

ORIGINAL

Exhibit J – Contractor Affidavit to Adhere to Municipal Code of Ethics

Exhibit K – Sample Contract (**Read Only**) Should you be awarded the bid, you will be sent a Contract that will need to be completed and returned. (**attachment**).

IV. VENDOR INFORMATION :

A. Firm

Name: Hasbun Construction, LLC

Address: 410 N Main St, Alpharetta GA 30009

B. Normal Business Hours & Phone (Toll-Free): 9AM - 5PM

C. Years In Business as a fence installer: 2 Years

D. Vendor's representative for this bid:

Name: Juan Hasbun Title: Vice President

Phone: 678-640-6572

E. Two Customers References for same type of completed project:

(1) Company: The JL Legacy Group

Address: 30 Industrial Dr. Zebulon GA 30295

Contact: Jason Leatherman

Phone: 678-389-1337

(2) Company: INCO USA

Address: 1205 Ott St. Olathe KS 30295

Contact: Abel Calix

Phone: 913-674-7026

F. Insurance provider and policy number that would cover this project:

See attached COI



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Beck Agency 4385 Kimball Bridge Rd Ste 203 Alpharetta GA 30022		<b>CONTACT NAME:</b> Bill Beck <b>PHONE (A/C, No, Ext):</b> (770) 667-3110 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> bbeck@beckagency.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Clear Blue Ins Co	
		<b>INSURER B:</b> AUTO OWNERS INS CO	
		<b>INSURER C:</b> OHIO SECURITY INS CO	
		<b>INSURER D:</b> NAUTILUS INSURANCE CO	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		BGG0023887801	08/11/2022	08/11/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			5333519400	05/03/2022	05/03/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> 19						\$
D	UMBRELLA LIAB			AN1266204	08/11/2022	08/11/2023	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB						AGGREGATE \$ 5,000,000
	DED RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		XWS2363889702	01/31/2023	01/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine			4IM1039476	09/24/2022	09/24/2023	Leased/Rented from Oth \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Bill Beck</i>

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**Bid #046-43 – EXCEPTIONS TO OR VARIATIONS FROM SPECIFICATIONS:**

**Return this page with your bid proposal: N/A**

**Any exceptions, variances, or differences in enclosed specification stated is considered.  
If none, the bid proposal is exactly as specified:**

N/A

## EXHIBIT A

### MANDATORY BID RESPONSE FORM

Bidders must complete and return this form with their bid.

By submitting a proposal, the respondent certified that they have fully read and understand the proposal's Scope of Work and fully understands the requirements needed to complete the project. The services offered and the cost factor must be valid for at least ninety (90) days from date of signature.

Date of Bid Submittal: 02/28/23 IFB Bid No: # 046-43

Bid Name: Security Fencing for New Range

**"I agree to abide by all terms and conditions of this IFB and certify that I am authorized to sign this bid".**

Bidder Signature:  Date: 02/28/23

Print Name: Jose Hasbun

Title: President

Print Name: \_\_\_\_\_

Phone Number: 678-640-6572 Email Address: jchasbun@hasbunconstruction.com

Physical Address: 410 N Main St, Alpharetta GA 30009

Physical Address 2: \_\_\_\_\_

Acknowledge receipt of all issued addenda (if any) by listing their numbers and date of issuance below:


Bids not signed may be declared as "Non-Responsive" and will not be evaluated.

If you desire to submit a "No Bid" then please indicate by checking one or both of the reasons listed below and explain.

\_\_\_\_\_ Bidder does not offer this service

\_\_\_\_\_ Unable to meet specifications

**Exhibit C**  
**Mandatory Cost Proposal Worksheet**  
**IFB #046-43**

**Company Name:** Hasbun Construction, LLC  
**Bidders's Name:** Jose Hasbun  
**Bidder's Signature:**   
**Date:** 02/28/23

**Instructions:** You must provide back-up information to support your proposal. There are three (3) separate departments with options 1 and 2 for all three. You can fill out both options or only fill out the option that best fits the move for your company and Hall County.

**1) Replacement of gate at current location:**

Labor to remove gate	\$ <u>780.00</u>
All material needed to replace gate (Will need to provide actual material list of items needed.)	\$ <u>7,446.08</u>
Sub-Total	\$ <u>8,226.08</u>

**2) Fencing:**

Labor to install fencing	\$ <u>137,984.00</u>
All material needed to install approximately 3,900' of galvanized fencing. (Will need to provide entire list of items used and quantity).	\$ <u>66,580.75</u>
Sub-Total	\$ <u>\$204,564.75</u>

<b>3) Total cost of project</b>	\$ <u>212,790.83</u>
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Quantity	Item number	Name	U/M
4,116	032608	1 5/8" x 21' SE CQ20 Galv Pipe	FT
4	023499	7Ga Coil Spring 0.80 Zinc Coil	CL
4,000	055464	2" x 9ga x 8' KT 1.2oz GAW 50' Roll ASTM A 392 Cls 1	FT
24	034504	6 5/8" x 24' Imp FW Galv Pipe	FT
2	011610	6 5/8" PS Std Cap	EA
4	033081	2 7/8" x 12' DQ40 Galv Post ASTM F1043 Group IC	EA
4	012717	2 7/8" PS Dura Cap	EA
395	032664	1 7/8" x 10'6" CQ20 Galv Post	EA
395	013108	1 7/8"x1 5/8" PS 1pc Barb Arm	EA
8	013707	3/16" x 3/4" x 94" Tension Bar	EA
18	010660	6 5/8 " Med Brace Band 12ga x 7/8"	EA
21	010560	6 5/8" Med Tension Band 12ga x 7/8"	EA
36	010305	2 7/8" Reg Brace Band 12ga x 3/4"	EA
42	010105	2 7/8 Tension Band	EA
6	010303	1 7/8" Reg Brace Band 12ga x 3/4"	EA
24	012714	1 5/8" PS Dura Combo Rail End	EA
4,000	023553	8 1/4" 9ga Alum Tie	EA
1	010838	25'1"-30'0" x 8'+1 Cantilever	EA
4	018350	6 5/8" x 2 3/8" Loadmaster II Cantlvr Roller *Use with Cover	EA

Quantity	Item number	Name	U/M
1	017373	2 7/8 Cantilever Gate Latch	EA
15	023621	9ga Alum Hog Rings	LB





# Hall County Government

FINANCIAL SERVICES

## Exhibit F INSTRUCTIONS FOR MANDATORY S.A.V.E Program PRIME CONTRACTOR Affidavit under O.C.G.A. § 13-10-91(b)(1)

Systematic Alien Verification for Entitlements (SAVE) Program  
Office of U.S. Citizenship and Immigration Service (USCIS).

POST OFFICE DRAWER 1435  
GAINESVILLE, GA 30503

t: 770.535.8270 | f: 770.531.6711

DIRECTOR  
Wesley Geddings

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is contracting with Hall County, Georgia, has registered and is participating in a federal work authorization program\* (an electronic verification of work authorization program operated by the U.S. Department of Homeland Security or any equivalent federal work authorization program operated by the U.S. Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform And Control Act of 1986 (IRCA), in accordance with the deadlines established in the referenced statute.

Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification (E-Verify) number and date of authorization are as follows:

*\*The applicable federal work authorization program as of the effective date of the statute is the E-Verify Program of the Systematic Alien Verification for Entitlements (SAVE) Program Office of U.S. Citizenship and Immigration Service (USCIS). To register for the E-Verify Program visit [www.uscis.gov](http://www.uscis.gov). your bid will not be accepted without this E-Verify Number.*

Hasbun Construction, LLC  
Name of Contractor

410 N Main St  
Street Address

  
Signature of Authorized Officer or Agent

Jose R Hasbun  
Printed Name/Title of Authorized Officer

1559732  
Contractor's/Vendor's E-Verify #

Alpharetta, GA  
City / State

06/25/2020  
Date of Authorization

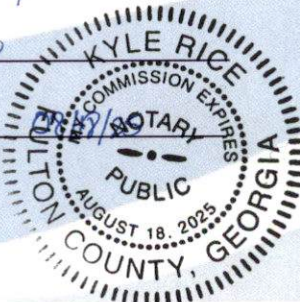
Security Fencing for New Range  
Name of Project

Subscribed and sworn before me on this the

28 day of February, 20 23

  
Notary Public

My Commission Expires:







# Hall County Government

FINANCIAL SERVICES

## EXHIBIT G Mandatory Cone-of-Silence Affidavit

POST OFFICE DRAWER 1435  
GAINESVILLE, GA 30503

t: 770.535.8270 | f: 770.531.6711

DIRECTOR  
Wesley Geddings

In order to ensure fair consideration for all bidder's responding to the County's Request for Qualifications and Cost Proposals, the County requires that all potential bidders to the Solicitation, that all firms, companies, agents, or other refrain from discussions privately or publicly during the Solicitation process. This includes all staff, employees, subcontractors, as well as paid or unpaid personnel acting on the firm's behalf shall not contact nor participate in any type of contact with County employees, department heads or elected officials, up to and including the County Administrator and Board of Commissioners.

Therefore, the County issues this "Cone of Silence" that shall be in effect from the date the solicitation is publicly advertised, until the time an award decision has been approved by the Board of Commissioners and fully executed by all parties. Contact should only be between the bidding firms and the Issuing Officer/Buyer listed in the Solicitation documents.

Any such contact may be considered as collusion and may result in the bidder being disqualified from participation and consideration for award. All contact must be coordinated through the Issuing Officer, for the procurement of these products and/or services.

Please reference the Solicitation number on all correspondence to the County. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the County. The County reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*I understand and shall fully comply with the above requirements.*

Signed: 

Typed Name: Jose R Hasbun

Job Title: President

Company: Hasbun Construction, LLC

Date: 02/28/23

## EXHIBIT I

### MANDATORY E-VERIFY AFFIDAVIT

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

1559732

Federal Work Authorization User Identification Number

06/25/2020

Date of Authorization

Hasbun Construction, LLC

Name of Contractor

Security Fencing for New Range

Name of Project

Hall County, Georgia

Name of Public Employer

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on 02, 28, 2023 in Alpharetta (city), GA (state).

  
Signature of Authorized Officer or Agent

Jose R. Hasbun, President

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 28 DAY OF 02, 2023.

NOTARY PUBLIC

My Commission Expires: 08/18/25



## **EXHIBIT J**

### **MANDATORY ETHICS AFFIDAVIT For Compliance with Official Code 3.10.070 of Hall County**

Contractors, consultants, and vendors of any service or commodity to Hall County, Georgia must read and affirm to adhere to the following ethics requirements.

#### **3.10.070. - Ethics.**

- A. It is the policy of Hall County to seek the best overall value when procuring goods and services. Toward this end, the county finds and declares that its objectives will best be achieved through an open, competitive process with a broad range of responsible vendors wishing to furnish products and services to the county. Hall County will establish and conduct a procurement program that maximizes service benefit to the community and awards contracts to vendors who offer the best quality and value.
- B. Hall County declares that county employees and officials, along with those wishing to do business with the county, have the shared responsibility for avoiding biased, anticompetitive, or unethical practices.
- C. Hall County employees, officials, and their family members are prohibited from seeking, requesting, or receiving any material payment, gift, job offer, security, promise of future benefit, or any other tangible or intangible thing of value when such receipt has the potential to influence a procurement decision or to gain undue advantage in a procurement competition.
- D. Prospective vendors must compete for county business within the parameters of the solicitation process and are prohibited from seeking to obtain inside information, attempting to skew the writing of specifications, or influencing a procurement decision through any means outside the process established for the particular solicitation. This principle applies to any contractor, subcontractor, representative, employee, or agent that may be associated with a procurement transaction.
- E. Bidders and proposers shall disclose on competitive bid responses any individual(s), firm(s), and/or county official(s) who do business with the county if there is an appearance of a conflict of interest.
- F. Ethical business practices are important, both, during a solicitation, and after the decision to grant an award. The county seeks to establish relationships with business partners whose ongoing ethical standards of business conduct are congruent with those outlined here. The purchasing manager, subject to the approval of the director of financial services, is charged with establishing methods for ongoing monitoring for non-compliance with these principles. The prohibition against the offering of or the acceptance of kickbacks, gratuities, payments or any other instrument of value extends beyond and outside any specific procurement or solicitation.
- G. A vendor's contract compliance history with Hall County and other contractual parties is a valid element in the decision to award a solicitation.
- H. Hall County stipulates that the furtherance of its strategic goals for job creation, stability and growth in the tax base, business retention, and other fiscal and economic development objectives may be considered during the procurement process. The purchasing manager, subject to the approval of the director of financial services, is authorized to establish procurement initiatives consistent with the



county's strategic economic development objectives. These procurement practices shall be applied consistently and equitably and shall have a direct relationship to the county's goals.

I. Hall County employees, officials, and their family members are generally prohibited from participation in any procurement decision or any gain of undue advantage in a procurement competition as a result of contemporaneous employment with a potential or actual business partner.

J. It is unethical for any county employee to purchase commodities or services from a county contract for personal use.

K. With the exception of solicitations for the sale of real property, individuals, firms and businesses seeking an award of a Hall County contract may not initiate or continue any verbal or written communications regarding a solicitation with any county officer, elected official, employee or other county representative other than the purchasing associate named in the solicitation, or the county's financial advisor, between the date of the issuance of the solicitation and the date of the final contract award by the board of commissioners. The purchasing manager will review violations. If determined that such communication has compromised the competitive process, the offer submitted by the individual, firm or business may be disqualified from consideration for award. Solicitations for the sale of real property may allow for verbal or written communications with the appropriate Hall County representative.

L. All county commissioners, officials, and employees shall adhere to the standards outlined in the Hall County Code of Ethics.

M. **(AMENDED)** The purchasing division of the financial services department shall determine and implement methods of educating all prospective contractors, bidders, proposers, and vendors on the requirements and provisions of Code Section 3.10.070, including, but not limited to, requiring each prospective contractor, bidder, proposer, and vendor that expresses an intent to do business with the County to sign an affidavit attesting that they have read this Chapter and have more specifically also read Code Section 3.10.070." (Res. of 11-14-19(1), § 1(Exh. A))

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on 02, 28, 2023 in Alpharetta (city),

GA (state) 30009 (Zip Code)

[Signature]  
Signature of Authorized Officer or Agent

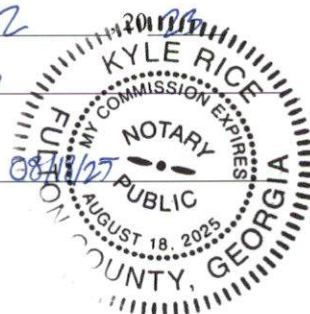
Jose R Hasbun, President  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

On This the 28 Day of 02

Kyle Rice  
NOTARY PUBLIC

My Commission Expires: 08/18/25





# 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.

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

**HASBUN CONSTRUCTION, LLC**

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

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

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

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

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

☐ Other (see instructions) ►

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

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

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

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

**410 N. MAIN STREET**

6 City, state, and ZIP code

**ALPHARETTA, GA 30009**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

8 4 - 4 3 9 8 8 6 9

## Part II Certification

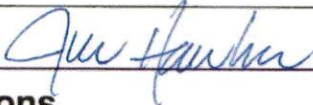
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►



Date ► 02/28/2023

## 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.