



**Request for Proposals  
Hocking Athens Perry Community Action  
Is seeking  
Municipal Sanitary Sewer Service Connections**

**Date:** Tuesday, April 25<sup>th</sup>, 2023

**Requesting Agency:**

HOCKING ATHENS PERRY COMMUNITY ACTION  
Housing & Community Development Division  
3 Cardaras Drive  
Glouster OH 45732

**Project:**

Route 50 Sewer Expansion, Athens County, Athens Township, Ohio – Residential Sanitary Sewer Connections  
Athens, Ohio 45701

**Project Description:**

1. Seeking Certified installation firm to complete the abandonment identified existing septic systems according to the rules and regulations set forth by the EPA, the State of Ohio, and the Athens County Sewer District. at each of the designated properties included in this documentation. And also, to complete the connection of each properties sanitary system to the newly developed sanitary sewer system.
2. The awarded firm will be required to work directly with the Athens County Sewer District as well as HAPCAP as necessary to develop the project.
3. All firms must provide pages 4 -9 of the specification documentation to be considered a responsive proposer.

**Scope of Services:**

1. The contractor will be required to abandon the system, remove all debris as outlined in this specification, fill with dirt, level each site, and provide erosion control.
2. The contractor is responsible for the appropriate disposal of all created debris, overburden and rubbish.
3. The contractor must provide a contract bond/performance bond for the appropriate amount upon receipt of the Notice of Award and prior to contract execution.
4. The contractor is responsible for providing all equipment, labor and materials necessary to abandon, grade, control erosion, and greening of the lot post demolition.
5. The contractor is responsible for fully connecting the properties existing sanitary system into the newly developed sanitary sewer.
6. The contractor is responsible for obtaining all necessary permits before beginning any work on the specified properties. Contractor is responsible for obtaining this documentation and providing a copy to Hocking Athens Perry Community Action prior to action.



7. The contractor is responsible for following all guidelines set forth in this specification including completing and/or mailing any required EPA or Athens County Sewer District or Athens County Health Department notifications of septic tank abandonment prior to any work being started.
8. The contractor is responsible for copying all official documentation and providing it to Hocking Athens Perry Community Action.
9. The contractor is also responsible for maintaining a safe work environment for themselves, their employees, residents and nearby neighbors at all times.
10. Each location is being bid as is, there is no anticipation of a change order.

Please include the following:

Pages 4 – 9 of the Sanitary Sewer Connection Specifications and Attachment A

We appreciate your time. Please feel free to contact the HAPCAP Community Development office with any questions you may have. 740-767-4500.

We are requesting all interested firms submit RFP's to our office by mail or electronically by Friday, May 12<sup>th</sup>, 2023 by 4:00pm.

**HOCKING ATHENS PERRY COMMUNITY ACTION**  
**ATHENS COUNTY – ROUTTE 50 RESIDENTIAL PUBLIC**  
**INFRASTRUCTURE**  
**SANITARY SEWER CONNECTIONS - SPECIFICATIONS WORKBOOK**

Hocking Athens Perry Community Action, located at 3 Cardaras Drive Glouster, OH 45732, will accept sealed bid proposals on behalf of the ATHENS COUNTY COMMISSIONERS to assist residents in the connecting of their homes to the newly developed Athens County – Route 50 sanitary sewer project.

**General Standards**

The intent of this specification is as follows: Complete abandonment the existing septic system according to the rules and regulations set forth by the EPA, the State of Ohio, and the Athens County Sewer District. at each of the designated properties. Also, connection of each property sanitary system to the newly developed Athens County – Route 50 sanitary sewer system.

The **contractor** will be required to abandon the system, remove all debris as outlined in this specification, fill with dirt, level each site, and provide erosion control if appropriate.

The **contractor** is responsible for the appropriate disposal of all created debris, overburden and rubbish.

The **contractor** must provide a contract bond/performance bond for the appropriate amount upon receipt of the Notice of Award and prior to contract execution.

The **contractor** is responsible for providing all equipment, labor and materials necessary to abandon, grade, control erosion, and greening of the lot post demolition.

The **contractor** is responsible for fully connecting the properties existing sanitary system into the newly developed Athens County – Route 50 sanitary sewer.

The **contractor** is responsible for obtaining all necessary permits before beginning any work on the specified properties. **Contractor** is responsible for obtaining this documentation and providing a copy to Hocking Athens Perry Community Action prior to action.

The **contractor** is responsible for following all guidelines set forth in this specification including completing and/or mailing any required EPA or Athens County Sewer District and/or Athens County Health Department notifications of septic tank abandonment prior to any work being started.

The **contractor** is responsible for copying all official documentation and providing it to Hocking Athens Perry Community Action.

The **contractor** is also responsible for maintaining a safe work environment for themselves, their employees, residents and nearby neighbors at all times.

Each location is being bid as is, there is no anticipation of a change order.

### **General Requirements**

Connection to sanitary sewer and abandonment of septic:

#### **The Contractor shall:**

- Disconnect the existing sewer and grey water connections at the exterior of the identified structure and properly “tie in” to the newly developed sewer line following all applicable standards and regulations required by Athens County Sewer District. (See Attachment A)
- Must have all chambers of the existing tank pumped clean. Top slab of existing septic tank must be removed or crushed and collapsed. Fill the shell of the abandoned septic with approved gravel or stone. (Attachment A)
- All rubbish and debris created in the work area at the start of the work as well as resulting from the connection activities or deposited on the site by others during the duration of the work shall be removed and legally disposed of by the **Contractor**.
- The **Contractor** shall keep the work site and public right-of-way reasonably clear at all times
- There shall be no burial of rubbish, trash, wood, cement, concrete or any other extraneous materials on the worksite. Blasting of any type will not be permitted. No burning of any trash, materials or other debris.
- After completion of all abandonment, connection activities and site cleanup the site shall be graded. Some sites may require additional fill in order to create a smooth and level area at the abandoned septic tank. The Athens County Commissioners and Hocking Athens Perry Community Action expect these work areas to be properly graded to ensure ease of future maintenance of the property. The **Contractor** will be expected to provide erosion control as needed and also to apply seed and straw.

1. If any artifacts or human remains are found during the excavation process, all work is to cease and the **contractor** will notify Community Action immediately.

2. The **contractor** must follow all applicable local, state, and federal laws, regulations, and requirements for the abatement and disposal of lead, asbestos, and other routinely encountered hazardous substances. If there is an unusual material encountered or there is an extraordinary amount of lead, asbestos, or other routinely encountered hazardous material, the **contractor** must contact the Community Development Department at Hocking Athens Perry Community Action (740-767-4500) immediately.

3. If deviations from the proposed scope of work result in substantial design changes, the need for additional ground disturbance, additional removal of vegetation, or in any other unanticipated changes to the physical environment, the **contractor** must contact Hocking Athens Perry Community Action.
4. The **Contractor** should refrain from cutting down any trees without specific permission given by Hocking Athens Perry Community Action.
5. During these projects placement of equipment and stockpiling of materials will be confined to the front and back of the structure; heavy equipment will, where possible, be kept on the driveway, the street or other hard surfaces.
6. Small or large objects will be removed by hand, where possible.
7. No on-site disposal of any debris will be allowed; all debris resulting from the abandonment must be deposited in an approved landfill area; no debris can be deposited in wetland or floodplain areas.
8. No on-site granular material will be excavated or stripped to use for capping or for final landscaping.
9. Best management practices will be applied to these properties.
10. Contractor will be required to provide an affidavit of waiver of liens if awarded contract.
11. Contractor will be required to take photos of the project site PRIOR TO, DURING, and AFTER. Both electronic and print photographs are acceptable. Photos must adequately show the site prior to abandonment, during, and after site restoration. Failure to provide photos can result in a breach of contract and may result in NON-PAYMENT.
12. Low and responsive bidders will be checked against the Federal and State debarment list for evaluation.
13. Contractors must follow all applicable state and local regulations, laws and policies in effect regarding septic removal/abandonment.
14. **Bidder is required to submit the AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY OF PERSONAL & REAL PROPERTY TAXES with the bid proposal. (This document is included with this bid package)**
15. **Bidders must provide pages 4 through 9 of this document completed, references list completed, as well as Proof of Active BWC status, and Certificate of liability insurance (min. limit of liability, \$1,000,000) to be considered a responsive bidder for this project.**

**Please print and sign below to acknowledge you have read and understand all work required for this project.**

I \_\_\_\_\_ have read and understand all requirements and standards

(Print Name of Bidder Here)

outlined by the **HOCKING ATHENS PERRY COMMUNITY ACTION ATHENS COUNTY – ROUTE 50 RESIDENTIAL PUBLIC INFRASTRUCTURE SANITARY SEWER CONNECTION SPECIFICATIONS** and verify this with my signature below.

\_\_\_\_\_

(Signature of Bidder)

(Date Signed)

***The Athens County Commissioners/Hocking Athens Perry Community Action reserve the right to refuse or reject any or all bids.***

**EXPERIENCE STATEMENT OF BIDDER**

The BIDDER/CONTRACTOR is required to state in detail, in the space provided below, what work of character similar to that included in this proposed Contract Documents it has done, to give reference and such other detailed information as it will enable the OWNER to determine responsibility including experience, skill and financial standing.

PROJECT NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF PROJECT: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF PROJECT: \_\_\_\_\_  
DESCRIPTION OF WORK: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ DATE OF PROJECT: \_\_\_\_\_  
DESCRIPTION OF WORK: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ DATE OF PROJECT: \_\_\_\_\_  
DESCRIPTION OF WORK: \_\_\_\_\_

**AFFIDAVIT OF CONTRACTOR OR SUPPLIER OF NON-DELINQUENCY OF  
PERSONAL AND REAL PROPERTY TAXES**

STATE OF OHIO :

SS:

TO: The Athens County Commissioners

The undersigned, being first duly sworn, having been awarded a contract by you for the **ATHENS COUNTY – ROUTE 50 RESIDENTIAL PUBLIC INFRASTRUCTURE SANITARY SEWER CONNECTIONS** hereby states that we are not charged at the time the proposal was submitted with any delinquent personal and or real estate property taxes on the general tax list of personal property of any county in which you as a taxing district have territory and that we were not charged with delinquent personal property or real property taxes on any such tax list.

In consideration of the award of the above contract, the above statement is incorporated in said contract as a covenant of

the undersigned.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

SEAL

### ADDITIONAL CERTIFICATIONS

**Project Name: Athens County – Route 50 Residential Public Infrastructure Sanitary Sewer Connections**  
**Athens County Grant Number: B-W-20-1AE-1**

I certify that my company has the *facilities* to complete this job.

I certify that my company has the *labor force* to complete this job.

I certify that my company has the *equipment* to complete this job.

I certify that my company has the *administrative capacity* to complete this job.

I certify that my company has the *knowledge* to complete this job.

I certify that my company has an Equal Employment Opportunities policy.



I certify that my company is *knowledge* of Ohio Ethics and conflict of Interest Laws.

I certify that my company maintains a *drug free workplace*.

I certify that my company currently has no *State or Federal tax liens* placed upon it.

---

Name and Title of Authorized Representative

---

Signature & Date

***Prior to any work beginning, a site visit with the awarded Contractor and Community Action will take place. This requirement will confirm that the property owners being serviced are aware of the work that is expected to take place.***

**Attachment A  
Athens County Sewer District Requirements and Important Tips**

Proposals are to be mailed or delivered by the due date **Friday, May 12th, 2023 @ 4:00pm** to:

**Hocking Athens Perry Community Action  
ATTN: ATHENS COUNTY – ROUTE 50 SANITARY SEWER CONNECTIONS  
3 Cardaras Drive  
Glouster, Oh 45732**

**Please acknowledge below that you have received any and all addendums associated with the bidding documents of this project. List the addendum #(s)**

**and date you received that addendum on the line below if applicable.**

---

**Proposal Deadline: Friday, May 12th 2023 @ 4:00pm**  
**Athens County – Route 50 Sanitary Sewer Connections - Bidding Form**

**Location:** Hocking Athens Perry Community Action  
3 Cardaras Drive, Glouster, OH 45732

---

---

Contractor Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Attention:

\_\_\_\_\_

**Owner Contact Information:**

Proprietorship

Partnership

Corporation

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

**Email:** \_\_\_\_\_

**Employer ID #:** \_\_\_\_\_

OR

**Social Security #:** \_\_\_\_\_

A copy of the following documentation is required with bid submissions.

**HAPCAP will not review any bids submitted without the following documentation.**

**Attach**

**Proof of Active BWC Status**

**Certificate of liability insurance (min. limit of liability, \$1,000,000)**

**Pages 4 through 9 of this document completed**

---

---

I \_\_\_\_\_, am authorized to bid the following amount of  
\$ \_\_\_\_\_ to abandon the existing septic systems and  
connect the identified structures to the newly developed Athens County – Route  
50 sanitary sewer system.

X \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_

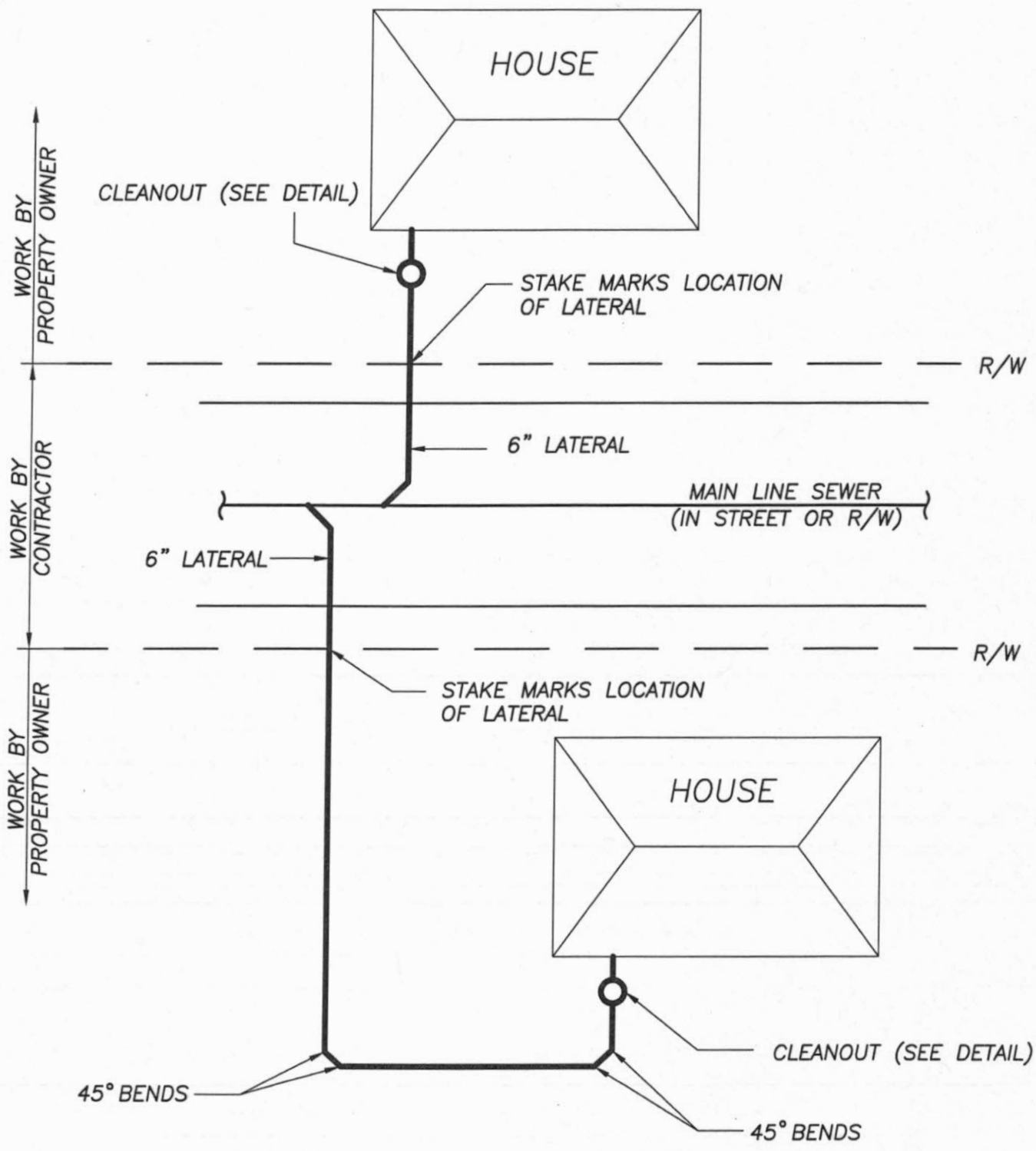
Date \_\_\_\_\_

Co-Owner (if any)

**BID NOTES:**

- You are bidding on the entirety of the project connections which includes each structure listed.
- Athens County Commissioners will award to the lowest and best proposal.
- Proposal Packets must be complete with all documentation in order to be considered a responsive proposal. (Pages 4-9)
- **BID ON ALL PROJECTS IN THIS LIST AS A GROUP**

1. 6380 Radford Rd., Athens Ohio
2. 6550 Radford Rd., Athens Ohio
3. 6393 Radford Rd., Athens Ohio
4. 520 Estates Dr., Athens Ohio
5. 6315 Radford Rd., Athens Ohio
6. 6665 Radford Rd., Athens Ohio
7. 176 Estates Dr., Athens Ohio



NOTE: 90° ELBOWS/BENDS ARE NOT ACCEPTABLE

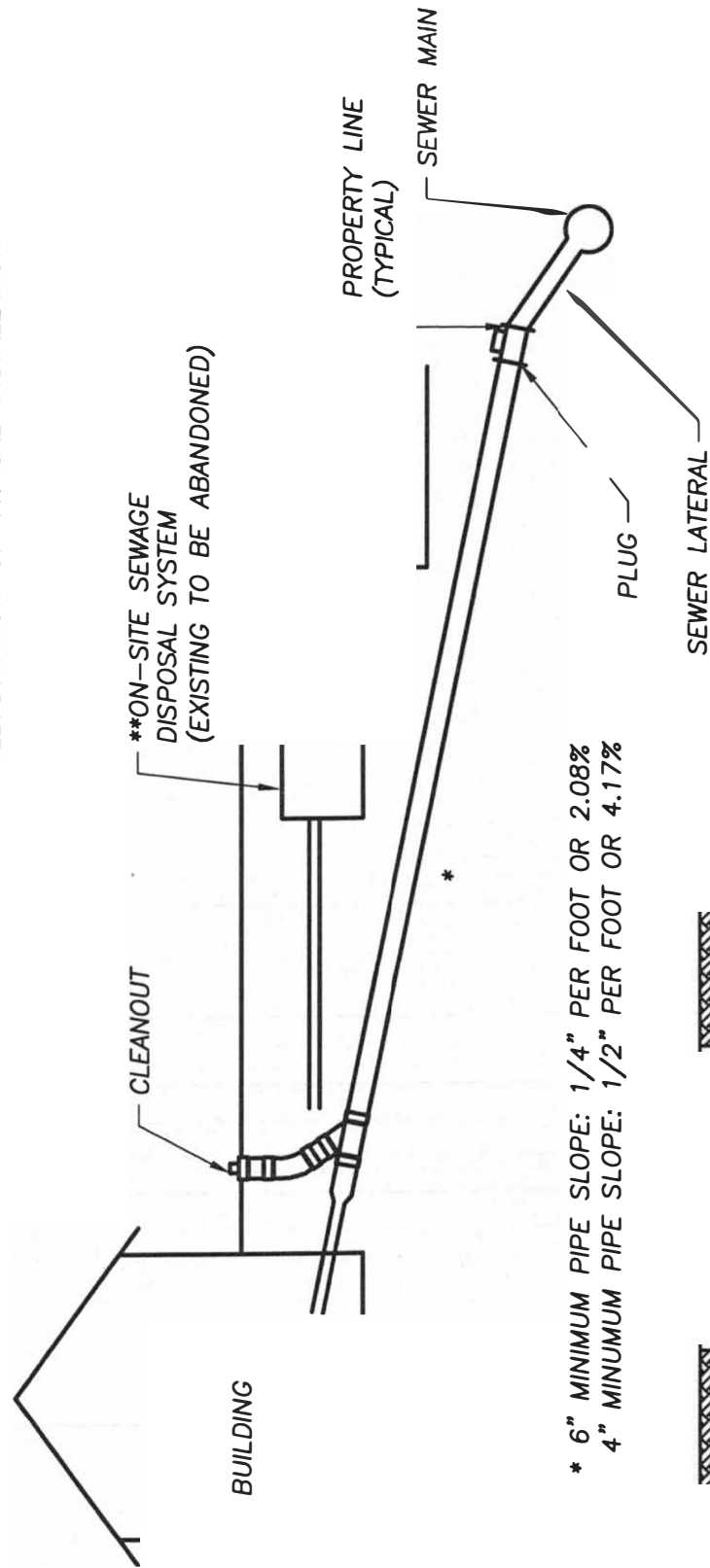
APPROVED
APPROVAL DATE JUNE, 2017
REVISION DATE

# SANITARY SEWER SERVICE FOR EXISTING HOMES

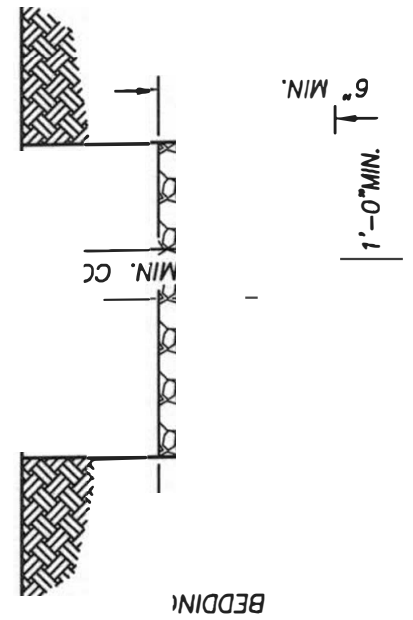
PERRY COUNTY OHIO	
STANDARD CONSTRUCTION DWG.	
DRAWING NO. Sa.S.-1	1/3

06/08/2017 02:11:26 pm ~ for M-E Companies, Inc.

ILLUSTRATION OF TYPICAL INSTALLATION



\* 6" MINIMUM PIPE SLOPE: 1/4" PER FOOT OR 2.08%  
 4" MINIMUM PIPE SLOPE: 1/2" PER FOOT OR 4.17%



BEDDING MATERIAL SHALL CONFORM TO SECTION 703.01 O.D.O.T. NO. 57,6,67,68,7,78 OR 8 AGGREGATE.

\*\*THE FOLLOWING CRITERIA MUST BE PERFORMED IN ABANDONING THE SEPTIC TANK:

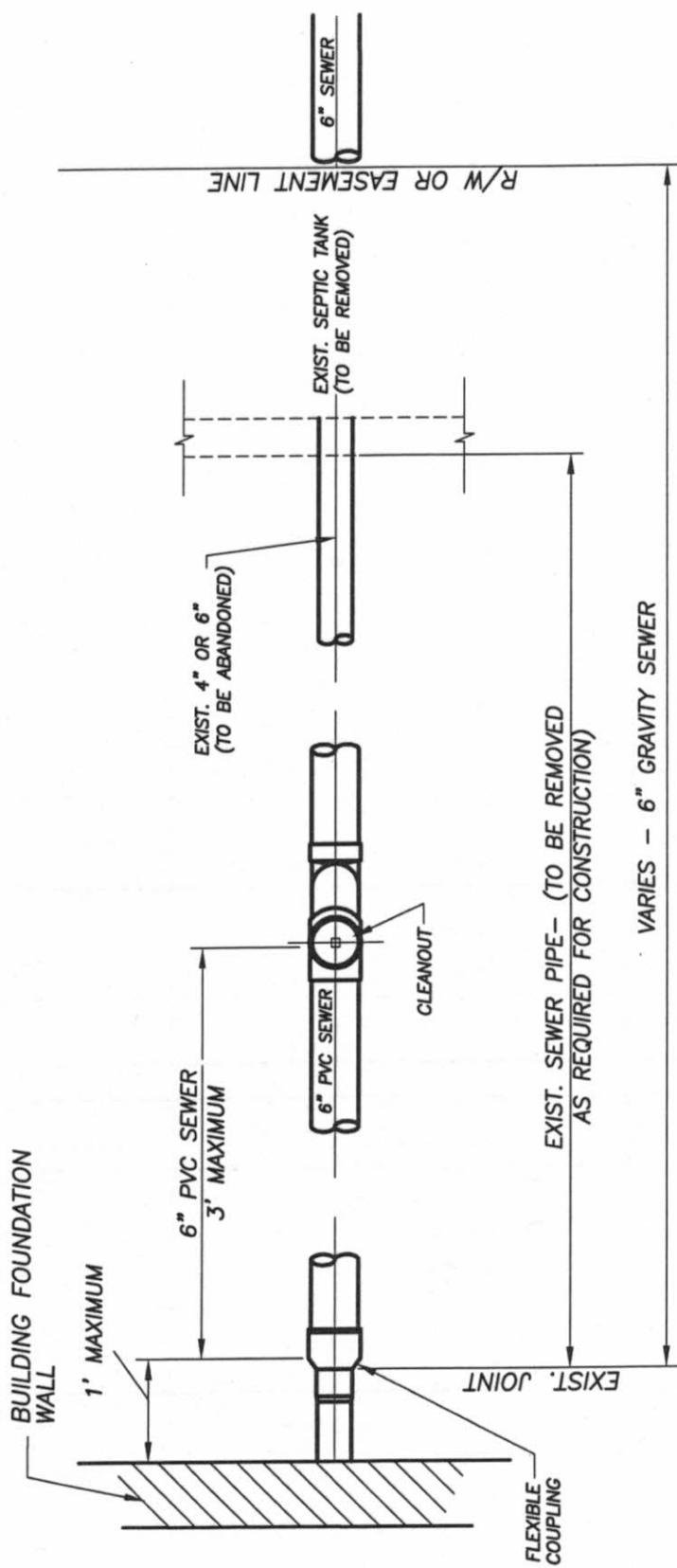
1. TANK MUST BE PUMPED CLEAN.
2. TOP SLAB OR LID MUST BE REMOVED OR CRUSHED.
3. TANK MUST BE FILLED WITH GRAVEL/STONE.

APPROVED  
 APPROVAL DATE  
 JUNE 2017  
 REVISION DAT

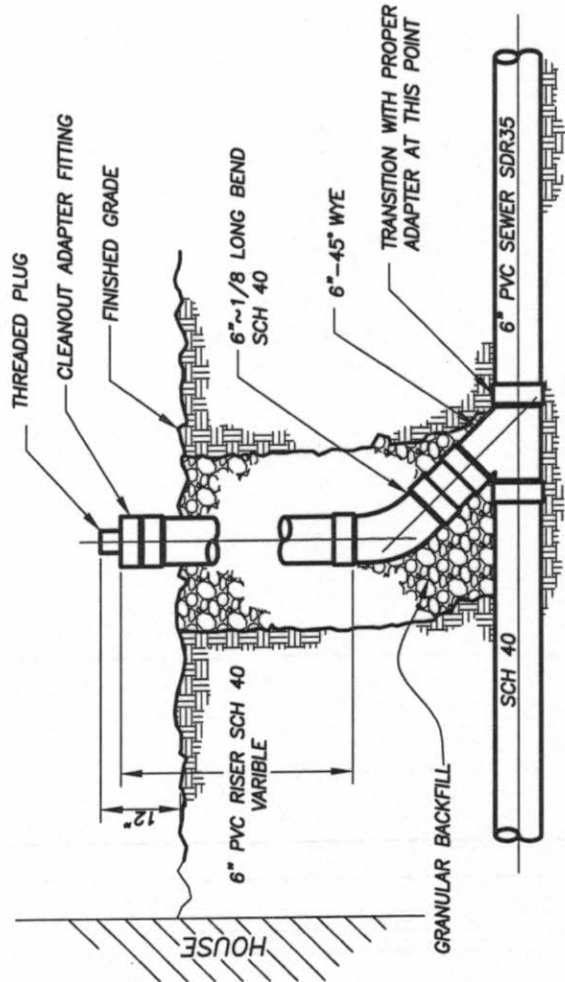
SANITARY SEWER  
 SERVICE FOR  
 EXISTING HOMES

PERRY COUN  
 OHIO  
 STANDARD  
 CONSTRUCTION DW  
 DRAWING NO.  
 Sa.S 1 2/

J:\pre-int\10\10-014\dwg\handouts\Sas-3.dwg by walker.clerk on 06/08/2017 02:10:48 pm ~ for M-E Companies, Inc.



**HOUSE SERVICE CONNECTION**



NOTE: 6" IS PREFERRED PIPE SIZE BUT 4" MAY BE USED. IF 4" IS USED, FIRST FULL SECTION OF PIPE MUST BE 6" (10' MIN.).

APPROVED
APPROVAL DATE JUNE, 2017
REVISION DATE

**SANITARY SEWER SERVICE FOR EXISTING HOMES**

PERRY COUNTY OHIO	
STANDARD CONSTRUCTION DWG.	
DRAWING NO. Sa.S.-1	3/3

## **SANITARY SEWER INSTALLATION PROCEDURES AND SPECIFICATIONS**

Customer service lines shall be subject at all times to the inspection and approval of the District or its duly authorized representative who shall have supervision and control over same. Only sewage is to enter the sanitary sewer system. Expressly prohibited from draining into the system are storm drains, surface and ground water, roof drainage and any explosive, corrosive, poisonous or otherwise damaging materials.

### **NO SANITARY CAP OR PLUG WILL BE REMOVED WITHOUT THE INSPECTOR PRESENT.**

Sanitary sewer pipe will be laid at grade no less than  $\frac{1}{4}$ " per foot (2.08% slope) unless specific approval is obtained from the County or as required by the sanitary sewer construction plans for the main line.

**REMOVAL OF WATER:** The Contractor shall, at all times during construction, provide proper and satisfactory means and devices for the removal of all water entering the excavations and shall remove all such water as fast as it may collect in such a manner as shall not interfere with work. The Contractor shall not dispose of ground and/or surface water into newly constructed or existing water lines or sanitary sewers. The Contractor shall, at the end of each day, place a watertight plug or cap at the end of the last joint to prevent water and/or materials from entering the system. The plug or cap shall not be removed until excavation is dewatered.

No trench water, dirt, stone, or other materials shall be allowed to enter the sanitary system – no exceptions. Should this occur, the installer will be charged for all costs to correct any problems.

All inspections will be scheduled. To schedule, you must contact The Athens County Water and Sewer District at (740) 797-3235. Please allow a 24-hour window for the inspection time.

It is the installer's responsibility to restore all ditch lines, pavement, storm sewers, drains, etc., that are damaged during construction. It is also the installer's responsibility to read and know the County's requirements prior to any connection. Failure to comply will result in fines and/or licenses revocation. Ignorance is no excuse and will not be tolerated.

### **SEWER INSPECTION REQUIREMENTS:**

Two inspections will be required for sanitary sewer service installations. One to remove the cap from the stub, check for any required dewatering and to inspect the materials to be used. The other to inspect the rest of the work, including the air test, gutter drains, sump pump drains, bedding, backfill, etc.

For the first inspection, have all the materials unloaded and laid out for viewing by the inspector, and be ready to pull the cap off the riser and make a couple of connections.



During the second inspection, the inspector will inspect and verify the grade setting. This should be scheduled with the inspector during the first inspection. You will be required, after a successful air test, to either flush a commode in the house, or pour a 5-gallon bucket of water down the clean-out located near the house, to verify the grade setting. The inspector will verify this by looking into the opening at the stub. The initial inspection must be scheduled through The Athens County Water and Sewer District at (740) 797-3235, and the second will be determined by the contractor and the inspector for that afternoon.

To schedule all inspections, you must contact The Athens County Water and Sewer District at least 24-hours prior to the day you want the inspection. Every effort will be made to accommodate your scheduling needs.

You will have a 24-hour window to meet your scheduled inspections. If you cannot meet your scheduled time, you must contact The Athens County Water and Sewer District at (740) 797-3235 to cancel or reschedule. If you do not call to cancel and/or the inspector makes his visit, and you are not ready you will be required to pay \$50.00 per hour for any reinspection and you must reschedule. There will be NO EXCEPTIONS!!!

### **SPECIFICATION REQUIREMENTS:**

Connection point shall be from your property line or edge of easement to within five (5) feet of the foundation of structure to be served.

#### **SIZE**

Service lines shall in no case be less than four (4) inches in diameter. Where double or multiple homes, such as apartments or house and mobile home, are permitted to be on a common line under a special connection permit issued by the District, the double and multiple home will be served with a six (6) inch line, unless a larger line is required by the plumbing inspector. An approved six (6) inch x four (4) inch eccentric adaptor connecting the service line to the lateral sewer must be used when reducing to a four (4) diameter line.

#### **MATERIALS**

Schedule 40 PVC pipe and fittings. Every joint in plastic piping shall be made in strict accordance with installation standards. All fittings must be glued.

#### **SERVICE LINE GRADES**

Where the property owner makes his connection to the service lateral from the main at his property line or at the edge of the right-of-way, the pipe shall be laid on grade in the following manner: Four (4) inch diameter pipes shall be laid on grade of not less than seven (7) inches per fifty (50) feet, for six (6) inch diameter pipes, grade of not less than five (5) inches per fifty (50) feet is required.

## **CLEANOUTS**

A cleanout should be constructed immediately outside the building. The cleanout shall consist of a four (4) inch 45-degree wye-branch with eight bends, or equal, aligning the riser pipe to grade. The riser pipe shall be at grade level or an inch or two below the surface. Also, cleanout shall be provided at least every additional hundred (100) feet in a straight run of direction, or when making changes in direction of a run. At a minimum, one cleanout will be placed at the homeowner's property line (by the property owner). This does not negate any of the other requirements for cleanouts where other bends are required.

Service lines must run as direct as possible from dwelling making the connection. If changes in directions are required, they should be constructed with wyes, combination wyes and eight bends, or half wyes and one-eighth bends to grade. Also, when using long radius 90-degree elbows to change direction of a run, cleanouts must be utilized.

## **BEDDING**

When the lateral trench is excavated below proposed grade, the excess depth shall be filled with granular material such as No. 57, 6, 67, 68, or 7 aggregated.

## **BACKFILL**

Natural soil free from stones larger than 2 inches, across their greatest dimension, vegetation, debris, rubbish, or frozen material.

## **TESTING**

The inlet end of the upstream (foundation end) and the downstream (property line) cleanouts must be closed with an airtight bulkhead placed through the cleanouts. The sewer shall then be put under pressure to 3.5 psig. The minimum time of acceptable pressure drop from 3.5 psig to 2.5 psig shall not be less than two (2) minutes on a four (4) inch lateral and three (3) minutes on a six (6) inch lateral.

**ATTACHMENT A**  
Itemized Bid Sheet

---

**BASE BID**

*This itemized bid sheet must be completed in its entirety and returned with the contractor's bid submittal packet.*

Item	Description	Qty.	Price Ea.	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>			\$	\$

*All work is to be completed as described in Section D, Work Specifications, in the bidding documents*

Bid submitted by:

Authorized signature

Date:

Federal Tax ID Number:

**SIGN HERE**



## Sales and Use Tax Contractor's Exemption Certificate

**Identification of Contract:**

Contractee's (owner's) name \_\_\_\_\_

Exact location of job/project \_\_\_\_\_

Name of job/project as it appears  
on contract documentation \_\_\_\_\_

The undersigned hereby certifies that the tangible personal property purchased under this exemption from:

\_\_\_\_\_ Vendor's name

was purchased for incorporation into:

<input type="checkbox"/>	Real property under a construction contract with the United States government, its agencies, the state of Ohio, or an Ohio political subdivision;	<input type="checkbox"/>	Real property that is owned, or will be accepted for ownership at the time of completion, by the United States government, its agencies, the state of Ohio or an Ohio political subdivision;
<input type="checkbox"/>	A horticulture structure or livestock structure for a person engaged in the business of horticulture or producing livestock;	<input type="checkbox"/>	A house of public worship or religious education;
<input type="checkbox"/>	A building used exclusively for charitable purposes by a nonprofit organization operated exclusively for charitable purposes as defined in Ohio Revised Code (R.C.) section 5739.02(B)(12);	<input type="checkbox"/>	A building under a construction contract with an organization exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986 when the building is to be used exclusively for the organization's exempt purposes;
<input type="checkbox"/>	The original construction of a sports facility under R.C. section 307.696;	<input type="checkbox"/>	A hospital facility entitled to exemption under R.C. section 140.08;
<input type="checkbox"/>	Real property outside this state if such materials and services, when sold to a construction contractor in the state in which the real property is located for incorporation into real property in that state, would be exempt from a tax on sales levied by that state;	<input type="checkbox"/>	Building and construction materials and services sold for incorporation into real property comprising a convention center that qualifies for property tax exemption under R.C. 5709.084 (until one calendar year after the construction is completed).

This certificate may be used by a contractee or subcontractor when buying materials for a construction contract where the owner/contractee has claimed one of the above exemptions. This certificate covers all sales of materials by the above-named vendor to the contractor or subcontractor for this particular construction contract only.

Contractor/subcontractor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signed by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state, ZIP code

\_\_\_\_\_  
Date

## READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- \* DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE ( ) -		WORK PHONE ( ) -		

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE <b>X</b>	DATE
---------------------------------	------

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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) ▶ _____	
	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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>	
or	
<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 ▶ _____
------------------	----------------------------------	--------------

### 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.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**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, payments made in settlement of payment card and third party network transactions, 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 *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—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
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**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 this page), 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 SSA office or get this form online at [www.ssa.gov](http://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](http://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 [irs.gov](http://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, apply for a TIN and 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 U.S. 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, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

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

1. **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.
3. **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 made in settlement of payment card and third party network transactions, 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(f)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(f)(B))	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your Individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> 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 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

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](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

### OHIO NEW HIRE REPORTING

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: [www.oh-newhire.com](http://www.oh-newhire.com)

**Send completed forms to:**  
Ohio New Hire Reporting Center  
PO Box 15309  
Columbus, OH 43215-0309  
Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A  B  C

1  2  3

### EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):

Employer Name:

Employer Address (Please indicate the address where the Income Withholding Orders should be sent).

Employer City:

Employer State:

Zip Code (5 digit):

Employer Phone (optional):

Extension:

Employer Fax (optional):

Email:

### EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN)

(Check here if using FEIN for the Contractor)

State of Hire:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip Code (5 digit):

Date of Hire:

Date of Birth:

Is this a Contractor?

Yes  No

Date payments will begin for Contractor:

Length of time the Contractor will be performing services:

months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (614) 221-5330 or toll-free (888) 872-1490