Total Proje	ct Sourc	ees \$
COLLATERAL INFOR	MATION:				
Assets available to secure this	loan V	alue of Asset	Loans on A	sset .	Address of Asset
Property 1	S		s		
Property 2	s		s		
Inventory	s		s		
Equipment	s		s		
Accounts Receivable	S		s		
Other (specify):	S		S		
Other (specify):	S		s		

Names of Possible Co-Signers for Loan Request:

MANAGEMENT INFORMATION AND ACKNOWLEDGEMENTS:

The undersigned hereby certifies that the information contained in this application and related material is true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business and organizational purposes only, and will not be used for personal or consumer purposes. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. The undersigned hereby acknowledges that (1) no loan officer has authority to commit SSCFCU to any loan without prior approval by SSCFCU's credit committee and (2) any loan commitment must be in writing and signed by an authorized representative of SSCFCU. SSCFCU is authorized to make all inquiries SSCFCU deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. The undersigned also authorizes SSCFCU to answer questions and inquiries from others seeking credit experience information about the business or organization.

Each individual owner of 20% or more of this business must sign below and fill in the information requested. For nonprofit organizations, please provide this information for the Executive Director, Treasurer, and/or Board Chairperson.

Name: (Print)	SSN or TIN	D.O.B.	
Address	City,	State	Zip Code
Phone:	Title/Function	% of Own	ership
Signature:		Date	
Name: (Print)	SSN or TIN	D.O.B.	
Address	City,	State	Zip Code
Phone:	Title/Function	% of Own	ership
Signature:	-	Date	
Name: (Print)	SSN or TIN	D.O.B.	
Address	City,	State	Zip Code
Phone:	Title/Function	% of Own	ership
Signature:		Date	

Please return this application form and the other items listed on the application checklist to the South Side Community Federal Credit Union, 5401 S. Wentworth, Suite 25, Chicago, IL 60609. Your application cannot be processed until we receive all required materials. Remember to make a copy of the materials for yourself since we will not be able to return them to you. If you have question call (773)548-5500 or if your need further assistance compiling your application packet call the Jane Adams Hull House Association at the South Side Parkway Community House location, 500 E. 67th St., Chicago IL 60637, (773)955-8027, fax (773)955-8028



PERSONAL FINANCIAL STATEMENT

Indicate which this is If married, you must see Complete this form for (3) each stockholder ov	submit a jo : (1) each p	<i>int state</i> roprietor	ment with y OR (2) each	our spouse. limited parti	ner wh	o owns 20% or mo	ore interest ar	nd each	general partner OR		
Name of First Individual					Name	of Second Individual					
Social Security Number or						Security Number or					
Taxpayer Identification Nu	imber (TIN)				Taxpa	yer Identification Nur	nber (TIN)				
Address			Yrs. at Addr	ess	Addres	ss			Yrs. at Address		
City, State, Zip			Birth Date		City, S	state, Zip			Birth Date		
Employer			Yrs. at Emp	loyer	Emplo	yer			Yrs. at Employer		
Home Phone ()		Work Pho	one ()		Home	Phone ()		Work I	Phone ()		
ASSETS (Omit cent	s.)				LI	ABILITIES (Sho	w total bala	inces di	ue. Omit cents.)		
Savings Accounts (also IRA or Other Retirement Accounts and Notes Red Life InsuranceCash Su (Complete in S Stocks and Bonds (Desc Real Estate (Describe in						Installment and Revolving Credit Accounts \$(Describe in Section 3) Loan on Life Insurance \$ Mortgages on Real Estate \$ Unpaid Taxes (Describe in Section 6) \$					
Financial Institution	Acct. Nu	umber	Acct. Type	Baland	ce	Section 2. Sou Salary/Wages Net Investment Real Estate Inco Other Income* (Income me describe belo	ow)	\$ \$ \$ \$		
*Other Income (alimor considered as a basis for	repaying t	nis obliga	ition):								
Section 3. Installmen	t Loans, (Credit A	ccounts an	d Auto Pay	ments	s (Please label and	d sign any a	ttachme	ents to this section.)		
Noteholder(s) Name and A	Address	Origi	nal Balance	Current Bala	ince	Monthly Payment	How Secure	ed/Endo	rsed? Type of Collateral?		

Number of Shares	Name of Securities	Cost		rket Value ion/Exchange	Date of Quotation/Exchange	Table
Number of Shares	Name of Securities	Cost	Quoin.	ion Eneminge	Quotation Exchange	Total Value
Section 5 Real Fet	ate Owned (List each parc	al caparataly. Pl	aasa lahal a	nd sian any a	ttoohmonto to this coo	tian)
Section 5. Real Est	ate Owned (List each parc	er separatery. Fi	ease label a	nd sign any a	ttachments to this sec	tion.)
	F	Property A		Property B	P	roperty C
Type of Property (residential / commerc	ial)					
Title in Name of:						
Address						
Date Purchased						
Original Cost						
Present Market Value						
Name and Address of	Mortgage Holder					
Mortgage Balance						
Amount of Payment pe	er Month					
Section 6. Other Li	abilities					
		Ye	s No	If yes, descri	be below or on a sepa	rate attachmen
Are you a guarantor, coanother?	o-maker or endorser for any de	ebt of				
Are you currently liabl	e on any lease or contract?					
Are there any suits or I	egal actions pending against y	ou?				
Are any tax obligations	s past due?					
Are you obligated to no	ay alimony, child support or so	enarate				
maintenance payment?		parace				
Have you ever had a ju	dgment recorded against you?					
Have you ever filed ba	nkruptcy? If yes, list date of d	ischarge.				
Section 7. Life Insur	rance Held					
occion // Encanou.	· · · · · · · · · · · · · · · · · · ·	Face Amount	of (Cash Surrender	Loans on	Is Policy
Name of Person Insure	d / Insurance Company	Policy		Value	Policy	Assigned?

Tam providing this financial statement for the purpose of obtaining or maintaining credit with South Side Community Federal Credit Union ("SSCFCU") on my behalf or on behalf of others whose credit I may endorse, cosign or guarantee. I understand that SSCFCU is relying on the information provided within this statement (including the designations made as to ownership of property) in deciding to grant or continue credit. I certify that THE INFORMATION PROVIDED IS TRUE AND COMPLETE and that SSCFCU may consider this statement to be true and correct until written notice of change is given to SSCFCU. SSCFCU is authorized to make all inquiries it deems necessary to verify the accuracy of this statement and to determine my creditworthiness. I also authorize SSCFCU to answer questions and inquires from others seeking credit experience information about me. If this is a joint financial statement these representations and warranties are from each of us. I HAVE READ, UNDERSTAND, AND HEREBY MAKE THESE REPRESENTATIONS AND WARRANTIES.

Signature	Date	Signature	Date
			Date

EMPLOYMENT VERIFICATION

Applicant: fill out top part only TO: (Name of Business/Employer) In connection with a credit application submitted to South Side Community Federal Credit Union, I authorize you to release the information requested below. Employee's Name S.S.# Address Employee ID# Employee's Signature Employer: Please complete the following Employee's Full Name SS# Length of Employment Position Permanent/Temporary? Salary Hourly, Monthly, Yearly (circle one) Name and title of official completing this form Employer Phone Number Date Completed

CREDIT STATEMENT

Please list and explain below any credit problems you currently have or have had in the past such as, but not limited to:

- ♦ ACCOUNTS SENT TO COLLECTION AGENCIES ◆ CIVIL JUDGEMENTS
- ♦ FORECLOSURE OR REPOSSESSION
- ♦ PAST DUE OR LATE PAYMENTS

- **♦ WAGE GARNISHMENTS**
- ♦ PAST DUE OR LATE PAYMENTS

You are required to provide any and all documentation regarding any credit problems. Doing so at the time of your application will avoid delay in processing your loan request.

If you do not have any credit problems, p	lease indicate "NONE".
SIGNATURE	DATE

Men	
During	2
200	t Unio
	Credi
SOCIE	Federal
	<u></u>

12-MONTH INCOME AND EXPENSE PROJECTIONS

	a
	1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	- 1
	9
	Ξ
	22
1	Z
	-
	=
	ü
;	=
	Ĕ
	-
1	₹,

Instructions: Please start the projections with the month when you think you will get the loan and fill in the months that follow. Then enter the income and expenses you project for each month. Show only future numbers, not past. Please total all of your columns and rows. Also, please round off numbers to the nearest dollar. Example: \$232, not \$231.69.

	Enter the months in the energe Month ! March ? March ?	Month 1	Manily	VA		-								
	provided in this row	Month	Monut	C IIIIOM	Monin 4	C minoivi	Month 6	Month /	Month 8	Month 9	Month 10	Month 11	Month 9 Month 10 Month 11 Month 12 TOTAL	ТОТАГ
	INCOME													
2	Sales													
ε.	Other Revenue													
4	TOTAL INCOME (add lines 2 and 3)													
	EXPENSES .													
S	Cost of Goods Sold Ex. Inventory or Materials													
9	6 Equipment/Supplies													
7	Business Rent													
∞	Employees' Salaries													
6	Non Self-Help Loan Payments													
2	Owner's Draw													
Ξ	Other (1)													
12	2 Other (1)													
13	TOTAL EXPENSES (add lines 5 through 12)													
7	PROFIT OR LOSS (Line 4 minus line 13) (2)													

⁽¹⁾ Please be specific about items in the "Other" category (lines 11 and 12). Some items to consider are advertising, utilities, telephone, accounting, legal, insurance, travel, etc.

⁽²⁾ Start-up businesses might show a loss for several months.



BUSINESS NOTES PAYABLE SCHEDULE

	·s	Collatera					
Date	edit arrangement	Monthly Payment					
	ss, revolving cr	Maturity Date					
	ling mortgage	Interest Rate					
	ases of your business, includ,	Balance Due					
	and long-term le ther type of deb	Original Date					
	existing notes eases and any o	Original Amount					
pplicant Name	ease include on this schedule all existing notes and long-term leases of your business, including mortgages, revolving credit arrangements, ctoring agreements, equipment leases and any other type of debt, secured or unsecured.	Creditor					



BUSINESS PLAN

Applicant Name	Date	
Describe the service/product you will offer.	Provide as much detail as possible.	
Describe qualifications and experience of professional services (accountants, attorneys,	management and other employees, and any, etc.).	y outside
Describe the market area, market trends, and promotions, pricing and customer service.	customers you will service. Describe your ad	vertising,

Who is your competition? Be specific. What are the advantages of your product or service?
What are your plans for growth or expansion? How does this relate to working capital, equipment and /or your building (location, size, age, zoning, condition)?
What is your financing plan? Please specify how much money you can put towards the project and how much money you need to borrow.
Include additional comments on separate pages.

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type Specific Instructions on page 2.					
	Business name, if different from above				
	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ► ☐ Expa				
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)			
	City, state, and ZIP code				
70					
See S	List account number(s) here (optional)				
See					
Par	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to a p withholding. For individuals, this is your social security number (SSN). However, for a resid	ent	urity number		
enter acku	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to a	ent , it is	urity number		
Par inter ackulien, our o	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to a p withholding. For individuals, this is your social security number (SSN). However, for a residuals proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities	ent , it is age 3.			

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).

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 on page 4.

Sign Signature of U.S. person ▶ Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

The U.S. owner of a disregarded entity and not the entity.

Form W-9 (Rev. 10-2007) Page 2

• The U.S. grantor or other owner of a grantor trust and not the trust, and

 The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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:

- 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.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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, 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 Part II instructions on page 3 for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN, $% \left(1\right) =\left(1\right) \left(1\right)$

- 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Form W-9 (Rev. 10-2007) Page 3

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 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,
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust,
- An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13 A financial institution.
- A middleman known in the investment community as a nominee or custodian, or
- A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000	Generally, exempt payees 1 through 7

See Form 1099-MISC, Miscellaneous Income, and its instructions.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 domestic 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 items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

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

- 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.

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

Form W-9 (Rev. 10-2007) Page 4

- 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 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), 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)	The actual owner of the account or if combined funds, the first individual on the account '		
3,	Custodian account of a minor (Uniform Gift to Minors Act)	The minor '		
4,	The usual revocable savings trust (grantor is also trustee)	The grantor-trustee		
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner		
5.	Sole proprietorship or disregarded entity owned by an individual	The owner 3		
	For this type of account:	Give name and EIN of:		
6.	Disregarded entity not owned by an individual	The owner		
7.	A valid trust, estate, or pension trust	Legal entity *		
8.	Corporate or LLC electing corporate status on Form 8832	The corporation		
9.	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization		
0.	Partnership or multi-member LLC	The partnership		
1.	A broker or registered nominee	The broker or nominee		
12.	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		

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.

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, social security number (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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system 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*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov 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 who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN

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

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 on page 1.