

# APPLICATION FOR ARCHITECTURAL MODIFICATION(S)

## ACC FORM FOR REVIEW

ACC forms take approximately **30 working days** to process. Please note modifications can NOT begin until you receive an answer/approval in writing. You **do not have to call** to check the status of the application.

For the processing of this application mail, drop-off to the address below or email (DO NOT FAX)

**C/O Anchor & Sail Property Management**  
**P.O. Box 22-8322 | Miami, FL 33222-8322**  
**Tel: 954-228-5152**  
**Email: [info@anchorsailpm.com](mailto:info@anchorsailpm.com)**



**Please be sure to include required pictures, samples, property survey, plans, and/or specifications so there is no delay/return.**

Name of Owner(s):		OFFICE USE ONLY Date Received:	
Community Name:	Property Address:		
Date Applying :	Cell # 1:	Cell #2:	
Email 1:	Email 2:		

Approval is proposed for the following modification(s), addition(s), and/or alteration(s) as described below and/or on attached page(s):

**Check the applicable boxes and/or describe below:**

<input type="checkbox"/> Bathroom Remodeling	<input type="checkbox"/> Impact Windows
<input type="checkbox"/> Tile/Wood Floor Installation	<input type="checkbox"/> Hurricane Panels/Accordion Shutters
<input type="checkbox"/> Kitchen Renovation	<input type="checkbox"/> Other Exterior Modification
<input type="checkbox"/> Interior Reconfiguration	<input type="checkbox"/> Other: _____

**THIS IS A RE-SUBMITTAL**

Yes     No

Additional Information/Detail: \_\_\_\_\_

**IMPORTANT - Please note you **MUST** provide the following; Process will be delayed if missing!**

<input type="checkbox"/> Initial or Revised Plan(s) and/or Specification(s)	<input type="checkbox"/> Property Survey, showing the location of Modification(s)
<input type="checkbox"/> Material(s) Designation Plan/Sample(s)	<input type="checkbox"/> Sample(s)/Picture(s)
<input type="checkbox"/> Copy of job proposal/quote	<input type="checkbox"/> Contractor's business license

**Contractor's Insurance – General liability with limits of at least \$ 300,000 and Workers Compensation. Must have the community name and your property address as certificate holder.**

**By Initialing below applicant agrees and acknowledges as follows:**

Owner agrees to be fully responsible at Owner's sole expense for any and all damages to Common Areas and/or neighboring Lots including, but not limited to, damage from delivery, construction, or other vehicles or machinery. Access to construction areas is only to be allowed through the Owner's property. All construction debirs must be removed from the property daily by Owner or Owner approved construction company.

Owner agrees and understands that should the Owner desire to install any new improvement or landscaping within the boundary of a Lot, a drainage surface water plan prepared by a professional irrigation or engineering company certified to the Association will be required to accompany this application. Said water plan must certify that the proposed improvement or landscaping will not adversely affect the drainage and irrigation of the community, Common Areas, and/or any adjacent Lots.

Owner agrees and understands to be responsible for obtaining any necessary permits from the appropriate Building and Zoning Department(s) and all other applicable governmental authorities. Furthermore, the owner agrees to comply with the Association Documents including, but not limited to, the Declaration, in all respects.

Owner agrees to remise, release, acquit, satisfy, and forever discharge "Developer", "Management Co.", and the "Association(s)" of and from all, and all manner of, action and actions, cause and causes of action, suits, debts, sums of money, accounts, bills, covenants, controversies, agreements, promises, damages (including consequential, incidental, punitive, special or other), judgments, executions, claims, liabilities and demands, whatsoever, at law and in equity (including, but not limited to, claims founded on tort, contract, contribution, indemnity or any other theory whatsoever) in any way related to any previous representations made by "Developer", "Management Co.", and the "Association(s)", and the construction of your requested improvements due to any defects to the marketability, ability to obtain a loan, and/or insurability of your home caused there from; any encroachment caused by your requested improvements; and/or the repair, reconstruction or removal of the improvements as required by any governmental or court action.

Owner agrees to defend, indemnify and hold harmless "Developer", "Management Co.", and the "Association(s)", against any and all claims, costs (including without limitation reasonable attorney's fees, paraprofessional fees, and court costs at all levels), actions, liabilities and/or expenses in any way related to the construction of your requested improvements due to any defects to the marketability, ability to obtain a loan, and/or insurability of your home caused there from; any encroachment caused by your requested improvements; and/or the repair, reconstruction or removal of the improvements as required by any governmental or court action.

**Owner agrees, understands, and acknowledges that failing to abide by the aforementioned will be deemed grounds for this request being DENIED.**

Anticipated Commencement Date:	Owner's Signature:
Anticipated Time for Completion:	Owner's Signature:

**(FOR ARCHITECTURAL CONTROL COMMITTEE/PROPERTY MANAGEMENT OFFICE USE ONLY)**

Approved  Date: \_\_\_\_\_ X \_\_\_\_\_  
(Signature of ACC Chairperson/OR Property Manager)

Disapproved  Date: \_\_\_\_\_ X \_\_\_\_\_  
(Signature of ACC Chairperson/OR Property Manager)

Request **APPROVED**, subject request on letter of approval: \_\_\_\_\_

Request **DISAPPROVED**, as per explanation on letter of disapproval: \_\_\_\_\_



### VENDOR SET-UP /UPDATE FORM

**Property Name:**

#### INSTRUCTIONS

The information on this form is required to expedite payment.

Please complete form in its entirety and submit to the Property Management Office.

Date:

Requested by:

Check One:  New Vendor  Existing Vendor Update

#### VENDOR INFORMATION

Company Name								
Contact					Title			
Address								
City			State			Zip		
E-mail			Phone			Fax		
Vendor Type : (Circle One)	A/C Legal	CPA Painting	Cleaning Pest	Construction Plumbing	Electrical Pool	Fire Alarm Roofing	Insurance Security	Landscaping Supplier Other _____

#### TAXPAYER IDENTIFICATION NUMBER (TIN)

Check the appropriate box and enter your FEIN in the space to the right:

Federal Identification Number (FEIN)

Individual/Sole Proprietor

Corporation

Partnership

Other \_\_\_\_\_

#### CREDIT INFORMATION

Payment Terms:  
(Check One)  10 Days  15 Days  25 Days  30 Days  Next Day

#### LICENSE AND INSURANCE INFORMATION

<input type="checkbox"/> <input type="checkbox"/> <b>SUPPLIER</b> (i.e. vendor selling products only) Please attach the items listed to the right:	<input type="checkbox"/> W-9 Form <input type="checkbox"/> Copy of Occupational License <input type="checkbox"/> Copy of DBPR License (If required by the State of Florida)
<input type="checkbox"/> <input type="checkbox"/> <b>PERFORMING WORK</b> (i.e. vendor providing services) Please attach the items listed to the right:	<input type="checkbox"/> W-9 Form <input type="checkbox"/> General Liability Certificate of Insurance <input type="checkbox"/> Worker's Comp. Certificate of Insurance <input type="checkbox"/> Copy of Occupational License <input type="checkbox"/> Copy of DBPR License (If required by the State of Florida)
<input type="checkbox"/> <input type="checkbox"/> <b>PROFESSIONAL</b> (i.e. CPA, attorney, etc.) Description of Work/Services:	<input type="checkbox"/> W-9 Form

#### PLEASE NOTE THE FOLLOWING REQUIREMENTS FOR CERTIFICATES OF INSURANCE

- Certificate Holder must list the names of the Property and Anchor & Sail Property Management, LLC
- The minimum requirement for General Liability coverage is \$1,000,000 per Occurrence.
- Certificate Holders must be added as additional insured on all liability policies.
- Certificate must show subrogation waiver for all liability and worker's compensation policies.



# CERTIFICATE OF LIABILITY INSURANCE

OP ID ML

DATE (MM/DD/YYYY)

06/07/22

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

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

PRODUCER		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: CUSTOMER ID #:
BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes FL 33016-5869  Phone : 305-364-7800 Fax: 305-822-5687		INSURER(S) AFFORDING COVERAGE NAIC #
INSURED  TEST CUSTOMER  Note #1		INSURER A: FCCI INSURANCE COMPANY 10178 INSURER B: FCCI ADVANTAGE INSURANCE CO 12842 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS			
B	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	X	X	XYZ123  Note #2	06/17/23 06/17/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Emp Ben. \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS							
A	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	X	OCCUR CLAIMS-MADE	ABC111  Note #3	03/01/23 03/01/24	EACH OCCURRENCE AGGREGATE \$ \$ \$ \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Note #4								

CERTIFICATE HOLDER  XYZ CONDO ASSOCIATION AND ANCHOR & SAIL PROPERTY MANAGEMENT, LLC 4520 El Mar Dr Lauderdale-by-the-Seas, FL 33308  Note #5	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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## **Certificate of Insurance Notes**

- 1. INSURED** - The “Insured” named on the certificate should match the name on the W-9 and on the invoices.
- 2. GENERAL LIABILITY COVERAGE** – We require a \$1,000,000 minimum for each occurrence. An X must also be marked in the Additional Insured and Subrogation Waived columns.

### **Why do we require General Liability?**

The General Liability policy provides protection from claims arising from alleged injury, personal injury, or property damage liability.

### **Why do we require to be added as an additional insured?**

An additional-insured clause is designed to extend rights to a party other than the primary insured (the vendor). As an additional insured, the Association and Anchor & Sail Property Management, LLC (hereinafter referred to as the “client”) can file a claim against the primary insured if the activities of the vendor cause damages.

### **What is the difference between Certificate Holder and Additional Insured?**

A certificate of insurance listing the client as a certificate holder provides proof of insurance and does not provide any coverage to the client. A certificate of insurance listing the client as an additional insured indicates that the client is added to the policy and will be covered in the event of a lawsuit.

### **Why do we require a waiver of subrogation?**

Subrogation means, in a legal sense, one party has the right to “step into the shoes” of another party for the purpose of bringing a claim for damages. The waiver of subrogation clause provides that the vendor waive all its rights against the client for damages covered by the vendor’s insurance. The intent is to minimize lawsuits and claims among the parties. The risk of loss lies with the insured vendor, and they will not be allowed to seek further compensation from the client.

- 3. WORKERS’ COMPENSATION COVERAGE** – We require Worker’s Compensation coverage, even if the company is exempt from obtaining Workers’ Compensation coverage by the State. An X must be marked in the Subrogation Waived column for the reasons listed in No. 2 above.

### **Why do we require Workers’ Compensation?**

Workers’ compensation is designed to ensure that employees who are injured or disabled while on the job are compensated properly, limiting the need for related lawsuits.

- 4. DESCRIPTION OF OPERATIONS BOX** – This section may be used to copy verbatim information in the policy. The additional-insured and waiver of subrogation status should not be listed in this box. The appropriate columns must be marked with an X. Please be aware that using a certificate or attached form in an attempt to vary policy terms presents legal risks, including violation of insurance regulatory requirements, and should not be engaged in without prior consultation with insurance carriers, policies, and legal counsel.
- 5. CERTIFICATE HOLDER** - Both the *Association* and *Anchor & Sail Property Management, LLC* must appear on the Certificate Holder Box. One Certificate of Insurance may include both names; however, the address listed must be the Association’s Management Office mailing address.
- 6. ACORD FORM** - The certificate must be on an ACORD 25 (2016/03) Form or a later version.

### **Why do we require Certificates of Insurance to be presented on ACORD 25 (216/03) or a later version?**

These current versions are compliant with state insurance regulatory requirements in all states and filed with the state insurance departments as required. Non-current versions of an ACORD form may not be compliant with insurance regulations and should not be distributed for use. Thus, anyone using an outdated form runs the risk that the form is not compliant with statutory requirements.

## **ACORD is committed to helping you.**

This FAQ provides general answers to the questions we receive most often about our Forms. If you need additional information, please contact **Member Services**.

## **GENERAL FORMS**

### **How can I get access to ACORD Forms?**

ACORD Forms may only be used with a valid license. ACORD provides licenses through **various programs**, according to your needs.

Participants in eligible ACORD programs may download ACORD Forms in a variety of formats from the **ACORD Forms Portal**.

Some agency management systems and other vendor-provided software may include ACORD Forms; **users of these systems are required to obtain a license directly from ACORD**.

### **I am having difficulty accessing the ACORD Forms Portal. What do I do?**

If you are currently a member of Advantage Plus or another ACORD program which includes access to the ACORD Forms Portal, and you are unable to sign in, please contact **Member Services**.

If your agency is not currently a subscriber to an ACORD Forms program such as Advantage Plus, you may obtain access to the Forms Portal by joining such a program and paying the applicable subscription fee.

### **I clicked on a form but nothing happened. What do I do?**

For your convenience, we provide several different formats of ACORD Forms. Each format requires that you have the associated program installed on your machine.

- Using ACORD Fillable Forms - IBM Format requires **IBM Forms Viewer**.
- ACORD PDF and ACORD Fillable Forms - Adobe PDFs require **Adobe Reader**.

If you are certain that you have the right software and are signed in, it may be that your subscription to ACORD Advantage Plus has expired. Please contact **Member**

## **Services.**

### **Why should I join a program to get forms directly from ACORD, such as Advantage Plus?**

ACORD is the originator of all ACORD Forms, including updated versions. Other sources of ACORD Forms may not include every form you require, or they may be out of date. You may secure the most current form through ACORD. Also, please note that, in order to use ACORD Forms obtained through a vendor, you must still obtain a license directly from ACORD.

### **Do I need to join the ACORD Advantage Plus Program to receive Forms Notifications from ACORD?**

No, the Forms Notification emails are complimentary. If you would like to receive emails from ACORD, please contact **Member Services**. To view past Forms Notifications, [click here](#).

### **I want to place an order for paper forms. How do I do that?**

Paid subscribers to the ACORD Advantage Plus Program can place orders for P&C paper forms via **Member Services**. Please call **(845) 620-1700**, Monday through Friday from 8:30 am to 4:30 pm EST. Please note that additional printing, shipping, and handling fees apply per order.

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## **COMPLIANCE**

### **Does ACORD file forms on behalf of its members?**

For the P&C community, ACORD files forms on behalf of its members in states where it is required to file.

### **Why are ACORD Forms revised?**

ACORD Forms are revised regularly for several different reasons. In some instances,

new forms are proposed by our members, or implementation communities may design them collaboratively to suit new business needs.

Existing forms may be revised to reflect changes in business practices. For example, changes in coverage practices or underwriting may occur that need to be reflected in new elements or revised forms instruction language.

ACORD tracks changes in legislative and regulatory requirements country-wide. Some changes to forms result from new insurance department requirements, typically for auto ID cards, binders, certificates of insurance, and applications. ACORD is required to file certain forms with state insurance departments for approval, even when changes to the forms arise from changes in business practices and not regulatory requirements.

### **How can we find out when we are required to file ACORD Forms under our own company filing?**

ACORD files forms on behalf of its members in states where it is required to file. Typically, only a handful of ACORD Forms are filed, such as auto ID cards, application, certificates and only in certain states. In some states, companies submitting rate, rule and/or policy filings can be asked to include copies of ACORD Forms as part of their supporting (filing) documents. State filings usually dictate the supporting document requirements. You may want to consult with your carrier underwriting and/or legal departments for more company specific guidelines.

### **How do we unlock the fields on an ACORD Form PDF to fill in our data?**

Download the eForms versions of ACORD Forms because they are not locked. However, you must subscribe to an ACORD Redistribution Program to download ACORD eForms. For more information, please contact [Member Services](#).

### **Who can sign a Certificate of Insurance?**

The ACORD Forms Instruction Guide (FIG) recommends that ACORD Forms be signed by an Authorized Representative. An Authorized Representative is usually determined by the Carrier Legal and Underwriting Department. We encourage you to

consult with your Carrier Legal and Underwriting Department for additional guidance.

### **Can ACORD Forms Users eliminate certain sections of an ACORD Form, specifically an application?**

ACORD Forms are filed with state departments of insurance wherever required and all published forms are compliant with all state regulations. The forms are approved by Departments of Insurance on an "as depicted" basis; this means that modifying them in any way would result in the form being non-compliant.

### **Can I use an older version of an ACORD Form?**

It is vital you use only the most current ACORD Forms. Once a form is outdated, ACORD no longer checks on whether it remains compliant with the law, including state insurance department rules. Anyone using an outdated form does so at great risk. In particular, agents and insurers using a non-compliant form are subject to severe penalties.

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## **FILLABLE FORMS**

### **What are ACORD Fillable Forms?**

ACORD's Fillable Forms have the same look and feel as the paper and PDF versions you may be used to, but have the following new time-saving features and capabilities:

- **Fill, Save and Send** - You can fill out each form on the screen and with the click of a button, email, print, save or fax it.
- **On-Screen Help** - Every field features on-screen help and prompts to make filling out the forms easier.

- **Forms Instruction Guide** - An "instructions" link brings up the full instruction guide for that form, right on the screen.

### **What do I have to do to obtain access to the ACORD Fillable Forms?**

You must participate in an ACORD program that provides access to ACORD Fillable Forms, such as the Advantage Plus Program.

### **How do I download the Free IBM Forms Viewer?**

Go to the **Download Viewer page** and fill out the brief form. Follow the instructions that follow.

### **Where are the instructions on the ACORD Fillable Forms?**

ACORD Fillable Forms have instructions that are automatically provided when you scroll your cursor over each field.

Website: <https://www.acord.org/forms-pages/acord-forms/forms-faq>

**Request for Taxpayer  
Identification Number and Certification**► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give Form to the  
requester. Do not  
send to the IRS.Print or type.  
See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. 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> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►						
5 Address (number, street, and apt. or suite no.) See instructions.				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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

or

Employer identification number									
<input type="text"/>	<input type="text"/>	-	<input type="text"/>						

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ►
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Date ►

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

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*, later, 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 Pub. 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 24% 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 instructions for Part II 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*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## 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*, later, 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The actual owner <sup>1</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The owner <sup>3</sup>
	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. 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)(i)(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*, earlier.

**\*Note:** The 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) 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.