



Department of  
Developmental Disabilities

Cambridge Developmental Center  
Cathleen A. Ballinger, Acting Superintendent

John R. Kasich, Governor  
John L. Martin, Director

April 25, 2011

Dear State of Ohio Vendor:

Cambridge Developmental Center is requesting letterhead bids for the items listed below. Price quotes must be good for the period July 1, 2011 through June 30, 2013 and include any transportation charges. Please note that this service will cover our biennium, State Fiscal Years 2012 and 2013.

See Attached Boiler Service Specifications

If additional information is needed, please contact John Charles at (740) 432-0417. No bid can be considered unless it is on your letterhead. Bids are due in the Center's Business Office **by 3:00 p.m. no later than May 9, 2011.**

Sincerely,

Ms. Charlene Milliner  
Business Office/Purchasing

By returning this bid, the vendor listed above hereby certifies that they are currently in compliance with and will continue to adhere to the requirements of the Ohio ethics laws, as provided by sections 102.03 and 102.04 of the Revised Code. Further, the vendor listed above affirms that, as applicable to the vendor, no party listed in division (I) or (J) of section 3517.13 of the Revised Code or spouse of such party has made, as an individual within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the governor or to his campaign committees.

Equal Employment Opportunity. The Contractor will comply with all state and federal laws regarding equal employment opportunity, including Ohio Revised Code Section 125.111 and all related Executive Orders. Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be submitted to the DAS Equal Opportunity Division to comply with the affirmative action requirements. Affirmative Action Verification Forms and approved Affirmative Action Plans can be found by going to the Equal Opportunity Departments web site: <http://www.das.ohio.gov/Eod/AAEEO.htm>.

*The State of Ohio is an Equal Opportunity Employer and Provider of Services*

Cambridge Developmental Center	(740) 439-1371 (Phone)
66737 Old Twenty-One Road	(740) 439-4382 (Fax)
Cambridge, Ohio 43725-8987	(740) 432-3072 (TDD)
1-800-822-1371 (Toll Free)	dodd.ohio.gov

# SPECIFICATIONS FOR BOILER AND RELATED BOILER PLANT WORK

## TESTING AND PREVENTATIVE MAINTENANCE FOR CAMBRIDGE DEVELOPMENTAL CENTER 66737 OLD 21 ROAD CAMBRIDGE, OH 43725

The Center is soliciting bids for boiler and related boiler plant work from July 1, 2011 through June 30, 2013. It is the intent of this contract to provide labor and materials as needed and requested by the Center for all aspects of the Boiler Plant operation, including equipment not supplied by Cleaver Brooks. A site visit is required to determine the exact scope of work and the type of equipment included in the boiler plant operation.

No additional compensation will be awarded due to unfamiliarity. It shall be assumed that the contractor had full knowledge of existing conditions and accepts them as is.

### 1.0 GENERAL REQUIREMENTS:

- 1.1 Contractors Qualifications: The Contractor shall employ and use for this work, trained service engineers/technicians who are experienced in work of this type and who understand the unique problems of boiler systems. The Contractor should visit the site to become familiar with the type of boilers and equipment covered by this contract. Site visitations can be arranged by contacting John Charles at (740) 432-0417.
- 1.2 The contractor shall stock a supply of the most commonly used repair/replacement parts for the Cleaver Brooks equipment, and secure a source of supply for other parts if required.
- 1.3 The contractor shall be responsible for the acts or neglect of their employees when performing work under this contract. The Contractor's employees shall observe the rules and regulations of the Center when engaged in work under the contract and the Center's premise. The Center will inform the contractor of any special rules and regulations.
- 1.4 The contractor must be capable of meeting all code requirements for pressure piping, preparing boilers for inspections and boiler repair.

### 2.0 SCOPE OF WORK:

- 2.1 The contractor shall provide inspections, testing, calibration and repair for the boiler plant equipment.
- 2.2 The contractor shall keep records of each service visit, with a copy sent to the plant engineer or designee.
- 2.3 The contractor shall be on call for emergency work.

### 3.0 SCHEDULE OF SERVICE CALLS:

- 3.1 All service calls shall be scheduled by the plant engineer or designee.
- 3.2 Shop repair, if required, shall be invoiced at the hourly rate and must have prior approval of the plant engineer.

4.0 MINOR REPAIR AND PARTS

- 4.1 All parts furnished for repair or replacement shall be new. Parts installed in existing systems, unless otherwise approved by the plant engineer, shall be of the same manufacturer as the original. If replacement parts of another manufacturer are approved, such parts shall be equal to the original part and shall be completely compatible with the existing system in function and performance.
- 4.2 All parts and materials supplied by the contractor shall be invoiced at no more than the quoted percentage plus shipping and handling over the bidder's response sheet. Copies of the contractor's invoices shall be submitted to the Center showing the contractor's actual cost plus shipping and handling for each part.
- 4.3 The Center reserves the right to supply new or used parts for repair.
- 4.4 All labor charges supplied by the contractor relative to repair shall be for the current rate as indicated on the bidders response sheet for hourly labor charges during working hours. Unless in an emergency, all repairs and replacements shall be scheduled during normal working hours.

5.0 MAINTAINING RECORDS AND REPORTING

- 5.1 The contractor shall prepare a written service report indicating labor hours, and parts supplied and a description of all work performed. A copy of this report shall be provided for the Center.
- 5.2 Following completion of each service call, the contractor shall review with the plant engineer or designee the details of the work just completed, and any recommendations for necessary repairs or improvements to the system.

6.0 EMERGENCY SERVICE

- 6.1 The contractor shall respond within 8 hours for emergency service when requested. An emergency phone number shall be provided. Message machines or other mechanical recording devices are not acceptable. When service is not within normal working hours (7:00 a.m. to 3:30 p.m.) or on holidays or weekends, hours will be paid at the quoted hourly emergency service rate.

7.0 CONTRACT CANCELLATION

- 7.1 This contract may be canceled by either party upon 30 days written notice.

8.0 PRICING INFORMATION

- 8.1 A bid price shall include an hourly rate for labor, and percentage above costs for parts. Hourly labor charges shall commence upon arrival at the Center. Any additional charges such as travel time, or other incidental cost must be included in the quoted hourly labor rate.

9.0 LABOR RATES/PERCENTAGE FOR PARTS/MATERIALS – July 1, 2011 thru June 30, 2012.

- 9.1 Hourly rates for labor charges during normal work hours: \$\_\_\_\_\_per hr

- 9.2 Emergency hourly labor charges (after normal work hours, weekends and Holidays)  
\$\_\_\_\_\_per hour
- 9.3 Percentage above contractor's original costs for parts and materials \$\_\_\_\_\_%
- 10.0 LABOR RATES/PERCENTAGE FOR PARTS/MATERIALS – July 1, 2012 thru  
June 30, 2013.
- 10.1 Hourly rates for labor charges during normal work hours: \$\_\_\_\_\_per hr
- 10.2 Emergency hourly labor charges (after normal work hours, weekends and Holidays)  
\$\_\_\_\_\_per hour
- 10.3 Percentage above contractor's original costs for parts and materials \$\_\_\_\_\_%

**Note: Bid envelopes are to be marked in the lower left corner as:**  
Sealed Bid: Boiler Services

**STANDARD TERMS AND CONDITIONS  
CAMBRIDGE DEVELOPMENTAL CENTER**

1. **TAXATION:** The state is exempt from federal excise taxes and all state and local taxes, unless otherwise provided herein. The State does not agree to pay any taxes on commodities, goods or services acquired from any Vendor.
2. **PURCHASE ORDERS REQUIRED:** The Cambridge Developmental Center shall not be obligated to pay for any supplies or services, provided by the Vendor as a result of the contract, until or unless the Business Office has issued an official purchase order.
3. **DELIVERY/FREIGHT CHARGES:** Unless otherwise stated, the Cambridge Developmental Center shall not be responsible for freight or delivery charges. Prices are to be based upon the product(s) or service(s) being offered F.O.B. Destination, freight prepaid by the Vendor to the location(s) set forth in the ITB or as listed on the purchase order issued pursuant to any contract awarded.
4. **DELIVERY/INSPECTION AND ACCEPTANCE:** Upon delivery of the product/service, the Cambridge Developmental Center retains the right to inspect the product/service prior to final acceptance and or payment for the product/service.
5. **DELIVERY/PENALTY FOR LATE DELIVERY:** The Vendor shall be required to make delivery of the product or service in accordance with the terms of the contract and or as stated on the Purchase Order.
6. **SUBMISSION OF INVOICES:** Upon delivery of goods or performance of the service, as described on any purchase order placed against the Contract awarded pursuant to the ITB, the Vendor shall submit proper invoices, in triplicate, directly to the ordering agency billing office as indicated on the purchase order. A proper invoice is being defined as being free from defects, discrepancies, errors or other improprieties and shall include, but may not be limited to:
  - a. Vendor's name and address as designated on the Purchase Order.
  - b. Vendor's Federal Tax Identification Number
  - c. The purchase order number authorizing the purchase of goods or services.
  - d. Description, including time period, unit price, quantity and total price of goods or services delivered or rendered as specified on the Purchase Order.

Defective invoices shall be returned to the Vendor noting areas for correction. If such notification or defect is sent, the required payment date shall be thirty (30) days after receipt of the corrected invoice.

Upon receipt of a proper invoice, payment, subject to the foregoing provision and, unless otherwise stated, shall be made within thirty (30) calendar days.

7. CANCELLATION: Unless otherwise provided, the Cambridge Developmental Center reserves the right to cancel the contract with thirty (30) days written notice.
8. NO BID WILL BE CONSIDERED UNLESS IT IS ON THE VENDOR'S LETTERHEAD.
9. All services must be provided before the close of the Fiscal year and billing must be completed prior to the end of the month following the close of each Fiscal Year. The State Fiscal Year begins on July 1st and closes on June 30<sup>th</sup>.



**Ohio Shared Services**  
Service First  
a division of OBM

## VENDOR INFORMATION FORM

All applicable parts of the form must be completed by the vendor and returned to Ohio Shared Services signed.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION			
<input type="checkbox"/>	NEW (W-9 OR W-8ECI FORM ATTACHED)	<input type="checkbox"/>	ADDITIONAL ADDRESS (PROVIDE COPY OF INVOICE OR LETTER)
<input type="checkbox"/>	CHANGE OF ADDRESS (PROVIDE ADDRESS TO BE REPLACED IN THE COMMENTS BOX ON NEXT PAGE)		
<input type="checkbox"/>	CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)		
<input type="checkbox"/>	CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE ATTACHED)		
<input type="checkbox"/>	CHANGE OF PAYTERMS	<input type="checkbox"/>	CHANGE OF CONTACT
		<input type="checkbox"/>	CHANGE OF PO DISPATCH METHOD
SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION			
LEGAL BUSINESS NAME: (MUST MATCH W-9 OR W-8ECI FORM)			
<input type="text"/>			
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)			
<input type="text"/>			
TAXPAYER ID # (TIN):			
<input type="text"/>			
BUSINESS ENTITY: <u>NOTE</u> : IF SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME			
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	NON PROFIT	<input type="checkbox"/>	INDIVIDUAL
<input type="checkbox"/>	OTHER (PLEASE EXPLAIN) <input type="text"/>		
INDUSTRY CLASSIFICATION:			
<input type="checkbox"/>	STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE	<input type="text"/>	
<input type="checkbox"/>	NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	<input type="text"/>	
SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS			
ADDRESS:		COUNTY:	
<input type="text"/>		<input type="text"/>	
CITY:	STATE:	ZIP CODE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**SECTION 4 – REMIT TO ADDRESS (IF DIFFERENT THAN ABOVE)**

ADDRESS:

CITY:

STATE:

ZIP CODE:

**SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER**

NAME:

WEB SITE:

PHONE:

FAX:

E-MAIL:

**SECTION 6 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)**

MBE (MINORITY BUSINESS ENTERPRISE)

EDGE (ENCOURAGING DIVERSITY, GROWTH, &amp; EQUITY)

N/A

**SECTION 7 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)**

2/10 NET 30

NET 30

NET 45

NET 60

NET 90

**SECTION 8 – PURCHASE ORDER DISTRIBUTION-OTHER THAN USPS MAIL (INPUT E-MAIL ADDRESS OR FAX # BELOW)**

E-MAIL:

FAX:

**SECTION 9 – PLEASE SIGN & DATE**

SIGNATURE:

DATE:

**SECTION 10 – AGENCY CONTACT INFORMATION**

AGENCY NAME:

PHONE NUMBER:

E-MAIL:

COMMENTS:

**SUBMIT FORM TO:**

Mail: Ohio Shared Services  
4310 E. Fifth Ave. Columbus, OH 43219  
Fax number: (614) 485-1039  
E-mail: [vendor@ohio.gov](mailto:vendor@ohio.gov)

**QUESTIONS? PLEASE CONTACT:**

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)  
1 (614) 338-4781  
E-mail: [vendor@ohio.gov](mailto:vendor@ohio.gov)

CONTRIBUTION STATEMENT

CONTRACTOR'S NAME: \_\_\_\_\_

FEDERAL TAX I.D. NUMBER: \_\_\_\_\_

The contractor certifies by their signature below, that they are currently in compliance with and will continue to adhere to the requirements of the Ohio ethics laws as provided by Sections 102.03 and 102.04 of the Revised Code.

Further, the contractor affirms that as applicable to the contractor, no party listed in division (I) or (J) of Section 3517.13 of the Revised Code or spouse of such party has made, as an individual within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.

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Signature Contractor/Vendor

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Date signed

Please note: No work may proceed or payment be remitted until above statement has been signed and returned to the following address:

Cambridge Developmental Center  
Attn: Business Office  
66737 Old 21 Road  
Cambridge, OH 43725

## **CERTIFICATE OF DRUG FREE WORKPLACE COMPLIANCE**

The undersigned certifies that a good faith effort to ensure that all employees, while working on state property, will not purchase, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.

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Name of Contractor

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Address

---

City, State Zip Code

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Authorized signature of contractor

NON-COLLUSION AFFIDAVIT

STATE OF OHIO

COUNTY OF GUERNSEY

The Bidder and each person signing on behalf of the Bidder certifies, and in the case of a joint bid, each party thereto certifies as to such party's organization, under penalty of perjury, that to the best of the undersigned's knowledge and belief:

1. The base Bid and Unit Prices in the bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition as to any matter relating to such Base Bid and Unit Prices with any other Bidder or third party.
2. Unless otherwise required by law, the Base Bid and Unit Prices which have been quoted in the bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to the bid opening, directly or indirectly, to any other Bidder or to any third party that would have any interest in the Base Bid or Unit Prices.
3. No attempt has been made or will be made by the Bidder to induce any other individual, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Authorized Signature:

Print Name:

Title:

Company Name:

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 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.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see 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).

**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.

<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.

#### 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,

- 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:

1. 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.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. 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,

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.