

OWNERSHIP INFORMATION QUESTIONNAIRE

SECTION A - GENERAL INFORMATION

Company Name _____

Phone # _____

Address _____

Fax # _____

City, State Zip _____

E Mail _____

Check One: Individual/Sole Proprietor Corporation Partnership Limited Liability Company Other: _____

Check Any That Apply: Small Business Concern Small Disadvantaged Concern Women Owned None of these

(To qualify as a: **small business concern** you must have averaged less than \$17 million in annual receipts over the prior 3 years and have less than 500 employees; **small disadvantaged concern and women owned concerns** must be owned at least 51% by qualifying individuals and have it's management and daily business controlled by one or more individuals.)

SECTION B - TAXPAYER I.D. NUMBER (Substitute FORM W-9)

This should be the number that you have on file with the IRS. For individuals and sole proprietors who file their business tax returns with their individual tax returns, this is generally your social security number. Otherwise, for businesses and all other entities, including sole proprietors with employees, it is your employer identification number assigned by the Internal Revenue Service.

Employer Identification Number _____ **OR** Social Security Number _____

SECTION C - CERTIFICATION

Please sign. If an individual or a partnership, the person whose TIN appears in Section B should sign the form. Otherwise, a designated company representative may sign.

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), OR
- 2) I am not subject to backup withholding either because I am exempt from backup withholding, 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 the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contributions to an individual retirement arrangement (IRA) and payments other than interest or dividends), AND
- 3) Under the applicable Federal laws, the information reflected in Section C (if applicable) is true and correct:

Signed: _____

Date: _____

Name Printed: _____

Title: _____

SECTION D - SUBCONTRACTORS / SUPPLIERS

Sub or Supplier	Est Purchase Amount or Contract \$	Phone	Fax	Contact

SECTION E - CONTACT NAMES & PHONE NUMBERS

CONTACT NAME & PHONE NUMBER IN OFFICE: _____

CONTACT NAME & PHONE NUMBER AFTER HOURS OR EMERGENCY: _____

PROJECT: _____

JOB # : _____