

Sechrist-Hall Company

Since 1935

Phone 956-423-7086 Fax 956-423-4700
P.O. Box 2347
Harlingen, Texas 78551-2347



Corpus Christi Harlingen
Contractors for
Roofing • Roof Maintenance • Sheet Metal

D Wilson Construction Co.
Po Box 3455
McAllen, Texas 78502-3455

Date: August 4, 2014

JOB NAME: Hidalgo Co. Old Admin

ATTENTION: Stan Ramos

We propose to furnish all labor, material, and equipment necessary to perform the following work on the above name project:

1. Cut penetration as marked By HVAC Contractor for curbs.
2. After curb is leveled and squared, fastened to deck.
3. Flash in six (6) 19" x 19" curbs, two (2) 30" x 30" curbs, three (3) 26" x 26" curbs and One (1) 40" x40" curb to be flash as to keep roof under warranty.
4. Apply Chem Curbs to two (3) Chem curbs

PRICE: \$ 8,225.00

This proposal in duplicate, when signed by you, will constitute a contract under the laws of the State of Texas and shall be so construed. This proposal subject to acceptance within thirty days. General conditions and disclaimers stated on back are considered part of this agreement.

Accepted: _____

Date: _____

Respectfully Submitted,
SECHRIST-HALL COMPANY

by: 
Shawn Bull

GENERAL CONDITIONS

The proposition on the reverse side hereof is made upon the following terms and conditions:

1. The Standard Purchase Order Terms and Conditions of the Purchasing Department of the County of Hidalgo shall govern in the event of a conflict with the terms of this Item 1 of the General Conditions.
2. It is the responsibility of the Owner or his representatives to insure that the structure upon which Sechrist-Hall Company is working is designed and in condition to support the usual and customary workmen and materials, and that the structure is free of hazardous materials (asbestos, PCBs, etc). No engineering, architectural, or abatement services are provided or performed by Sechrist-Hall Company.
3. Reasonable working space and access to the building and premises will be permitted and provided by the Owner or his representatives without charge or expense to Sechrist-Hall Company. Temporary power, general lighting, toilet/sanitary facilities, and potable water (minimum 1.5" supply line for insulating deck installations) at normal city pressure will be provided at no cost to Sechrist-Hall Company.
4. No 'back charges' for incidental services furnished to Sechrist-Hall Company will be accepted without previous notice and reasonable time allowed for the approval of such charges or the remedy of the cause and therefore the need for such back charge. No 'liquidated damages' may be assessed by the Owner or his representatives unless a written construction schedule, which has been mutually agreed to by the parties to this contract prior to the start of the work of this contract, has not been adhered to solely by Sechrist-Hall Company; and then only if the Owner's representative pays said liquidated damages.
5. If it becomes necessary for Sechrist-Hall Company to take legal action in connection with this proposal, or to place its contract in the hands of an attorney for collection, all attorney fees and collection charges shall be paid in addition to the contract price.

DISCLAIMERS

1. Moisture that has entered into the building prior to our installation or repair of the roofing system may result in mold growth. We disclaim any and all responsibility for damages to persons or property arising from or relating to the presence of mold in the building. By executing this contract or authorizing this work, Owner and/or any Other Party(s) releases us from any and all claims Owner and/or any Other Party(s), their family members, employees, tenants, or any other building occupants or visitors may have as a result of such mold growth and agrees to defend, indemnify and hold us harmless from any and all penalties, actions, liabilities, costs, expenses and damages arising from or relating to the presence of mold in Owner's building to the extent permitted under the Constitution and Laws of the State of Texas.
2. The construction industry is currently experiencing rapidly escalating prices and material availability problems relating to isocyanurate insulation, steel construction and asphalt-based roofing products beyond the control of construction contractors. Because of the difficulty or impossibility in obtaining firm prices and delivery schedules for these products from suppliers, Sechrist-Hall Company cannot provide fixed, firm prices and/or delivery dates for isocyanurate, steel, and petroleum-based products for future projects.

If there is an increase in the price of these products charged to Sechrist-Hall Company beyond 30 days subsequent from the date of the proposal, the price set forth in this proposal/contract shall be increased to reflect the additional cost to Sechrist-Hall Company.

If there is a problem with availability of these products **SECHRIST-HALL COMPANY AND ITS SURETY EXPRESSLY DISCLAIMS ALL RESULTING LIABILITY** (including, but not limited to, project schedule delays, specification changes, resulting price changes, and any consequential and/or liquidated damages).

3. The roof system specified may not meet the specified FM, UL, and/or ASCE-7 wind uplift requirements with regard to fasteners density for mechanical attachment or for adhered attachment. The design professionals and the roofing system manufacturers are solely responsible for determining and properly specifying roofing materials and systems that are compliant with the project specific wind uplift requirements and providing the requisite attachment information for proper application. Sechrist-Hall Company will provide the roofing system specified but will not and can not certify to its performance with regard to FM, UL, or ASCE-7 requirements.

If the specified uplift design pressures equate to either a FM 1-60 or FM 1-75 then the field pressures will be used to determine faster density for the insulation only without regard to a tested assembly, with the perimeter and corner densities being determined prescriptively. If the property is FM insured, consult with FM Global for design requirements to meet specified uplift design.

EXHIBIT “C”
Insurance Requirements
Applicable to the Acquisition of Goods and /or Services (other than
Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand (\$500,000.00) arising out of the services provided to County hereunder.
3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

ACORD**CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE OCCUR				MEDICAL (Any one person) \$
	<input type="checkbox"/> OWNER'S & CONT. PROT				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY				ANNUAL AGGREGATE \$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP \$
					AGG \$
B	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY EA ACC AGG \$
C	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STATU- <input type="checkbox"/> OTHER TORY LIMITS
					E. L. EACH ACCIDENT \$
					E. L. DISEASE-EA EMPLOYEE \$
					E. L. DISEASE-POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Hidalgo County
 Attn: Purchasing Department
 2812 S Highway Bus. 281
 Edinburg, Texas 78539

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY Swantner & Gordon Insurance Agency		NAMED INSURED Sechrist-Hall Company PO Box 2347 Harlingen TX 78551	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

General Liability:

The General Liability policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the insured and certificate holder that requires it. [Waiver of Transfer of Rights of Recovery Against Others to Us, Form CG2404 0509].

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the insured and certificate holder that requires such status. [Additional Insured - Owners, Lessees Or Contractors – Scheduled Person or Organization, Form CG2010 04/13].

The General Liability policy includes a Primary and Non-Contributory endorsement that provides such coverage to the Additional Insured only when you have agreed in writing in a contract or agreement that this insurance would be primary. [Primary and Noncontributory – Other Insurance Condition, Form CG2001 04/13].

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the insured and certificate holder that requires such status. [Additional Insured - Owners, Lessees Or Contractors - Completed Operations, Form CG2037 04/13].

Business Auto:

The Business Auto policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the insured and certificate holder that requires it. [Blanket Waiver of Subrogation per Written Contract, Form CA0444 03/10].

The Business Auto policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the insured and certificate holder that requires such status. [Blanket Additional Insured per Written Contract, Form CAR041 10/10].

Workers Compensation:

The Workers' Compensation policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the insured and certificate holder that requires it. [Texas Waiver of Our Right To Recover From Others Endorsement, Form WC420304A 01/00].

The Workers' Compensation policy includes Longshore and Harbor Workers' Compensation Coverage - Form TMLHW2001 09/01.

The General Liability policy includes an endorsement providing that 30days notice of cancellation will be furnished to the certificate holder except 10 days notice of nonpayment of premium. [Notice of Cancellation to Designated Entities, Form VSC3422 04/11].

The Business Auto policy includes an endorsement providing that 30 days notice of cancellation will be furnished to the certificate holder except 10 days notice of nonpayment of premium. [Cancellation Provision Endorsement, Form ILR026 01/12].

The Workers Compensation policy includes an endorsement providing that 30 days notice of cancellation will be furnished to the certificate holder except 10 days notice of nonpayment of premium. [Texas Notice of Material Change Endorsement WC420601].

Project: Hidalgo County Old Administration, Edinburg, Texas.

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:
Automobile Liability: \$ _____ General Liability: \$ _____
- have already been met, see attached copy of insurance certificate.

Authorized Representative

Date

Notice to Bidder:

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET


**PROJECT REQUIREMENTS
ACKNOWLEDGMENT**

This is to certify that I, Bill McBride, President, possess all of the APPLICABLE:

- 1. Licenses: _____.
- 2. Bonds: _____.
- 3. Certificates: Insurance Certificate_____.
- 4. Permits: _____.
- 5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.


Authorized Signature
Bill McBride, President

August 7, 2014
Date

SECHRIST-HALL COMPANY
Company

P. O. Box 2347
Address

Harlingen, Texas 78551
City, State, Zip

**HIDALGO COUNTY
PURCHASING DEPARTMENT
Proposer/Vendor Application**

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department
thru Facsimile: (956) 318-2629 or (956) 292-7612
in person or regular mail to:
Mailing/Postal Address: 2812 S. Business Hwy. 281
Physical Address: 2802 S. Business Hwy. 281
Edinburg, Texas 78539
or e-mail: purchasing@co.hidalgo.tx.us

Company Name: SECHRIST-HALL COMPANY		Telephone No. (956) 423-7086	
dba Name:			
Legal Name: SECHRIST-HALL COMPANY			
Mailing Address: P. O. Box 2347		Fax No. (956) 423-4700	
Physical Address: 2826 W. Expressway 83			
City, State, Zip Harlingen, Texas 78552		Tax I.D. No. 74-1339981	
Remit to Address : P. O. Box 2347		City, State, Zip Harlingen, Texas 78551	
E-Mail Address: shawnbull@sechristhall.com			
Representative(s) Name(s) & Title(s) Shawn Bull			
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify			
State Identification No. _____ (Please attached completed W-9 form with this application)			
See W-9 Attached. <input type="checkbox"/> Federal Identification No. or (if individual) SS No. _____			
State of Incorporation: <u>Texas</u> Date: _____ Other: _____			
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify Roofing & Sheet Metal			
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:			
<u>Bill McBride, President, Shawn Bull, Estimator</u>			
Small and/or Disadvantaged Business Information (check application criteria)			
Small Business: N/A		Disadvantaged Business (At Least 51% Ownership)	
<input type="checkbox"/> Less than 125,000 annual gross receipt	<input type="checkbox"/> Black American	<input type="checkbox"/> Native American	
<input type="checkbox"/> Less than 250,000 annual gross receipt	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Women	
<input type="checkbox"/> Less than 499,000 annual gross receipt	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Other	
<input type="checkbox"/> More than 500,000 annual gross receipt			
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of product(s) is/are solicited by your company?:			
Would you like to be provided with specifications for procurements of such products?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____			
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____			

(THIS PAGE MUST BE SUBMITTED WITH PROPOSAL)

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other _____

Indicate Certification No(s): _____ or Are Certificate(s) Attached?: Yes No

LIST OF CERTIFIED HUB SUBCONTRACTORS
(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: N/A %
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

(THIS PAGE MUST BE SUBMITTED WITH PROPOSAL)

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) Sechrist-Hall Company	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" 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) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) P. O. Box 2347	Requester's name and address (optional) Hidalgo County Facilities Purchasing Department Edinburg, Texas
	City, state, and ZIP code Harlingen, Texas 78551	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 the "Name" line 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.

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

Social security number									

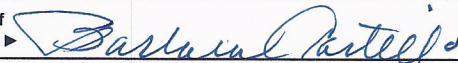

Employer identification number									
7	4	-	1	3	3	9	9	8	1

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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.

Sign Here	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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.