



149 E. 13<sup>th</sup> STREET  
ST. CLOUD, FL 34769  
PHONE # (407)957-3749 FAX # (407)957-4139

Dear Contractor,

Thank you for your interest in Imagine Service Group, Inc.

We take pride in our contractors and the work they do. The demand for quality has enabled us to enjoy an excellent reputation in the marketplace. As such, our requirements are rather stringent and our expectations are high. Our clients value excellence, as do we. Our 19+ years experience and principled work ethic has enabled us to meet the demands of our clients in a timely fashion and to specifications. We expect all work to meet insured standards, guidelines and pricing and value contractors who work with us to meet these goals.

We look forward to including you in our family of valued contractors.

Sincerely,

Steven Lefler, CEO  
IMAGINE SERVICE GROUP, INC.



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**Please take time to read the instructions below before continuing:**

***INSTRUCTIONS:***

- 1. Complete the Application honestly and sign it. Please be truthful when placing a number on the volume section below with your county coverage area.**
- 2. Read the insurance requirements.**
- 3. Read, sign and date both the Application and the Confidentiality Agreement.**
- 4. Send the Application and Confidentiality Agreement to us via fax (407)957-4139 ATTN: Vendor Management, E-mail (VendorManagement@imaginefl.com) or regular US Mail (149 E. 13<sup>th</sup> St., St. Cloud, FL 34769).**
- 5. Upon receipt of your Application, we will review it to determine your eligibility as one of our independent contractors. If we have a need for coverage in the area in which your services are available, we will verify the information on your application, including your references and forward a package of forms and instructions containing detailed information as to your obligations and responsibilities, agreements that require your signature, IRS and other documents that are necessary to complete the setup process.**
- 6. Feel free to call us at (407)957-3749 and ask for Vendor Management in the event you have any questions or concerns.**



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Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Tax ID: \_\_\_\_\_ How long have you been in business: \_\_\_\_\_ (yrs).

Type of Work (CIRCLE):      **Inspections**      **Property Preservation**

Coverage Areas (LIST BY COUNTIES): \_\_\_\_\_  
\_\_\_\_\_

How many crews you have working in field: \_\_\_\_\_

How many employees to you have to process completions in your office: \_\_\_\_\_

How many work-orders can you complete in 48 hr turn-around for grass-cuts: \_\_\_\_\_

How many work-orders can you complete in 48 hr turn-around for initial/final secure: \_\_\_\_\_

List all of the companies that you have worked for, past and present, in this industry:

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



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Industry References (please list at least 3):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please complete the application by signing below:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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## **INSURANCE REQUIREMENTS FOR SUB-CONTRACTORS**

Imagine Service Group, Inc has set the following requirements for insurance coverage for all its sub-contractors. Please provide this information to your insurance company to make sure you have the correct coverage.

1. Commercial General Liability in the amount of at least \$1,000,000 per occurrence/ \$1,000,000 aggregate including:
  - a. Care/Custody/Control coverage in the amount of \$50,000.
  - b. Personal injury/Advertising injury protection.
  - c. Sub-limits are not permitted.
  
2. Errors & Omissions in the amount of \$1,000,000 per occurrence/\$1,000,000 aggregate the following:
  - a. Eviction services
  - b. Property preservation inspections
  - c. Property preservation estimate
  - d. Property preservation services
  - e. Property repairs estimates
  - f. Property re-habilitation services
  - g. Residential property inspections
  - h. Delinquent borrower interviews
  - i. Commercial property inspections
  - j. Insurance loss inspections
  - k. Merchant site verifications
  
3. Imagine Service Group, Inc must be listed as an additional insured for ongoing and completed operation of the vendor on all coverage.
  
4. No restrictions for:
  - a. Bodily injury caused by an insured to a third party resulting from the use of reasonable force to protect person or property.
  - b. Claims based upon any inspections, preservation work or any actions performed for the purpose of ascertaining compliance with any laws, codes or regulations; or any failure to inspect for, discover or disclose any no-compliance with such laws, codes or regulations.
  - c. Personal injury.
  - d. Based upon any failure to ensure or verify that any construction project has been properly completed.
  
5. Imagine Service Group, Inc must also be a certificate holder with a 10-day cancellation/non-renewal.
  
6. All insurance policies must be underwritten by a approved company with a A.M. Best Rating no lower than "A.



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## CONFIDENTIALITY AGREEMENT

(Page 1 of 2)

THIS CONFIDENTIALITY AGREEMENT (“Agreement”) is entered into this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between Imagine Service Group, Inc., an entity organized under the laws of the State of Florida, (referred to as “Company”), whose mailing address is 149 E. 13<sup>th</sup> Street, St. Cloud, Florida 34769, and \_\_\_\_\_ (referred to as “Independent Contractor”), whose address of record is \_\_\_\_\_

\_\_\_\_\_ (collectively the “PARTIES”).

The Independent Contractor (“CONTRACTOR”) agrees to enter into a business relationship with Imagine Service Group, Inc. (“COMPANY”) during which certain Proprietary and Confidential Information, which is not readily available to the public, belonging to COMPANY and its Clients (“Information”) will be disclosed to the CONTRACTOR. All information disclosed to the CONTRACTOR in writing or orally, shall be considered Information unless COMPANY specifically indicated that the specific information disclosed is not proprietary or confidential. The COMPANY desires that the Information deemed proprietary and/or confidential not be disclosed to any other parties unless authorized by the COMPANY in writing.

NOW THEREFORE, in furtherance of the contemplated relationship, and in consideration of the promises and covenants contained herein, the CONTRACTOR does hereby agree as follows:

A. CONTRACTOR and CONTRACTOR’s employees, subsidiaries, agents and assigns agree to hold all Information between the PARTIES in strict confidence.

B. No disclosure of any Information shall be made by the CONTRACTOR, the CONTRACTOR’s employees, subsidiaries, agents and assigns without the express written consent of the Company. In addition, the CONTRACTOR shall NOT use the Information for any purpose other than what is required during the proposed business relationship contemplated by this Agreement. The CONTRACTOR expressly agrees that the CONTRACTOR, the CONTRACTOR’s employees, subsidiaries, agents and assigns shall not use the information for purposes of developing competitive strategies, soliciting business directly from Company’s clients or in direct competition with COMPANY during the life of this agreement and for one (1) year thereafter.

C. The information shall be deemed the property of the COMPANY, and upon request, the CONTRACTOR shall return all Information received in tangible form to the COMPANY, or in the COMPANY’s sole discretion, shall destroy all such information.

D. The CONTRACTOR agrees not to hire any current or former employee of Imagine Service Group, Inc., without the expressed written consent of the President of Imagine Service Group, Inc. If the contractor elects to violate the terms of this agreement, the CONTRACTOR hereby agrees to pay Imagine Service Group, Inc. the sum of \$100,000.00 in compensation for the training and the confidential and proprietary information that was provided to the current or former employee during the course of their employment or contract with Imagine Service Group, Inc.

E. No rights or obligations other than those expressly recited herein are to be implied from this Agreement.

F. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, USA.

G. In the event any one or more of the provisions of this Agreement shall for any reason be held to be invalid or unenforceable, the remaining provisions of this Agreement shall be unimpaired, and shall remain in effect and be binding. The failure of the COMPANY to enforce or insist upon compliance with any of the terms or conditions of this Agreement, the waiver of any term or condition of this Agreement, or the granting of an extension of time for performance, shall not constitute the permanent waiver of any term or condition of this Agreement, and this Agreement and each of its provisions shall remain at all times in full force and effect until modified by the COMPANY in writing. This Agreement supersedes any and all prior agreements, arrangements or understandings related to the matter described herein. No subsequent agreement between COMPANY and CONTRACTOR shall be effective or binding unless it is made in writing and signed by the COMPANY.



**Imagine**  
**SERVICE GROUP INC.**  
149 E. 13<sup>th</sup> STREET  
ST. CLOUD, FL 34769  
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## **CONFIDENTIALITY AGREEMENT**

(Page 2 of 2)

H. The CONTRACTOR warrants and represent that the person executing this Agreement is duly authorized to execute this Agreement, and to bind the CONTRACTOR to the terms and conditions contained herein.

I. In the event the CONTRACTOR breaches this Agreement or if such breach is shown to be an imminent possibility, the COMPANY shall be entitled to all legal and equitable remedies afforded to it by law as a result thereof, and may, in addition to any and all forms of relief, recover from the CONTRACTOR all costs and reasonable attorneys fees to the extent it prevails in any such proceeding.

J. Except as permitted hereunder the CONTRACTOR shall make no press release or other disclosure of any kind regarding this Agreement, any discussions or negotiations relating thereto, or the Information without the prior written consent of the COMPANY.

This Agreement may be delivered by facsimile transmission and facsimile signatures shall be treated as original signatures for all application purposes.

IN WITNESS WHEREOF, the CONTRACTOR has caused this Agreement to be executed by their duly authorized representatives as of the day and year first above written.

Independent Contractor

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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RE: Background Checks

To All Imagine Service Group, Inc. Vendors:

Please be advised that our clients are now requiring Imagine Service Group, Inc. (I.S.G.) to perform a background checks on all active vendors/companies in the field fulfilling work on (I.S.G.) behalf. The attached background consent form is only to contain the owner's information as that is whom the background check will be ran on. If you have any questions or concerns with this request, please address them with Imagine immediately as I must have these forms back in order to proceed with your on-boarding process with Imagine Service Group, Inc. Any applicants refusing the background search will not be considered for a vendor position with Imagine. Thank you in advance for your support and looking forward to speaking with you soon.

Cordially,

Vendor Management  
(407)957-3749  
[VendorManagement@ImagineFL.com](mailto:VendorManagement@ImagineFL.com)  
[www.ImagineFL.com](http://www.ImagineFL.com)



**REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION**  
PLEASE TYPE OR PRINT

I: \_\_\_\_\_  
**LAST NAME                      FIRST NAME                      MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)**

Understand that in conjunction with my application for employment, **Imagine Service Group, Inc** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **Imagine Service Group, Inc** uses *Aspen Grove IRecord* a consumer-reporting agency, as an agent to perform background verifications.

Aspen Grove iRecord will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Imagine Service Group, Inc** and *Aspen Grove iRecord*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Imagine Service Group, Inc** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Imagine Service Group, Inc**. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: Aspen Grove iRecord [WWW.irecord.aspengrove.net](http://WWW.irecord.aspengrove.net).

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE Imagine Service Group, Inc. AND ITS AGENTS, ASPEN GROVE IRECORD AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.**

\_\_\_\_\_  
**Signed** \_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Position Applied For**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Social Security Number      Date of Birth      \_\_\_\_\_**  
**Driver's License Number      State      Expiration Date**

**Other names you have used or are also known as:** \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

**Current Address:** \_\_\_\_\_  
**Street                      Apt.#                      City                      State                      Zip Code                      How long here?**  
**Former Address:** \_\_\_\_\_  
**Street                      Apt.#                      City                      State                      Zip Code                      How long here?**  
**Former Address:** \_\_\_\_\_  
**Street                      Apt.#                      City                      State                      Zip Code                      How long here?**

**May we contact your current employer?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Would you like a copy of this report?** \_\_\_\_\_ Yes \_\_\_\_\_ No



## INDEPENDENT CONTRACTOR AGREEMENT

This agreement is between Imagine Service Group, Inc. and \_\_\_\_\_, an independent contractor for mortgage field services on homes in foreclosure. As an independent contractor, you will be responsible for successfully completing work orders according to specifications in your coverage area at all times.

You have agreed to work off the price list(s) submitted to you in your stated coverage area:

You will invoice us for your services rendered at the end of each job along with completions.

We will not deduct or withhold any taxes, FICA or other deductions. As an independent contractor, you will not be entitled to any fringe benefits, such as unemployment insurance, medical insurance, pension plans, or other such benefits that would be offered to regular employees. All Independent Contractors must carry Liability Insurance, with Imagine Service Group as a certificate holder and additional insured. Workman's Comp and Errors & Omissions Insurance is also required.

During our association, you may be in contact with or directly working with proprietary information which is important to our company and its competitive position. All information must be treated with strict confidence and may not be used at any time or in any manner or in any manner in work you may do with others in our industry. You and your sub-contractors and/or employees cannot solicit any of our clients during the life of this agreement and extending for a period of two (2) years thereafter.

Indemnification by You. You agree to indemnify, defend and hold harmless the Imagine Service Group, Inc. and their respective employees, officers, affiliates, directors, agents, subsidiaries, parent company, representatives, attorneys, shareholders, successors, and assigns from and against any and all claims, causes of action, whether administrative or judicial, losses, costs (including any and all reasonable attorneys' fees, court costs, and reasonable costs of investigation, litigation, arbitration, mediation, and settlement), expenses, sanctions, curtailments, interest, liabilities, penalties, fines, demands, judgments, compensation, fees, loss of profits, injuries, death, and/or damages, of any kind whatsoever, whether known or unknown, fixed or contingent, joint or



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several, criminal or civil, or in law or in equity arising from, in connection with, or in any way relating to Services, or any act or omission by you or your subcontractor(s), Vendors, or any employee, agent, representative, servant, whether by negligence or other misconduct; or any breach of this Agreement by you (collectively referred to herein as "Claims"). You also agree that we may, at our complete and sole discretion, offset or reduce any monies owed to you by Claims. You, and anyone working on your behalf, agree not to levy any liens against any property for which work has been performed on behalf of Imagine Service Group, Inc. If a lien is levied against any property by you or one of your subcontractors you will be held liable to pay a penalty up to twenty-five hundred dollars for each lien filed. You also agree that we may, at our complete and sole discretion, offset or reduce any monies owed to you by Claims. If any work is late, client may cut your invoice by a percentage or cancel the work order and/or not pay for the work completed as well as possible charge-back to get the work completed by another vendor. If you're dropping/adjusting any territory from your coverage list that was supplied Imagine Service Group, Inc., I understand that I must submit in writing to Imagine, asking to have the following counties removed from my coverage area. This document should be sent to [VendorManagement@ImagineFL.com](mailto:VendorManagement@ImagineFL.com) and [SarahD@ImagineFL.com](mailto:SarahD@ImagineFL.com). I must also give Imagine two weeks to continue servicing the dropped area so that the client will have time to get a new vendor established in that area. Failure to comply with a two week notice/coverage will result in a two hundred and fifty dollar fine for each county being dropped. The obligations in this section shall survive any termination of this Agreement.

Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Independent Contractor (Print Name) (Signature)

\_\_\_\_\_  
Company Representative (Print Name) (Signature)

\_\_\_\_\_  
Company Representative (Print Name) (Signature)



SERVICE GROUP INC.

149 E. 13<sup>th</sup> STREET

ST. CLOUD, FL 34769

PHONE # (407)957-3749 FAX # (407)957-4139

## INDEPENDENT CONTRACTOR LIABILITY NOTICE

I \_\_\_\_\_, with \_\_\_\_\_, do hereby understand the following  
(Owner Name) (Company Name)

as an Independent Contractor of Imagine Service Group, Inc. that under NO circumstances am I authorized to remove any personals or debris from a property unless otherwise stated on my WorkOrder. This authorization will only be accepted via WorkOrder request. I also understand that if I remove anything from a property that's not requested on the WorkOrder, I am holding myself and company at total liability, and may be prosecuted to the fullest extent of the law in the state in which the property resides. It is also my responsibility to inform any and all of my office staff, field crews, subcontractors, and etc., as such error/mistake will impact my company and its business. If a crew calls something debris and it turns out to be personal property, that crew will be fully responsible to make restitution to the owners if a claim is made. IF EVER IN DOUBT, IT IS PERSONALS.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Date)

Please sign and fax back to imagine Service Group, Inc. once you have completed the information.

CONFIDENTIAL 6/17/2009

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<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; check only <b>one</b> of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	<b>Imagine Service Group, Inc.</b> <b>149 E. 13th St.</b> <b>Saint Cloud, FL 34769</b>
	<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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

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?* on page 2 for further information.