UNITED STATES POSTAL SERVICE

TRANSPORTATION SERVICES PROPOSAL & CONTRACT FOR TEMPORARY SERVICE

1. PROPOSAL SUBMITTED PURSUANT TO

a. SOLICITATION NO.	b. DATE OF SOLICITATION	c. CONTRACT NO.	d. BEGIN CONTRACT TERM	e. END CONTRACT TERM
810-1086-26	06/26/2026	961C4	07/20/2026	06/30/2028

f. FOR MAIL SERVICE IN OR BETWEEN	CITY & STATE	CITY & STATE
	SOUTH LAKE TAHOE, CA	R029, CA

2. RATE OF COMPENSATION

WRITTEN DOLLAR AMOUNT (Proposal must be submitted on a single annual rate basis unless the solicitation specifically calls for proposals at a per mile, per piece, per trip, or other unit rate.)	AMOUNT (Figures)

3. OFFEROR

a. NAME (Print or Type)	b. ADDRESS (Street, City, State, ZIP+4)

c. TELEPHONE NO.	d. DOT NO.	e. SOCIAL SECURITY NO. OR EMPLOYER IDENTIFICATION NO.

f. LEGAL RESIDENT OF (Complete if offeror is an individual.)		g. ENGAGED IN BUSINESS IN (Complete if offeror is a partnership or corporation.)	
COUNTY	STATE	COUNTY	STATE

h. ACKNOWLEDGEMENT OF AMENDMENTS THE OFFEROR ACKNOWLEDGES RECEIPT OF AMENDMENTS TO THE SOLICITATION FOR OFFERS AND RELATED DOCUMENTS NUMBERED AND DATED AS FOLLOWS:	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

4. CONTRACT

In compliance with the solicitation of the U.S. Postal Service described above, the above named offeror proposes to provide the service called for in said solicitation and, in the case of a negotiated contract, in the description of service attached hereto and made a part hereof, at the rate of compensation set out above.

The offeror submitting the offer or proposal agrees with the U.S. Postal Service that if this offer or proposal is accepted, the offeror will give personal or representative supervision to the performance of the service. The offeror certifies that this proposal is made in the offeror's own interest and not by the offeror as the representative of another person or company and with full knowledge of the required conditions of service.

The solicitation and all attachments are incorporated by reference as a part of this proposal.

If the offeror is a partnership or corporation, the Contracting Officer may request such offeror to furnish evidence of the authority of the party executing the proposal.

When a partnership offers, the signature of one partner is sufficient.

The contract may be terminated by the U.S. Postal Service or by the supplier upon thirty (30) day written notice and without the allowance of any indemnity to the supplier.

5. OFFEROR	6. U.S. POSTAL SERVICE
This proposal is made in good faith and with the intention to enter into a contract to perform service in case the proposal is accepted.	The U.S. Postal Service has caused this contract to be executed.
(Signature of Offeror) (Date)	(Signature of Contracting Officer) (Date)
(Name and Title of Offeror)	CONTRACTING OFFICER (Title of Contracting Officer)

EQUAL OPPORTUNITY AFFIRMATIVE ACTION PROGRAM

The offeror, by checking the applicable block or blocks represents that it (1) O has developed and has on file, O has not developed and does not have on file, at each establishment, affirmative action programs as required by the rules and regulations of the Secretary of Labor (41 CFR 60-1and 60-2) and O has O has not filed the required reports with the Joint Reporting Committee; or (2) O has not previously had contracts subject to the written affirmative action program requirement of the rules and regulations of the Secretary of Labor.

CERTIFICATION OF NONSEGREGATED FACILITIES

a. By submitting this proposal, the offeror certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform services at any location under its control where segregated facilities are maintained.The offeror agrees that a breach of this certification is a violation of the EQUAL OPPORTUNITY clause of this contract.

b. As used in this certification, segregated facilities means any waiting rooms, work areas, rest rooms or wash rooms, restaurants or other eating areas, time clocks, locker rooms or other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, or housing facilities provided for employees that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or otherwise.

c. The offeror further agrees that (unless it has obtained identical certifications from proposed subcontractors for specific time periods) it will obtain identical certifications from proposed subcontractors before awarding subcontracts exceeding $10,000 that are not exempt from the provisions of the EQUAL OPPORTUNITY clause; that it will retain these certifications in its files; and that it will forward the following notice to these proposed subcontractors (except when they have submitted identical certifications for specific time period(s):

NOTICE

A certification of no segregated facilities must be submitted before the award of a subcontract exceeding $10,000 that is not exempt from the EQUAL OPPORTUNITY clause. The certification may be submitted whether for each subcontract or for all subcontracts during a period (quarterly, semiannually, or annually).

PARENT COMPANY TAXPAYER IDENTIFICATION NUMBER

a. A parent company is one that owns or controls the basic business policies of an offeror. To own means to own more than 50 percent of the voting rights in the offeror. To control means to be able to formulate, determine, or veto basic business policy decisions of the offeror. A parent company need not own the offeror to control it; it may exercise control through the use of dominant minority voting rights, proxy voting, contractual arrangements, or otherwise.

b. Enter the offeror's Taxpayer Identification Number (TIN) in the space provided. The TIN is the offeror's Social Security Number or other Employer Identification Number used on the offeror's quarterly Federal Tax Return, U.S. Treasury Form 941.

Offeror's TIN _____

c. Check this block if the offeror is owned or controlled by a parent company: O

d. If the block above is checked, provide the following information about the parent company:

_____
Parent Company's Name

Parent Company's Main Office Address

_____
No. and Street

_____ ____ _____
City State ZIP+4

Parent Company's TIN _____

e. If the offeror is a member of an affiliated group that files its federal income tax return on a consolidated basis (whether or not the offeror is owned or controlled by a parent company, as provided above) provide the name and TIN of the common parent of the affiliated group:

Name of Common Parent _____

Common Parent's TIN _____

HIGHWAY TRANSPORTATION CONTRACT — COST WORKSHEET

SOLICITATION NO.	DATE OF SOLICITATION	CONTRACT NO.	BEGIN CONTRACT TERM	END CONTRACT TERM
810-1086-26	06/26/2026	961C4	07/20/2026	06/30/2028

FOR MAIL SERVICE IN OR BETWEEN	CITY & STATE	CITY & STATE
	SOUTH LAKE TAHOE, CA	R029, CA

OFFEROR: A completed cost worksheet must be submitted with your offer. This worksheet will assist you in determining the cost you expect to incur in performing this service. Please retain a copy of this form for future reference. The instructions for completing this form are listed on the reverse.

OFFEROR'S NAME AND ADDRESS (Include Apt./Suite No./ZIP+4)

NUMBER OF DRIVERS ON ROUTE	
FULL-TIME	PART-TIME

Remarks:

BASIS FOR DETERMINING COST

Cost Segment **A**

Item	COST AS OF: No. of Units Per Year	X	Unit Cost	=	Annual Cost
1a. Vehicle Cost (1) Motor Vehicles	(Annual miles)		(Rate per mile)		
(2) Trailers					
1b. Operational Cost (Repairs, repair labor, tires, etc.)					
2. Taxes					
3. Vehicle Registration					
4. Miscellaneous					
5. General Overhead					
6. Fuel (Miles per gallon)	(Gallons)		(Per gallon)		
7. Oil (Quarts)	(Quarts)		(Per quart)		
8. Insurance					
9. Road Taxes					
10. Tolls	(Trips)		(Per trip)		
11. Total Fixed and Operational Cost (Lines 1-10)					
12. Straight Time	(Hours)		(Per hour)		
13. Overtime	(Hours)		(Per hour)		
14. Payroll Taxes (Itemized)	Taxable wages				
a. Social Security					
b. Workman's Compensation					
c. Federal Unemployment Comp.					
d. State Unemployment Comp.					
15. Fringe Benefits a. Health & Welfare	(No. of employees or hours)		(Rate)		
b. Vacation					
c. Holiday					
d. Pension					
16. Total Operation Labor Cost (Lines 12-15)					
17. Supplier's Wages (Personal Driving or Supervision)	(Hours)		(Per hour)		
18. Total Cost (Lines 11, 16 & 17)					
19. Return on Investment					
20. TOTAL OFFER (Lines 18 & 19)					

Offeror's Signature | Date

PS Form 7468A
September 2001

PS FORM 7468A INSTRUCTIONS

Line 1A, Vehicle Cost

Complete annual miles from route schedule, rate per mile and annual cost of vehicle/trailer. Annual cost is derived by adding vehicle purchase price and finance charges and subtracting anticipated trade-in or salvage value. Divide the result by the estimated service life of the vehicle to obtain annual vehicle cost. Divide annual cost by scheduled miles to determine the rate per mile.

Line 1B, Operational Cost

Complete annual miles from route schedule, rate per mile and annual cost. This line item includes vehicle repair costs, repair labor, tires and other miscellaneous operational costs not listed on this form.

Line 2, Taxes

Gross receipts or personal property tax cost for vehicles used on route, where applicable.

Line 3, Vehicle Registration

Annual cost of state and local vehicle registration fees.

Line 4, Miscellaneous

Annual cost of miscellaneous items not listed on this form.

Line 5, General Overhead

General overhead should include all management expenses not included in other items. It will include the cost for such items as supervision, office expenses, telephone, garage rents, parking fees, bulk fuel handling cost, terminal cost, insurance costs other than for vehicles, etc.

Line 6, Fuel

Show consumption rate (miles per gallon), total annual gallons expected to be used on route, average cost per gallon and annual cost.

Line 7, Oil

Show expected annual consumption, cost per quart and expected annual cost.

Line 8, Insurance

This line is to reflect cost of insurance on vehicles used in the performance of service on the route. (Insurance coverage carried for terminal facilities, key-man insurance coverage, etc. should be included in Line 5, General Overhead.)

Line 9, Road Taxes

This line should reflect cost incurred for federal highway use tax, state highway use tax, state mileage tax and state road tax.

Line 10, Tolls

Show cost of toll for bridge, turnpike, ferry, tunnel, etc.

Line 11, Total Fixed and Operational Cost

Sum of Lines 1 through 10.

Line 12 and 13, Straight Time and Overtime (Hired Drivers)

Show expected operational payroll cost of all employees not otherwise included in Lines 1B and 5. Do not include wages for any personal operation of service. All fringe benefits will be shown in Line 15. (Terminal employee's or supervisor's wages are to be included in Line 1B or Line 5, and, therefore, are not to be considered in this line).

Line 14, Payroll Taxes (Itemized)

This line should reflect taxes on labor cost for employee hours shown in Lines 12 and 13. It will include cost of social security, workman's compensation, unemployment taxes, etc. Self employment social security tax is a personal tax and not a business cost.

Line 15, Fringe Benefits

This line should reflect the cost of employee health and welfare, pension, vacation and holiday benefits, based on the number of employees shown in Line 12. Fringe benefits are computed on the basis of hours paid employees, up to a maximum of eight hours per day or forty hours per week, unless specified otherwise in a collective bargaining agreement. In cases where an employee does not perform forty hours per week, the fringe benefits should be prorated in accordance with the number of hours of work performed.

Line 16, Total Operation Labor Cost

Sum of Lines 12 through 15.

Line 17, Supplier's Wages

Show wages for your personal operation of route or part of it, including your supervision. (Employee supervision cost should be reflected in Line 5, General Overhead.)

Line 18, Total Cost

Sum of Lines 11, 16 and 17.

Line 19, Return on Investment

The return expected on funds invested in those portions of facilities and/or capital equipment (e.g., trucks) which are devoted to performing service called for under the contract. This is normally derived by taking fixed percentage of the amount invested.

Line 20, Total Offer

Sum of Lines 18 and 19.

Provision 4-3: Representations and Certifications (January 2025)

a. *Type of Business Organization.* The offeror, by checking the applicable blocks, represents that it:

1. Operates as:

☐ a corporation incorporated under the laws of the state of _____; or country of _____ if incorporated in a country other than the United States of America.
☐ an individual;
☐ a partnership;
☐ a joint venture;
☐ a limited liability company;
☐ a nonprofit organization; or
☐ an educational institution; and

2. Is (check all that apply)

☐ a small business concern;
☐ a minority business (indicate minority below):
☐ Black American
☐ Hispanic American
☐ Native American
☐ Asian American:
☐ a woman-owned business; or
☐ none of the above entities.

a. A small business concern for the purposes of Postal Service purchasing means a business, including an affiliate, that is independently owned and operated, is not dominant in producing or performing the supplies or services being purchased, and has no more than 500 employees, unless a different size standard has been established by the Small Business Administration (see 13 CFR 121, particularly for different size standards for airline, railroad, and construction companies). For subcontracts of $50,000 or less, a subcontractor having no more than 500 employees qualifies as a small business without regard to other factors.

b. *Minority Business.* A minority business is a concern that is at least 51 percent owned by, and whose management and daily business operations are controlled by, one or more members of a socially and economically disadvantaged minority group, namely U.S. citizens who are Black Americans, Hispanic Americans, Native Americans, or Asian Americans. (Native Americans are American Indians, Eskimos, Aleuts, and Native Hawaiians. Asian Americans are U.S. citizens whose origins are Japanese, Chinese, Filipino, Vietnamese, Korean, Samoan, Laotian, Kampuchean (Cambodian), Taiwanese, in the U.S. Trust Territories of the Pacific Islands or in the Indian subcontinent.)

c. *Woman-owned Business.* A woman-owned business is a concern at least 51 percent of which is owned by a woman (or women) who is a U.S. citizen, controls the firm by exercising the power to make policy decisions, and operates the business by being actively involved in day-to-day management.

d. *Educational or Other Nonprofit Organization.* Any corporation, foundation, trust, or other institution operated for scientific or educational purposes, not organized for profit, no part of the net earnings of which inures to the profits of any private shareholder or individual.

3. Is (check all that apply)

☐ a Postal Service employee or a business organization substantially owned or controlled by such an individual

- ☐ a spouse of a Postal Service employee or a business organization substantially owned or controlled by such an individual
- ☐ another family member of a Postal Service employee or a business organization substantially owned or controlled by such an individual
- ☐ an individual residing in the same household as a Postal Service employee or a business organization substantially owned or controlled by such an individual.

(Note: Offers from any of the sources listed in subparagraph a.3, may not be considered for an award pending review and recommendation by the Postal Service Ethics Office.)

b. Parent Company and Taxpayer Identification Number

1. A parent company is one that owns or controls the basic business polices of an offeror. To own means to own more than 50 percent of the voting rights in the offeror. To control means to be able to formulate, determine, or veto basic business policy decisions of the offeror. A parent company need not own the offeror to control it; it may exercise control through the use of dominant minority voting rights, proxy voting, contractual arrangements, or otherwise.
2. Enter the offeror's U.S. Taxpayer Identification Number (TIN) in the space provided. The TIN is the offeror's Social Security number or other Employee Identification Number (EIN) used on the offeror's Quarterly Federal Tax Return, U.S. Treasury Form 941, or as required by Internal Revenue Service (IRS) regulations. Offeror's TIN: _____
3. IRS Form W-9, Request for Taxpayer Identification Number and Certification. You must complete a copy of IRS Form W-9 and attach it to this certification.
4. Check this block if the offeror is owned or controlled by a parent company: ☐
5. If the block above is checked, provide the following information about the parent company:

   Parent Company's Name: _____

   Parent Company's Main Office: _____

   Address: _____

   City: _____ State: _____ ZIP Code: _____

   Parent Company's TIN: _____
6. If the offeror is a member of an affiliated group that files its federal income tax return on a consolidated basis (whether or not the offeror is owned or controlled by a parent company, as provided above) provide the name and TIN of the common parent of the affiliated group:

   Name of Common Parent: _____

   Common Parent's TIN: _____

c. Certificate of Independent Price Determination

1. By submitting this proposal, the offeror certifies, and in the case of a joint proposal each party to it certifies as to its own organization, that in connection with this solicitation:
   a. The prices proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to the prices with any other offeror or with any competitor;
   b. Unless otherwise required by law, the prices proposed have not been and will not be knowingly disclosed by the offeror before award of a contract, directly or indirectly to any other offeror or to any competitor; and
   c. No attempt has been made or will be made by the offeror to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.

2. Each person signing this proposal certifies that:

   a. He or she is the person in the offeror's organization responsible for the decision as to the prices being offered herein and that he or she has not participated, and will not participate, in any action contrary to paragraph a above; or

   b. He or she is not the person in the offeror's organization responsible for the decision as to the prices being offered but that he or she has been authorized in writing to act as agent for the persons responsible in certifying that they have not participated, and will not participate, in any action contrary to paragraph a above, and as their agent does hereby so certify; and he or she has not participated, and will not participate, in any action contrary to paragraph a above.

3. Modification or deletion of any provision in this certificate may result in the disregarding of the proposal as unacceptable. Any modification or deletion should be accompanied by a signed statement explaining the reasons and describing in detail any disclosure or communication.

d. Reserved.

e. Certification Regarding Debarment, Proposed Debarment, and Other Matters

(This certification must be completed with respect to any offer with a value of $100,000 or more.)

1. The offeror certifies, to the best of its knowledge and belief, that it or any of its principals:

   a. Are ___ are not ___, presently debarred or proposed for debarment, or declared ineligible for the award of contracts by any Federal, state, or local agency;

   b. Have ____ have not ___, within the 3-year period preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

   c. Are ___ are not ___ presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subparagraph (b) above.

2. The offeror has ___ has not ___, within a 3-year period preceding this offer, had one or more contracts terminated for default by any Federal, state, or local agency.

3. "Principals," for the purposes of this certification, means officers, directors, owners, partners, and other persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).

4. The offeror must provide immediate written notice to the contracting officer if, at any time prior to contract award, the offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. A certification that any of the items in e.1 and e.2 of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered as part of the evaluation of the offeror's capability (see Section 2-26.4.2, Supplier Capability, in the *Postal Service's Supplying Principles and Practices*). The offeror's failure to furnish a certification or provide additional information requested by the contracting officer will affect the capability evaluation.

6. Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render, in good faith, the certification required by e.1 and

e.2 of this provision. The knowledge and information of an offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

7. This certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Section 1001, Title 18 U.S.C.

8. The certification in e.1 and e.2 of this provision is a material representation of fact upon which reliance was placed when making the award. If it is later determined that the offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Postal Service, the contracting officer may terminate the contract resulting from this solicitation for default.

STATEMENT of WORK and SPECIFICATIONS ADDENDUM

October 2021

For Contract Delivery Service and Combination contracts, the paragraph listed below, B.2.d. is being removed.

B.2 VEHICLE REQUIIREMENTS AND SPECIFICATIONS

d. Vehicle(s) cannot be more than five years old at the beginning of the contract term. A vehicle that becomes more than nine years old during the term, must be replaced at the expense of the supplier. For purposes of calculation, a vehicle will be considered as one year old on December 31 of its model year.

For Contract Delivery Service and Combination contracts, the paragraph listed below, B.7, last paragraph is being removed. This change does not affect the Terms and Conditions Clause 7-16: Insurance (Surface Transportation) (June 2020)

B.7 INSURANCE REQUIREMENTS

The supplier shall furnish to the contracting officer, prior to commencement of service under this contract, and thereafter as the contracting officer may require, proof that the supplier has all required insurance, plus a copy of the applicable policy or policies.

Contract Holder

_____ _____

SIGNATURE DATE

_____

PRINTED NAME

UNITED STATES POSTAL SERVICE CONTRACTING OFFICER

_____

SIGNATURE PRINTED NAME DATE

Supplier Information

5-Digit HCR #_____

Please print the requested Information in the blank column and return to the Central Transportation Contracts Office.

Name of Individual or Company	
Street Address (Physical) Location City, State, ZIP	
Mailing Address (if different)	
Mailing Address (if different) City, State, ZIP Primary Person Who Manages HCR(s)	
Title of Person Who Manages HCR(s)	
Primary Business Telephone Number	
Primary Cell Phone Number	
Primary Contact Residence Telephone	
Primary Contact Email Address	
In Case of Emergency, Person to Notify	
Emergency Contact Telephone Number	
Emergency Contact Telephone Email	
Name of Alternate Person Who Manages HCR(s)	
Alternate HCR Driver Phone Alternate HCR Driver Email Alternate HCR Driver Address	

Tax Identification Number (Social Security Number or Employer Identification Number):

The United States Postal Service requires correct Tax Identification Number (TIN) Information from all existing and potential suppliers on all contract documents requiring a TIN. The Postal Service will require a copy of the Social Security Card as confirmation If a Social Security Administration Number (SSN) will be used as the TIN. If an Employer Identification Number will be used as a TIN, the Postal Service will require a copy of an official Internal Revenue Service (IRS) form as confirmation. Otherwise, the Postal Service may be fined by the IRS, and any related fines may be assessed to the supplier.

To confirm your TIN, please provide a copy of *your* Social Security Administration Card or a preprinted IRS form showing your Employer Identification Number and *your* name and/or company name on the same form.

UNITED STATES POSTAL SERVICE®

Contract Personnel Questionnaire

Type or print all responses. Mark boxes as appropriate. If more space is needed, attach additional sheets.

Privacy Act Statement: Your information will be used to conduct a background investigation and to determine your fitness and suitability for contractual services with the U.S. Postal Service® (USPS®). Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061. Supplying the information is voluntary, but if not provided you may not be able to meet the requirements to participate in a USPS contract. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to the Equal Employment Opportunity Commission (EEOC) when requested in connection with the investigation of a formal complaint; and to the Merit Systems Protection Board or Office of Special Counsel for the purpose of litigation. For more information on our privacy policies visit *www.usps.com/privacypolicy*.

1. Full Name *(Last, First, Middle)*	**4a.** Email Address
2. Mailing Address *(Include Apartment/Suite Number; PO Box™ Not Allowed)*	**4b.** Phone Numbers *(With Area Code)* ☐ Home _____ ☐ Work _____
3. City, State and ZIP+4®	☐ Cell _____

5. List Other Names Used and Dates Used *(i.e., maiden name, names by former marriages, names changed legally or otherwise, aliases, nicknames)*

6. Social Security Number *(SSN)*	**7.** Date of Birth *(MM/DD/YYYY)*	**8.** Place of Birth *(City and U.S. State or Foreign Country)*	**9.** Sex ☐ Male ☐ Female
10. Type of Screening *(Check one)* ☐ Contractor ☐ Contractor's Employee ☐ Sub-Contractor ☐ ADP ☐ Other		**11.** Are You Presently a Highway Contract Driver? ☐ Yes ☐ No	
12. Contractor's Name, Mailing Address, and City, State and ZIP+4		**13.** If "Yes" in 11, Include Contract Number and Termini.	
		14a. Have You Had a Security Screening by USPS or Other Federal Agencies Within the Last Year? ☐ Yes ☐ No	**14b.** If "Yes" in 14a, list the Agencies.

15. Dates and Places of Residence for the Past 3 Years. ***(Leave no gaps—if actual places of residence differ from the mailing addresses, furnish and identify both. Begin with your present residence—the address noted in Item 2—and go back for 3 Years.)***

From *(MM/YYYY)*	**To** *(MM/YYYY)*	**Number and Street** *(Include Apartment/Suite Number; PO Box Not Allowed)*	**City, State, and ZIP+4**

16. Employment for the Past 3 Years. ***(Leave no gaps—list ALL periods of employment. Begin with your present employment and go back for 3 years. Include dates and full addresses when unemployed. Give the name under which you were employed if different from your name now used.)***

From *(MM/YYYY)*	**To** *(MM/YYYY)*	**Employer's Name** *(Include Supervisor's Name)*	**Employer's Address** *(City, State, ZIP+4)*	**Occupation**	**Reason for Leaving**	**Your Name** During Period of Employment

17a. Are You a United States Citizen? ☐ Yes ☐ No	**17b.** Are You a Citizen of American Samoa or Any Other Territory Owing Allegiance to the United States? ☐ Yes ☐ No	**17c.** If not a United States Citizen, Provide Alien Registration Number.

Direct questions to: Security Investigations Service Center at *meg@uspis.gov*

This form is available on the Intranet at ***https://blue.usps.gov***

18a. Do You Have a Valid Driver's License? ☐ Yes ☐ No	**18b.** If "Yes" in 18a, Note Type of License. ☐ Driver ☐ Chauffeur ☐ Commercial Driver's License *(CDL)*	**18c.** If "Yes" in 18a, Include License Number, State, and Expiration Date.

19a. Are you a male born after December 31, 1959? If "Yes," go to 19b. If "No," go to 20a. ☐ Yes ☐ No	**19b.** Have you registered with the Selective Service System? ☐ Yes *(Provide your registration number.)* Registration Number: _____ ☐ No *(Provide the reason for your legal exemption in 19c.)*

19c. Legal Exemption Information *(If you were exempted by age — i.e., if you were over 26 years old when you entered the U.S. — just list your age when you entered the U.S. If you received an exemption for another reason, provide a copy of the Selective Service exemption letter.)*

20a. Have you served in the U.S. Military *(Past or Present)?* ☐ Yes. *(Complete Items 20b, 20c, 20d, 20e, and 20f.)* ☐ No. *(Go to 21a.)*

20b. Dates of Service *(MM/YYYY)* To From	**20c.** Branch of Service *(Army, Navy, Air Force, Marines, etc.)*	**20d.** Serial Number *(If none, provide Grade or Rating at time of separation.)*

20e. Were You Discharged from the Military Service Under Honorable Conditions? *(If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "Yes." If you received a clemency discharge, answer "No.")* If "No," enter the date and type of discharge you received in the blocks below. ☐ Yes ☐ No

Discharge Date *(MM/YYYY)*	**Type of Discharge**

20f. While in Military Service, Were You Ever Convicted by Court Martial? ☐ Yes ☐ No

Court Martial Date *(MM/DD/YYYY)*	**Place** *(City and State/Country)*	**Charge**	**Disposition**

21a. Have You **Ever** Been Convicted of, or Forfeited Collateral for, **Any Felony/Misdemeanor Violation** *(Except Traffic Violations)? (Generally, a felony is defined as any violation of law punishable by imprisonment of one year or longer.)* ☐ Yes ☐ No

21b. Have You Ever Been Convicted of, or Forfeited Collateral for, **Any Assaults, Firearms, or Explosives Violations**? ☐ Yes ☐ No

21c. Are You **Now** Under Charges for Any Violation of Law? ☐ Yes ☐ No

If any answers to 21a - 21c are "Yes," attach a sheet noting the date, place, court location, charge, and disposition.

21d. Are You **Delinquent** on any Federal Debt? *(Include delinquencies arising from Federal taxes, overpayment of benefits, or other debts to the U.S. Government **plus defaults** on Federally guaranteed or insured loans such as student and home mortgage loans.)* ☐ Yes ☐ No If "Yes," Complete the Information Below — If Necessary, Attach Additional Sheets.

Date *(MM/YYYY)*	**Place** *(City and State)*	**Court**	**Charge**	**Action Taken**

22. In the Past 3 years, Have You Been Convicted of any Traffic Violations (Other Than Parking) or Currently Have Charges Pending? ☐ Yes ☐ No If "Yes," Complete the Information Below — If Necessary, Attach Additional Sheets. Have You Attached Your Driver's Abstract from the Department of Motor Vehicles? ☐ Yes ☐ No

Date *(MM/YYYY)*	**Place** *(City and State)*	**Court**	**Charge**	**Action Taken**

Warning

Review this form carefully to ensure you have answered all questions fully and correctly. Failure to answer all questions may result in your being denied access to mail and/or Postal Service premises. A fine not to exceed $250,000 or imprisonment of not more than five years or both is provided by law (18 U.S.C. 1001) for **making a false statement or concealing any material fact on this Questionnaire**.

Certification

I certify that the statements made by me on this questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature *(The Postal Service accepts an electronic signature with a digital ID and a date stamp.)*	Date Signed *(MM/DD/YYYY)*

I attest I have advised the Applicant to truthfully complete this Questionnaire, and the Applicant has passed the Drug Screening Test *(If applicable, provide documentation)*.

I certify that the applicant's **Proof of Citizenship or legal work status** authorizing the individual to work in the United States disclosed no disqualifying information in accordance with the Personnel Security requirements of the U.S. Postal Service as set forth in the current contract/transportation initiative, statement of work, or management instructions. The documentation is retained at the following location and may be reviewed by the Postal Inspection Service or the Contracting Officer or designee upon request.

Physical Street Address	Phone Number *(With Area Code)*		Date Signed *(MM/DD/YYYY)*
Contractor's Signature *(Sign and print name)*	City	State	ZIP+4

For Use of Postal Service Official Responsible for Reviewing for Completeness and Legibility. For complete instructions, see *Administrative Support Manual* 272.4, "Individuals Under Service Contracts: Clearances, Roles, Background Investigations, and Denial."

USPS Official Signature *(Sign and print name)*	Phone Number *(With Area Code)*	Date Signed *(MM/DD/YYYY)*

Organization, City, State, and ZIP+4

Direct questions to: Security Investigations Service Center at meg@uspis.gov

This form is available on the Intranet at ***https://blue.usps.gov***

UNITED STATES POSTAL SERVICE®

Pre-Award Questionnaire and Assets and Liabilities Statement

Solicitation No.	Name *(as shown on bid)*	Telephone No. *(include area code)*

Address *(number, street, suite, apt., P.O. Box, etc.)*	6. City	7. State	8. ZIP+4®

1. Nature of Bidder *(sole proprietorship, partnership, corporation, etc.)*

a. If Sole Proprietorship

Name of Owner	Date

b. If operating as a Partnership, Attach List of Names, Ages, and Percentage of Ownership of All Partners

c. If operating as a Corporation, Date and State of Incorporation *(Attach list of names of corporate officers and majority stockholders, if any, other than officers.)*

2. Describe other business ventures in which the company is, or has been engaged within the past three years. If company has not been engaged full time in business for at least three years, identify the employment and business ventures of the owner, partners, or corporate officers during the period. *(Attach additional sheets as necessary to fully explain previous business ventures.)*

3. Identify any capacity *(e.g., contractor, subcontractor, carrier, driver, etc.)* in which the company, its owner, partners, or officers have been engaged in the carrying of the mails within the past five years. If possible, identify routes by number and provide name of contractor and Contracting Officer. If service on any route was terminated by the Postal Service™ for cause, attach explanation.

4. Describe by model, size, and year, the equipment you propose to use on this route. Is the equipment owned or leased? If equipment is not yet acquired, describe the manner proposed for its acquisition.

5. Identify any individual owner, partner, corporate officer, or majority stockholder who is an employee of the U.S. Postal Service®, or who is either the spouse or minor child of an employee of the U.S. Postal Service, or a blood relative of an employee of the U.S. Postal Service residing in the same household with that postal employee. With respect to any affirmative response, identify the postal employee by name and place of work. Postal employees for the purpose of this response include those in full-time, part-time, career and noncareer positions, including specifically persons in positions such as postmaster replacements and rural carrier reliefs.

6. Identify the individuals *(owner, partners, officers, employees, etc.)* intended to have access to the mails or to postal operations areas during performance of the contract. Indicate which individuals, if any, have previously been screened by the Postal Service for such access.

Assets and Liabilities Statement

Name	Date *(As of)*

Assets			Liabilities		
	Name, Location or Description	Amount or Value		Basis for Loan	Amount
Cash In Bank			Notes		
Stocks and Bonds					
Notes			Chattel Mortgage		
Real Estate			Real Estate Mortgage		
Vehicles			Taxes		
Other			Other		
	Total Assets			Total Liabilities	

The undersigned authorizes the U.S. Postal Service to make such inquiries as necessary to determine my financial responsibility and capability for performing under the proposed contract based on the pre-award survey information provided.

Signature	Title	Date

HCR#:_____ Offeror Name:_____

Response to Provision 4-12 Standard Solicitation Provisions

Refer to the Terms and Conditions Document for Full Descriptions of the Provisions

Section 1: Supplier Eligibility

Yes	No	Provision	Explain any "Yes" responses
☐	☐	I am at least 18 years of age.	
☐	☐	I am an employee of the US Postal Service*	
☐	☐	I am a member of a USPS employees immediate family or household	
☐	☐	I have been, or am currently proposed to be suspended, debarred or ineligible to conduct business with the USPS.	

* Page 1, section 3 of Provision 4-3, with exceptions not related to this solicitation, the US Postal Service DOES NOT enter into contracts with Postal Employees.

Section 2: Past Performance

List all current or recent Postal contracts, as well as any non-postal employment or contracts that are comparable to Contract Delivery Service. For each contract listed, the offeror should provide a record of adherence to contract requirements, and in the case of non-postal employment or contracts, an additional record of on-time performance (a history of being reasonable and cooperative with customers, commitment to customer satisfaction, integrity, and ethics).

Section 3: Supplier Capability

The extent to which the offeror has the resources (e.g., financial, technical, equipment, etc.) adequate to perform the work will be evaluated. Provide a statement to demonstrate you can meet the start date of the contract and provide the necessary equipment. Also include information to support financial capability.

Section 4: Operating Plan

Submit a detailed operating plan to include conducting normal operations (sole proprietor or hired driver model, DOL compliance if applicable, monitor service performance, secure the mail) and contingency operations (extra trips, schedule changes, equipment breakdowns, inclement weather, supplier or hired driver absence [substitute driver plan]). The plan should also include a statement addressing the vehicle requirements of the contract (age/size requirement).

Attach additional pages if needed and label the page by the appropriate section (i.e. Section 4:Operating Plan)

Confidentiality and Nondisclosure Agreement

For Suppliers' Employee(s) and Relief Driver(s)

I agree to hold in confidence any and all address information (i.e., addresses and return addresses) disclosed by the Postal Service or otherwise obtained or developed in the course of performance under Postal Service 5-digit contract number(s) _____.

I understand that no address information may be disclosed to any third party without prior written consent of the United States Postal Service.

_____	_____	_____
EMPLOYEE Printed Name	**EMPLOYEE** Signature	Date

_____	_____	_____
SUPPLIER Printed Name	**SUPPLIER** Signature	Date

UNITED STATES POSTAL SERVICE®

Authorization and Release — Background Investigation

(USPS Contractors and Employees of Contractors)

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Act Statement: Your information will be used as a basis for an investigation to determine your fitness and suitability for contractual service to the U.S. Postal Service (USPS). Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061. Providing the information is voluntary, but if not provided, it may have an adverse effect on your opportunities to perform services under contract with the USPS. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS (service providers); to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel. For additional information regarding our privacy policies, visit *www.usps.com/privacypolicy.*

Applicant's Name *(Last, First, Middle)*		Mailing Address
Date of Birth *(Month, Day, Year)*	Home Phone Number ( )	Email Address

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized official of the USPS by any person, corporation, agency, or association concerning my character, personal history, credit standing, educational claims, current or prior employment, military service, and other information which may be relevant and necessary to determine my fitness and suitability to perform services under contract with the USPS.

This authorization is executed with full knowledge and understanding that the USPS will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the United States, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned persons, corporators, agencies, associations and their employees, agents and representatives from any and all liability for damages resulting from a decision by the USPS not to contract for my services on account of compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid from the date it is signed until any contract employment with the USPS is completed or terminated.

Date Signed	Signature

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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 **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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.

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.

Social security number

			–		–				

or

Employer identification number

		–							

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.

Sign Here	**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*.

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[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] 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*. 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* 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 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[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. 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[1] The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
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[4]
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)(i)(B))	The trust

[1] 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.

[2] Circle the minor's name and furnish the minor's SSN.

[3] 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.

[4] 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.* 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* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit 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.