Substitute Form V	N-9 Taxpayer Identification Num	or Fax: 352-8 nber Request R	346-2979 o lev. 10/200	r e-mail 3. For p	mwillia ayment	ms@s ts othe	g.ufl.e r than	<u>du</u> intere	est, c	livide	ends, o	r Forr	n 1()99-B	gros	s prc	oceeds
Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723.			you. you no not an	Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary.													
Federal law on backup	withholding preempts any state o	r local law		Note to U.S. Resident Aliens who formerly were Nonresident Aliens:													
remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.				If there is a tax treaty between the U.S. and your country, and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:											er		
to your tax status	completing the <u>one row of boxes</u> u are exempt from Form 1099 re		nds 2. 3.	The trea The trea The artic The type	aty cou aty artic cle num	ntry de abo ober fo	out the	incor savin	ne Ig cla	ause'		r the	sav	ing c	lause		
3. Complete Part 3 by f	 Complete Part 3 by filling in all lines Return this completed form to us in the enclosed envelope 					5. Facts that provide a sufficient explanation of why the saving clause applies											
Finance and Account and use of Social Sec	of Social Security Numb ing is mandated by 26 U.S curity numbers at UF, plea S: (complete <u>only one set</u> of boxes	S.C. 6041 ar ise visit: <u>http</u>	nd relate	d IRS	regul	ation	s. If y	vou ł	nav								
											_		Τ_	Τ		Т	
Individuals:	Individual Name First name	Middle initial		Last name Ir			Indi	dividual's Social Security Number									
A sole proprietorship may	have a "doing business as" trad	e name, but the	e legal nar	ne is the	e name	of the	busin	ess c	wne	r.							
							-		_		_			<u> </u>			
Sole Proprietor	Business Owner's Name: (I	REQUIRED)		Busine	ess Owne	er's Soci	al Securi	ty Num	nber	_	Bus	iness o	r Tra	de Nar	ne (OP	TION	AL)
(or an LLC with one owner):																	
0	(First Name) (Middle initial) or Employer ID Number																
	(Last Name)																
	[
Partnership					-									N	100		
(or an LLC with multiple owners):	Name of Partnership			Partnership's Employer Identification Number							Partnership's Name on IRS records (see IRS mailing label)						
A corporation may use an	abbreviated name or its initials,	but its legal na	me is the r	name or	the ar	ticles	of inco	rpora	ation								
Corporation or tax	,	g			_												
exempt entity:	Legal Name of Corporati	ion or Entity		E	Employer Identification Number												
Part 2 - Exemption:	if exempt from Form 1099 repo	rting, check vo	our qualifyi	ng exen	nption	reaso	ם beloי	N.									
Corporation	Tax Exempt Entity	The Un	ited States	or		A state	, the Di	strict							nmen		
Note that there is no corporate exemption for medical and	under 501 (a) (includes 501 (c) (3), or IRA)		its agencies nentalities					ernatio	onal		sions						

Part	3 -	Certification:

healthcare payments

or payments for legal

services

Person completing this form (please print): Title: _

Tax Correspondence Address:

(Remit address if different)

United States participates

under a treaty or Act of

Congress

subdivisions or agencies

Telephone: (_____ _)_

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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. Person (including a U.S. resident Alien).

Signature of U.S. Person: _