Substitute Form W-9 01/01/2005 (01/2002)

## VIRGINIA DEPARTMENT OF FORESTRY REQUEST FOR

## **TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION**

RETURN THIS FORM TO THE REQUESTER WITHIN 30 DAYS – FAILURE TO RETURN MAY RESULT IN 30% BACKUP WITHHOLDING Each person or organization doing business with the Commonwealth of Virginia must provide the following information.

organization en	JTITY: (CHECK ONLY ONE)		
Individual Sole Proprietor Partnership Corporation Trust Estate Non-Profit Organ Federal Agency State Agency Local Governmen Political Subdivis Other	nt		EMPLOYER IDENTIFICATION NUMBER
IS YOUR BUSINES (check all that apply		☐ Minority-Owned Bu	usiness
ENTER THE FOLLO	WING:		
LEGAL NAME:			
	(MUST MATCH THE SOCIAL SECURITY NUMBER	R, IF APPLICABLE)	
TRADE NAME:	(MUST MATCH THE EMPLOYER IDENTIFICATION	NUMBER, IF APPLICABLE	<u>:</u> )
MAILING ADDRESS:			
CONTACT PERSON:		TELEPH	ONE NUMBER:
CERTIFICATION: Ur	der penalties of perjury, I certify that:		
1) The number shown on th	is form is my correct taxpayer identification	number (or I am waiting	g for a number to be issued to me), and
Revenue Service (IRS) tl	up withholding because: (a) I am exempt fro nat I am subject to backup withholding as a no longer subject to backup withholding, ar	result of a failure to rep	or (b) I have not been notified by the Internal ort all interest or dividends, or (c) the IRS
3) I am a U.S. person (inclu	ding a U.S. resident alien).		
withholding because you hav apply. For mortgage interest retirement arrangement (IRA	You must cross out item 2 above if you have re failed to report all interest and dividends of paid, acquisition or abandonment of secure ), and generally payments other than intere to TIN. The IRS does not require your consentations.	on your tax return. For red property, cancellation st and dividends, you a	real estate transactions, item 2 does not of debt, contributions to an individual re not required to sign the Certification, but
SIGNATURE			DATE