



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS  
 PROCUREMENT DEPARTMENT  
 P.O. BOX 310  
 BRONSON, FL 32621  
 PHONE: (352) 486-5218 EXT 2  
 FAX: (352) 486-5167  
 EMAIL: [TRETHERWAY-ALI@LEVYCOUNTY.ORG](mailto:TRETHERWAY-ALI@LEVYCOUNTY.ORG)

COVER PAGE

ITB\_2023\_014 – AIR CONDITIONING REPLACEMENT LEVY COUNTY GOVERNMENT CENTER AUDITORIUM

LAST DAY FOR QUESTIONS: 7/27/2023 – 4:00 PM Est.

DUE DATE AND TIME: 8/2/2023 – 12:00 PM Est.

**SUMMARY OF SCOPE:** Levy County is seeking bids for the provision of selecting a contractor for the replacement of four (4) Air Conditioning units at the Levy County Government Center Auditorium located at 310 School Street, Bronson, FL 32621.

**SUBMITTAL OF BID:** Levy County only accepts electronic submittals through “E-Bidding” on the DemandStar platform [www.DemandStar.com](http://www.DemandStar.com). In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.


For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at [Tretheway-ali@levycounty.org](mailto:Tretheway-ali@levycounty.org).

**ITEMS THAT MUST BE INCLUDED WITH BID:** Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- COVER PAGE
- ATTACHMENT “1” BID PRICING FORM
- ATTACHMENT “2” SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: Flaw Service Partners dba: Cortez Heating & Air  
 Name: Ron Sowards  
 Address: 5012 US Hwy 41 N Palmetto, FL 34221  
 Mailing Address (if Different): \_\_\_\_\_  
 Email Address (Required): ron.sowards@cortez-ac.com  
 Telephone: 941-245-9808 FEIN: 86-3214060

By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:   
 DATE SUBMITTED: 8/1/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB\_2023\_014, Air Conditioning Replacement Levy County Government Center. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meets the scope of work and all requirements therefor contained in this Invitation to Bid:

\$ 37,687.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

30-45 Days *Based on equipment availability*

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business: Flow Service Partners dba. Cortez Heating & Air

Contact Person: Ron Sowards

Email Address: ronsowards@cortez-ac.com

Phone Number: 941-245-9808

Date: 8/1/2023

Authorized Signature: *Ron Sowards*

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ATTACHMENT "2" SUBCONTRACTOR LIST

The following subcontractors will be used for the Air Conditioning Replacement at the Levy County Government Center Auditorium. If bidder does not have a subcontractor or subcontractors, insert "To be Determined." When a source or subcontractor is determined, selection will be subject to County approval. If not applicable, stat N/A.

Subcontractor(s):

1. Williston Crane
2. Stones River Electric
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Name of Firm Submitting Bid: Cortez Heating + Air

OR

Name of Person Submitting Bid: Ron Sowards

Authorized Signature: 

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County  
By David Shepherd General Manager  
(Print this individuals name and title)  
For Flon Service Partners of Florida ORCO LLC  
(Print name of entity submitting statements)

Whose business address is 5012 US Hwy 41 N Palmville FL 34221  
and if applicable whose Federal Employer Identification Number (FEIN) is 86 3214060  
If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:  
\_\_\_\_\_

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "convection" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.



SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County  
By David Shepherd General Manager  
(Print this individuals name and title)  
For Flow Service Partners of Florida GP-10 LLC  
(Print name of entity submitting statements)

Whose business address is 5012 US Hwy 41 N Palmetto FL 34221  
and if applicable whose Federal Employer Identification Number (FEIN) is 86 3214060

If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:  
\_\_\_\_\_

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.



6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

State of Florida

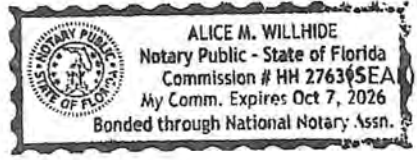
County of manatee

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 31 day of July, 2023 by David Shephard (name), as General mgr (title) for Flow Service Partners FL. (name of bidder) Personally known  OR Produced Identification  (type of identification).



(Signature) Notary Public

Alice m willhide



(Printed, typed or stamped commissioned name of notary public)

My Commission expires OCT 7, 2026

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

I, David Shephard

NON-COLLUSION AFFIDAVIT

of the County of Maratee

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am General Manager of the firm of Flow Service Partners of Florida LLC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]  
(Signature of Proposer Representative)

8/1/2023  
(Date)

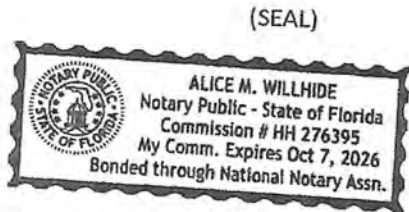
State of Florida  
County of Maratee

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 1 day of August, 2023, by David Shephard (name), as General mgr (title) for Flow Service Partners FL (name of bidder). Personally known  OR Produced Identification  America hold (type of identification).

(Signature) Notary Public  
Alice m willhide

(Printed, typed or stamped commissioned name of notary public)

My Commission expires Oct 7, 2026



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BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
PARTNERSHIP
CORPORATION
JOINT VENTURE
LLC

Firm Name: Flow Service Partners dba: Cortez Heating & Air
Home Office Address: 5012 US Hwy 41 N
City, State, Zip: Palmetto, FL 34221
Address (Servicing Levy County if Different from Above):

Name/Title of Levy County Representative (Bidder): Ron Sowards Sales
Email: ronsowards@cortez-ac.com
Telephone: 941-245-9808 Fax:
Signature: [Signature] Date: 8/11/2023

Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 01 Dated 7/18/2023 Signature [Signature]
Addendum No. Dated Signature
Addendum No. Dated Signature
Addendum No. Dated Signature

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**DRUG-FREE WORKPLACE FORM**

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Cortez (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Cortez Heating & Air  
Signature: [Handwritten Signature]  
Title: Sales  
Date: 8/1/2023

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature:

Printed Name: Jeniel Shephard

Bidder Name:

Plan Service Partners of Florida OP-10 LLC

Date:

8/1/2022

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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Foreign Limited Liability Company  
FLOW SERVICE PARTNERS FLORIDA OP-CO LLC

### Filing Information

<b>Document Number</b>	M21000004713
<b>FEI/EIN Number</b>	86-3214060
<b>Date Filed</b>	04/20/2021
<b>State</b>	DE
<b>Status</b>	ACTIVE

### Principal Address

5012 US Hwy 41 North  
Palmetto, FL 34221

Changed: 08/12/2022

### Mailing Address



PO Box 1918  
Mt Juliet, TN 37121

Changed: 08/12/2022

Registered Agent Name & Address

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Authorized Person(s) Detail

**Name & Address**

Title MEM

FLOW SERVICE PARTNERS MANAGEMENT LLC  
725 COOL SPRINGS BOULEVARD  
FRANKLIN, TN 37067

Title CEO

Epperson, Michael  
PO Box 1918  
Mt Juliet, TN 37121

Title CFO

Medlin, Joe  
PO Box 1918  
Mt Juliet, TN 37121

**Title Manager**

Shephard, David  
5012 US Hwy 41 North  
Palmetto, FL 34221

Annual Reports

Report Year	Filed Date
2022	08/12/2022

Document Images

<a href="#">08/12/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/20/2021 --- Foreign Limited</a>	<a href="#">View image in PDF format</a>



Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE CLASS A AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**SHEPHARD, DAVID JONATHAN**

CORTEZ HEATING & AIR CONDITIONING  
5012 US HWY 41 NORTH  
PALMETTO FL 34221

**LICENSE NUMBER: CAC1820470**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

VENDOR INFORMATION FORM

DATE: 8/11/2023

COMPANY NAME: Flow Service Partners dba: Cortez Heating & Air

PHYSICAL ADDRESS: 5012 US Hwy 41 N Palmetto, FL 34221

MAILING ADDRESS: PO Box 78 Oneco, FL 34264

CITY: Palmetto STATE: Florida ZIP: 34221

TELEPHONE NUMBER: 941-755-5211

FAX NUMBER: 941-758-4210

TOLL FREE NUMBER: \_\_\_\_\_

EMAIL: ronsowards@cortez-ac.com

FEID NUMBER: 86-3214060 OR SSN: \_\_\_\_\_

CONTACT PERSON: Ron Sowards

TITLE: Sales

CONTACT NUMBER: 941-245-9808

\*\*\*\*\*

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**FLOW SERVICE PARTNERS FLORIDA OP-CO, LLC**

2 Business name/disregarded entity name, if different from above  
**DBA: CORTEZ HEATING AND AIR CONDITIONING**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) ▶ **P**

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check another LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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.) See instructions.  
**5012 US HIGHWAY 41**

6 City, state, and ZIP code  
**PALMETTO, FL 34221**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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


Social security number										
			-				-			
or										
Employer identification number										
8	6	-	3	2	1	4	0	6	0	

## 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 for Part II, later.

Sign Here    Signature of U.S. person ▶ 

Date ▶ 1/25/23

## General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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