

CITY COUNCIL

The City of Orange Township, New Jersey

DATE April 16, 2024

NUMBER 230-2024

TITLE: RESOLUTION DECLARING AN EMERGENCY AND RATIFYING A CONTRACT BETWEEN THE CITY OF ORANGE TOWNSHIP AND SHAUGER PROPERTY SERVICES, INC., 429 DODD STREET, EAST ORANGE, NEW JERSEY 07017 FOR EMERGENCY MAIN WATER, SEWER AND STORM REPAIRS ON TREMONT AVENUE AND BERKELEY AVENUE IN THE AMOUNT NOT TO EXCEED \$561,398.60.

WHEREAS, on September 20, 2023, Woodard & Curran notified the City that there was a main water, sewer and storm break on Tremont Avenue and Berkeley Avenue; and

WHEREAS, upon further investigation, there was visual confirmation by Woodard & Curran along with City personnel that there were multiple areas of water breaks through the asphalt and contacted Shauger Property Services, Inc.;

WHEREAS, pursuant to N.J.S.A. 40A:11-6, any contract may be negotiated or awarded for a contracting unit without public advertising for bids and bidding therefore, notwithstanding that the contract price will exceed the bid threshold, when an emergency affecting the public health, safety or welfare requires the immediate delivery of goods or the performance of services; and

WHEREAS, the Qualified Purchasing Agent is satisfied that an emergency exists and recommends that a contract be awarded to Shauger Property Services, Inc.; and

WHEREAS, the Chief Financial Officer, of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto, certifying that monies are available in Account No. C-06-XX-023-067-001.

NOW, THEREFORE, BE IT RESOLVED THAT the Municipal Council of the City of Orange Township be and hereby ratifies and approves the award of a contract to Shauger Property Services, Inc., 429 Dodd Street, East Orange, New Jersey 07017 for emergency main water, sewer and storm repairs on Tremont Avenue & Berkeley Avenue in the City of Orange Township under the emergency provisions established by N.J.S.A. 40A:11-6 in the total amount not to exceed \$561,398.60.

BE IT FURTHER RESOLVED that this contract is awarded without competitive bidding as an "Emergency Contract" in accordance with N.J.S.A. 40A:11-6 of the Local Public Contracts Law because an emergency affecting the public health, safety or welfare requires the immediate delivery of goods or the performance of services.

BE IT FURTHER RESOLVED that notice of this action shall be printed once a City of Orange Township designated publication as required by law within ten (10) days of its passage.

Adopted: April 16, 2024

Joyce L. Lanier
City Clerk

Tency A. Eason
Council President

[Signature]
AMIRAH
CITY ATTORNEY

CITY OF ORANGE
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
WATER CAPITAL BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange, do hereby certify to the best of my knowledge and belief that there are now sufficient funds in the following Water Capital accounts to Contract with:

Vendor Name: Shauger Property Services Inc.

Address#1: 429 Dodd Street

City: East Orange
State: New Jersey
Zip Code: 07017

Purpose: Emergency Water Sewer and storm repairs on Tremont
and Berkeley Ave.

Fund: Water Capital

Account Name : Ord. 67-2023 Water Capital - Various Water Sewer Improvements

Account Numbers(s): C-06-XX-023-067-001

balance before	777,976.35
requested \$:	561,399.00
balance after:	216,577.35

Vendor ID: SHAUG020

Purchase Order #: 23-02078

PENDING RESOLUTION

Amount not to exceed: \$ 561,399.00

Division Head

Date

Nile Clements

4/4/2024

Chief Financial Officer

Date

EMERGENCY AGREEMENT

This Agreement made and entered into this ____ day of _____, 2024 between the City of Orange Township, 29 North Day Street, Orange, NJ 07050, and Shauger Property Services, Inc., 429 Dodd Street, East Orange, New Jersey 07017.

WHEREAS, the City of Orange Township, required a firm to perform emergency main water and sewer repairs on Tremont Avenue and Berkeley Avenue in the City of Orange Township, in the amount of \$561,398.60.

WHEREAS, the City of Orange Township retained Shauger Property Services, Inc. with offices located at 429 Dodd Street, East Orange, New Jersey 07017, to perform emergency main water and sewer replacement at Thomas Street (between Burnside St and Carroll St in the City of Orange Township for the period stated herein.

WHEREAS, the Municipal Council of the City of Orange Township has, by Resolution No. _____-2024 dated, _____, 2024 authorized emergency main water and sewer replacement.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first above written.

ATTEST:

CITY OF ORANGE TOWNSHIP:

Joyce L. Lanier, City Clerk

Hon. Dwayne D. Warren, Esq., Mayor

ATTEST:

Shauger Property Services, Inc.
429 Dodd Street
East Orange, New Jersey 07017

Approved as to Form and Sufficiency

Gracia R. Montilus, Esq., City Attorney

13VH01533600 DCA -1-800*-242-5846

Invoice

Invoice Number
E-111806

Invoice Date
Sep 30, 2023

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Shauger Property Services, Inc.
429 DODD STREET
EAST ORANGE, NJ 07017

Voice: 973-676-2100
Fax: 973-676-8200

Sold To:
CITY OF ORANGE
29 N DAY STREET
ORANGE, NJ 07050

Attn: ELLIE SERRANO
RE: CITY OF ORANGE

Job Number: PC23-074,02,10

Customer PO	Payment Terms	Due Date	Sales Rep ID
	Net 15 Days	10/15/23	

Quantity	Description	Unit Price	Extension
	JOB LOCATION: TREMONT AVENUE AND BERKLEY AVENUE, CITY OF ORANGE SCOPE OF WORK CITY OF ORANGE -2023 EMERGENCY REPAIR CONTRCT 0717G009 EMERGENCY RESPONSE ON 9/20/2023 FOR WATER MAIN REPAIRS BID ITEMS SHEET ATTACHED ATTACHED CERTIFIED PAYROLL WORK COMPLETED: 9/22/2023		561,398.60

Subtotal	561,398.60
Sales Tax	
Total Invoice Amount	561,398.60
Payment Received	0.00
TOTAL	561,398.60

Check No



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008
Expires: 07/31/2024

ADDRESS 429 Dodd Street
East Orange, NJ 07017

NAME OF CONTRACTOR OR SUBCONTRACTOR
Shauger Property Services Inc

PROJECT OR CONTRACT NO

PROJECT AND LOCATION PC23-074-Berkeley Ave & Tremont Ave

FOR WEEK ENDING 09/22/2023

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS			(9) Net Wages Paid For Week		
			SAT 09/16	SUN 09/17	TUE 09/18	WED 09/19	THU 09/20	FRI 09/21	FRI 09/22				Fed W/H Tax	State & Local W/H Tax	Union Deductions		Other Deductions	Total Deductions
ACOSTA, ELMER 9 NORTH 16TH ST EAST ORANGE, NJ 07017 ***-**-2149	S2	472 C Laborer				8.50	10.50			19.00	72.38	1,519.87	306.36	789.21	235.42	140.52	1,471.51	2,533.24
	R				3.00				3.00	3.00	48.25	4,004.75						
AMAYA, JOSE ANTONIO 249 MT VERNON AVE ORANGE, NJ 07050 ***-**-4071	M4	472 C Laborer				2.00	14.50			16.50	72.38	1,580.19	223.31	326.34	116.47	104.16	770.28	2,148.85
	R								8.00	8.00	48.25	2,919.13						
BURGOS, CARMELO 43 2nd Avenue NEWARK, NJ 07104 ***-**-3005	M0	472 C Laborer				11.00	3.50	2.50	17.00	17.00	72.38	2,388.38	227.00	355.15	124.88	106.58	813.61	2,153.77
	R								8.00	8.00	48.25	2,967.38						
CHROBAK, WIESLAW 57 Normandy Dr Wayne, NJ 07470 ***-**-2638	M5	825 Class A Operator				11.00	3.50	2.50	17.00	17.00	85.8376.00	3,030.39	331.35	618.83	214.45	424.69	1,589.32	2,742.00
	R								8.00	8.00	57,2214.00	4,331.32						
DOPRADO, VANDERLEID 36 GREGORY AVE WEST ORANGE, NJ 07052 ***-**-0483	M1	472 C Laborer				8.50	10.50			19.00	72.38	1,519.88	268.53	510.95	161.86	122.36	1,063.70	2,446.49
	R								3.00	3.00	48.25	3,510.19						
ESTRELLA MALDONADO, J 705 BROAD STREET BLOOMFIELD, NJ 07003 ***-**-2928	S1	472 C Laborer				2.00	14.50			16.50	72.38	1,580.18	215.01	503.53	152.47	100.53	971.54	1,839.02
	R								8.00	8.00	48.25	2,810.56						
GRYGUS, JOHN 11 PEACH LANE WEST MILFORD, NJ 07480 ***-**-5869	M1	825 Class A Operator				2.00	8.50			10.50	85.8376.00	964.22	214.61	294.28	99.82	247.61	856.32	1,949.01
	R											2,805.33						

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 33.55(a), The Coverage Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employers have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3522, 200 Constitution Avenue, N.W., Washington, D.C. 20212.



U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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Rev Dec 2008
OMB No. 1235-0008
Expires: 07/31/2024

NAME OF CONTRACTOR OR SUBCONTRACTOR
Shauger Property Services Inc

ADDRESS 429 Dodd Street
East Orange, NJ 07017

PAYROLL NO 1

FOR WEEK ENDING 09/22/2023

PROJECT AND LOCATION PC23-074-Berkeley Ave & Triemont Ave

PROJECT OR CONTRACT NO

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
			SAT 09/16	SUN 09/17	MON 09/18	TUE 09/19	WED 09/20	THU 09/21	FRI 09/22				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	
GUARDADO RAUDA, ROBE 40 TOMPKINS STREET WEST ORANGE, NJ 07052 ***--1949	S3	472 C Laborer			11.00	3.50	2.50	17.00	72.38	2,388.38	246.38	562.27	178.72	115.06	1,102.43	2,118.26	
					8.00	8.00	8.00	24.00	48.25	3,220.69					1,474.21	2,530.54	
MARUT, TADEUSZ R 103 MAIN STREET GARFIELD, NJ 07026 ***--9610	S0	472 C Laborer			8.50	10.50	19.00	72.38	1,519.87	306.36	789.21	238.12	140.52	827.90	2,235.98		
					3.00	3.00	3.00	48.25	4,004.75					1,140.01	2,080.68		
OJEDA GANAY JAMES D 167 SOUTH 7th ST NEWARK, NJ 07103 ***--6317	M4	472 C Laborer			2.00	14.50	16.50	72.38	1,580.19	234.39	358.19	126.31	109.01	827.90	2,235.98		
							8.00	48.25	3,063.88					1,140.01	2,080.68		
RODRIGUEZ, JARED S 24 PATRIOT XING ROCKAWAY, NJ 07866 ***--0894	S0	472 C Laborer			11.00	3.50	2.50	17.00	72.38	2,388.38	246.38	562.12	196.45	115.06	1,140.01	2,080.68	
					8.00	8.00	8.00	24.00	48.25	3,220.69					2,325.72	3,306.52	
URIAS, OSMIN 517 SYCAMORE STREET RAHWAY, NJ 07065 ***--6532	M0	825 Class A Operator			8.50	16.50	25.00	85.836.00	2,969.17	430.87	1,029.58	313.02	552.25	2,325.72	3,306.52		
					3.00	3.00	11.00	57.23/4.00	5,632.24								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week - U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.43(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 3352, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Public Burden Statement

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
<p>on the</p> <p>Berkley Ave & Tremont Ave (Contractor or Subcontractor) that during the payroll period commencing on the 16th day of September, 2023, and ending the 22nd day of September 2023, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said</p> <p>Shauger Property Services Inc (Contractor or Subcontractor) from the full</p> <p>weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145) and described below</p> <p>FICA, Medicare, Federal/State/Local Withholding Taxes, Dues, LEROF, NJSPLA Political Action Committee, Savings deduction, Working Assessment</p>	

REMARKS

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE
Soyini Mckay
Payroll Assistant

SIGNATURE
Soyini Mckay

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE

GARRISON

Enterprise, Inc.

211 WEST ELMER ROAD
VINELAND, NJ 08360-6309
Phone 856-692-6696, Fax 856-692-1883

Date: 9/26/2023

Invoice # 10517

To:

Purchase Order #

Shauger Group
429 Dodd Street
East Orange, NJ 07017

Patty Fernandez <PFernandez@shauger.com> Donnie Shauger <DonnieShauger@shauger.com>

Work Order Number: 7222

Date Work was Completed 9/20/2023-9/21/2023

Location Berkeley Ave. & Berwick St., Orange, NJ

PC23-074

Work Performed Provide labor, material and equipment to
install 3-6" Insta Valves, 2-12" Insta Valves & 1-10" Insta Valve

Price as per work order # 7222

See attached cost sheet for details.

Total Price \$93,842.06

Sales Tax \$0.00

Total Amount Due this Invoice \$93,842.06

Please send NJ Sales Tax Exempt Form.

Terms: Net 30 Days:

A 1-1/2% SERVICE CHARGE PER MONTH WILL BE CHARGED ON ALL OVERDUE ACCOUNTS PAST 30 DAYS

The annual percentage rate is 18%

GARRISON
211 WEST ELMER ROAD
VINELAND, NEW JERSEY 08360-6309
Phone: 856-692-6696 Fax: 856-692-1883
www.garrisonenterprise.com

AUTHORIZATION TO SIGN CERTIFIED PAYROLLS

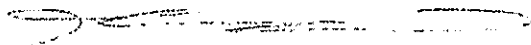
(If not signed by a business owner)

For Protekny Five Branch St. Project
Orange, NJ

I, Elbert G. Basolis, Jr. authorize Meagan Clark, Bookkeeper/Controller, to sign certified payrolls for Garrison Enterprise, Inc. I fully understand that the willfull falsification of any or all information on Garrison Enterprise, Inc.'s submitted certified payrolls may subject the contractor or subcontractor to civil or criminal prosecution (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

This statement is at the bottom of the certified payroll signed each week. The business owner acknowledges he has seen this statement.

Signed,



Elbert G. Basolis, Jr., President

12/03/03

Taxpayer Identification# 223-564-559/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law (Public Law 2001, c.134) requires all contractors and subcontractors with State agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609) 292-1730.

I wish you continued success in your business endeavors.

Sincerely,

John E. Tully
John E. Tully, CPA
Acting Director

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 232 TRENTON, NJ 08646-0252
TAXPAYER NAME: SHAUGER PROPERTY SERVICES, INC.	TRADE NAME:	
TAXPAYER IDENTIFICATION#: 223-564-559/000	SEQUENCE NUMBER: 0088002	
ADDRESS: 429 DODD STREET EAST ORANGE NJ 07017	ISSUANCE DATE: 12/03/03	
EFFECTIVE DATE: 12/08/97		
FORM-BRC(08-01)		

John E. Tully
Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

**Request for Taxpayer
Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Shauger Property Services, Inc.

2 Business name/disregarded entity name, if different from above
429 Dodd Street, East Orange, NJ 07017

3 Check appropriate box for federal tax classification, check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 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) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

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										
2	2		-	3	5	6	4	5	5	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ *Anda M. Spalle* Date ▶ *1/4/24*

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 1099 (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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 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.