



**SWISS HYBRID  
ASSET PROTECTION TRUST**

**ESTABLISHMENT INSTRUCTIONS**

We are pleased to offer you our “hybrid” Swiss asset protection trust services through Lighthouse Swiss Trust & Wealth Management GmbH in conjunction with our partner trustee companies in other countries. These instructions should guide you through the necessary steps to complete the establishment of a new trust with us.

**STEP 1 COMPLETE THE ESTABLISHMENT FORMS**

We require that you complete three separate forms listed below. These are provided in a PDF fill-in format. If you do not already have these forms, please contact us at [admin@lighthouse-trust.ch](mailto:admin@lighthouse-trust.ch):

Form A (Identification of Beneficial Owner)

Form B (New Trust Client Information)

Form C (Affidavit of Solvency)

IRS Form W-9 (Request for Taxpayer Identification Number)

**STEP 2 PAY THE FIRST YEAR TRUSTEE FEE**

We will review the information that you provide in the above-listed forms and we will calculate the first year trustee fee along with any optional services you request of us. You will receive an invoice at the email address furnished to us for billing purposes, along with instructions to pay by bank wire transfer.

Please note that, until we receive payment from you, we will not undertake to prepare any documents or accept appointment as a trustee for your trust.

### STEP 3

### SEND US THE FINAL PACKAGE OF DOCUMENTS

Please assemble the final package of documents needed to establish your trust, including the following:

1. Three (3) original, executed trust agreements (please confirm with us in advance that the terms of the trust agreement meet our approval);
2. Form A (Beneficial Owner), signed and dated;
3. Form B (New Client Information), signed and dated;
4. Form C (Affidavit of Solvency), signed and notarized;
5. Three (3) sets of notarized copies of the passports for each grantor, each protector, and each named beneficiary of your trust (if no passport is available, a notarized copy of a driver's license or other government-issued photo identification will suffice);
6. Three (3) sets of notarized copies of a current utility bill (not more than 60 days old) for each grantor and each protector;
7. For each settlor and protector, a letter of reference from a banker, accountant, or attorney who has known the person for at least two years (see the sample letters included in this package);
8. For each settlor and beneficiary, a completed IRS Form W-9 (or, for each non-U.S. settlor and beneficiary, a completed IRS Form W-8);
9. Confirmation from a CPA or other qualified tax return preparer that the professional has been engaged to prepare all required tax returns for the trust; and
10. Any documents that you may require us to acknowledge or complete in order to evidence the transfer of assets into your trust.



The address to which all documents and other correspondence should be mailed is as follows:

Lighthouse Swiss Trust  
Vorstadt 26a  
CH-6300 Zug  
Switzerland

If sending by courier, you are welcome to list our Swiss phone number on the delivery instructions: +41 (44) 586.79.80.



Sample Bank Reference Letter  
(to be Printed on Bank Letterhead)

DATE:

Lighthouse Swiss Trust &  
Wealth Management GmbH  
Vorstadt 26a  
CH-6300 Zug  
SWITZERLAND

Re: Bank Reference

To Whom It May Concern:

At the request of the above named customer, we have the pleasure in confirming that **(Name of Customer)** has maintained active and satisfactorily conducted **(Types of Accounts)** accounts in our books since **(Length of relationship with bank)**. They currently maintain a balance of approximately **(rough range)**.

We believe that **(Name of Customer)** has legitimate personal funds and all funds received from (him/her) should be bona fide.

Any advice or assistance you could afford our customer is greatly appreciated.

Yours truly,

**(Signature)**

**(Name of Representative)**

**(Name of Bank)**



Sample Attorney or CPA Reference Letter  
(to be Printed on Attorney or CPA Letterhead)

DATE:

Lighthouse Swiss Trust &  
Wealth Management GmbH  
Vorstadt 26a  
CH-6300 Zug  
SWITZERLAND

Re: Reference Letter

To Whom It May Concern:

I, the undersigned, hereby confirm that **(Name of Client)** is known to me personally since **(Year)** acting in his capacity as \_\_\_\_\_ and have also acted for him in relation to his position or business of \_\_\_\_\_ as **(attorney/accountant)**.

I confirm that I know him to be a person of integrity, good character, reputation and has proved to be respectable and trustworthy in the normal business engagements and do not hesitate to recommend that you assist him in whatever way you can.

The above information is given in strict confidence and without any responsibility, obligation or guarantee on our part

Yours faithfully,

**(Signature)**

**(Name of Attorney/CPA)**  
**(Capacity)**





**FORM A:  
ESTABLISHMENT OF THE BENEFICIAL OWNER**

Name of Trust: \_\_\_\_\_

**Contracting Party (Grantor) Details**

Grantor's Name: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Establishment of the Beneficial Owner**  
(Form A according to §§ 18 and 19 Regulations SRO PolyReg)

The undersigned Grantor hereby declares: *(check the appropriate box)*

That the Grantor is the beneficial owner of the assets to be settled upon the above-named trust. *(If you check this, please proceed to the next page.)*

That the following individual or business entity is the beneficial owner of the assets to be settled upon the above-named trust *(If you check this, please complete the following):*

Please complete for an Individual:		Please complete for a Business Entity:	
Full Name		Company Name	
Residential Address		Date of Establishment	
Date of Birth		Country of Establishment	
Nationality		Business Address	
Additional Information		***For a business entity, please provide copies of the formation and governing documents, and a Certificate of Good Standing or similar evidence.***	

- 1 The Grantor covenants to immediately inform Lighthouse Swiss Trust & Wealth Management GmbH of any change to the above-listed information at the time of such change.
- 2 The Grantor acknowledges that the identity of the beneficial owner will be made known to the financial institution concerned should the administration of the above-mentioned trust require the opening of a bank account or deposit relationship.
- 3 If the Grantor intentionally provides false or misleading information, or falsifies this document, this might be subject to the Swiss Penal Code (Art. 251, Swiss Penal Code).

**UNDERSTOOD AND AGREED**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_



# LIGHTHOUSE TRUST

Simplify. Clarify. Secure Your Wealth.

## FORM B TRUST QUESTIONNAIRE

### PART ONE TRUST DETAILS

1. Intended Name of Trust: \_\_\_\_\_

2. Choice of Governing Law for Trust:

Belize

Nevis

Other (please specify: \_\_\_\_\_)

3. Trustees

*PLEASE NOTE: Lighthouse provides co-trustee services in Switzerland in addition to trustee services in Belize or Nevis at no additional charge.*

CHOOSE ONE:

Lighthouse Trust Limited  
(Belize)

– or –

Lighthouse Trust Nevis Ltd.  
(Nevis)

AND (optional):

Lighthouse Swiss Trust & Wealth Management GmbH (Switzerland)

Someone Else (Please complete **Exhibit 1** in respect of the proposed co-trustee.)



## PART TWO SETTLEMENT DETAILS

1. Settlers: Please complete **Exhibit 2** for each person who will be a settlor of the Trust.
2. Beneficiaries: Please complete **Exhibit 3** for each person who will be a settlor of the Trust.
  - a. Is there anything that the Trustee should know concerning your relationships with any of the beneficiaries or any other persons such as any legal dependants, or excluded beneficiaries?

Yes

No

*If “yes,” please give full details on a separate sheet attached to this form.*

4. Assets to be Settled: Please provide full details of the assets that are to be settled into the Trust.

**PLEASE NOTE:**

- a. When listing the “transferor,” please identify the name of the person who currently owns or is the title holder of the asset. If the asset is not titled in the name of a Settlor, please describe the relationship between the Settlor and the titleholder on a separate sheet attached to this schedule.
- b. If assets are to be held by the trust in the name of a business entity, please indicate below and provide contact details to allow us to arrange settlement of the relevant interest on the trust.
- c. You are responsible for ensuring, at your own expense, that Lighthouse is presented with all necessary documentation and information in order to complete any transfer to the Trust. Please contact Lighthouse if you would like that we arrange assistance for you.



## ASSETS TO BE SETTLED INTO THE TRUST

Asset Description	Estimated Value	Transferor	Proposed Holder of Assets (e.g. Trust, LLC)

**IMPORTANT NOTE:**

•If you wish to transfer **cash** or **publicly-traded securities**, Lighthouse Trust will need to establish the appropriate bank account to custody such assets. Please complete Part Six – Bank and Investment Accounts.

•Lighthouse Trust can only act as trustee in respect of assets that are properly transferred to us. We do not accept responsibility for any intended transfers where transfer documents are not presented to us for review and execution. **Property that is not transferred to us does not constitute an asset of your trust.**



### PART THREE THE PROTECTOR

1. Will there be a Protector for the Trust?

Yes

No

2. If the answer to #1 is “yes,” who will serve as the Protector of the Trust?

Lighthouse Protector Services, LLC

The Settlor

Someone Else (*Please complete **Exhibit 4** for each proposed Protector.*)

### PART FOUR TRUST ADVISOR

*IMPORTANT NOTE: The trust agreement may provide for someone to serve as an “advisor” to the trustees capable of directing the handling of Trust property. This should be distinguished from an “investment advisor” registered with the United States Securities and Exchange Commission as qualified to manage an investment account on behalf of the Trust, which is covered in another part of this questionnaire.*

Do you wish to appoint a person as an advisor to the trustees from whom we may seek advice and directions concerning Trust property?

Yes

No

*If yes, please provide details of the advisor:*

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_



**PART FIVE  
TRUST COMMUNICATIONS**

1. In respect of any bank or investment accounts opened by us in respect of the Trust, do you wish to receive copies of bank statements (other than on request)?

Yes

No

2. If the answer above is “yes,” please indicate the frequency with which you wish to receive such statements (check all that apply):

Monthly

Annually

Per Transaction

3. After settlement of the Trust (and subject to the terms of the Trust Agreement), to whom may we direct correspondence concerning the trust?

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone(Office): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



4. Where do you wish invoices for billing purposes to be sent?

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone(Office): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PART SIX  
BANK & INVESTMENT ACCOUNTS**

1. Do you wish to have the trustees establish one or more bank or investment accounts for the Trust?

Yes

No

2. If the answer to #2 is “yes,” please list any preferred bank or investment firm that you would like the trustees to contact for the purposes of account establishment.

*Name of Institution:* \_\_\_\_\_

*Contact Person:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*IMPORTANT NOTE: Lighthouse will charge at its published rates for the establishment and maintenance of any account held in the name of the Trust.*



3. If the answer to #2 is “yes,” who do you wish to have the trustees engage as the SEC-registered investment advisor appointed to the account?

The institution designated in #3(b) offers SEC-registered investment advisory services

Lighthouse Swiss Wealth Advisors AG

Someone Else

*IMPORTANT NOTE: U.S. law requires that an SEC-registered investment advisor be appointed to any bank or investment account to be owned by the Trust.*

4. If the answer to #3 is “Someone Else,” please provide the contact details of the SEC-registered investment advisor:

*Name of Firm:* \_\_\_\_\_

*Contact Person:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_



**PART SEVEN  
TAX & INFORMATION RETURNS**

*IMPORTANT NOTE: In most instances, a trust directed by Lighthouse will be regarded as a “foreign trust” within the meaning of United States Internal Revenue Code § 7701(a)(31)(B).*

1. Tax Agent: Please provide details of the US Tax Agent for the Trust:

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing Address in the USA:

\_\_\_\_\_  
\_\_\_\_\_

Phone(Office): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Tax and Information Returns

a. Would you like us to arrange the preparation of tax and information returns for the Trust?

Yes

No



- b. If the answer to #2(a) is “no,” please provide the contact information for the CPA to whom we are authorised to disclose information concerning the trust for the purpose of preparing tax and information returns in respect of the Trust. **Please have your CPA confirm to us that the CPA has been engaged to prepare all requisite tax returns for your trust.**

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone(Office): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PART EIGHT ACCOUNTING & AUDIT

*IMPORTANT NOTE: Lighthouse is pleased to offer, as part of its standard service package, the preparation of an asset register for the Trust. However, accounting and audit services are **not** included as a standard service by Lighthouse. Please be advised that Lighthouse reserves the right to procure accounting and/or audit services on behalf of, and at the expense of the Trust, if Lighthouse reasonably determines that such services are warranted.*

1. Do you wish us to arrange accounting services for the Trust?

Yes

No – I hereby waive any accounting services for the trust.





2. If the answer to #1 is “yes,” please indicate the frequency with which you wish to receive such accounts (check all that apply):

Monthly

Annually

Per Transaction

3. Do you wish us to arrange annual audit services for the Trust?

Yes

No

## PART NINE FEE AGREEMENT

1. The undersigned hereby agrees to Lighthouse International Services, LLC charging a fee for services performed by members of the Lighthouse Group of companies, and its partner trustee companies in other jurisdictions, in accordance with their published rates in force from time to time, and agrees to settle on receipt of invoice all such fees, and all disbursements or expenses, as are reasonable, and are properly incurred or charged, in the establishment and administration of the Trust.
2. The undersigned hereby further authorizes the Trustee to deduct such fees, disbursements, and expenses from available trust assets thirty (30) days following invoice unless payment has been made earlier by the undersigned.

### UNDERSTOOD AND AGREED

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**EXHIBIT 1**

**CO-TRUSTEE INFORMATION**

*INSTRUCTIONS: Please complete this Exhibit 1 for each proposed trustee of the Trust other than Lighthouse or an affiliate of Lighthouse. References to “you” throughout this Exhibit 1 means the proposed co-trustee completing this Exhibit 1.*

1. Personal Data

Name of Co-Trustee: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address:  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from Residential Address):  
\_\_\_\_\_  
\_\_\_\_\_

Phone (Office): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_



2. References: Please provide us with two (2) qualified persons who we may contact for references. A qualified person is a banker, accountant, or lawyer (other than a lawyer for any settlor or beneficiary).

*Reference #1*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone (Office): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Reference #2*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone (Office): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Have you or any business entity of which you have been an officeholder or principal ever been found bankrupt or insolvent by order of a court?

Yes

No

*If "yes," please provide details on a separate sheet.*



4. Have you or any business entity of which you have been an officeholder or principal ever been convicted of any crime (other than minor traffic violations) or indicted, or are you or have you been the subject of any investigation or been interviewed in connection with any investigation by any law enforcement organization, regulatory body, or governmental agency (e.g., SEC, IRS, FBI)?

Yes

No

*If “yes,” please provide full details on a separate sheet attached to this form.*

5. Have you ever been refused entry to a foreign country?

Yes

No

*If “yes,” please provide full details on a separate sheet attached to this form.*



**INSTRUCTIONS:** Please complete this Exhibit 2 for each proposed settlor of the Trust. References to “you” throughout this Exhibit 2 means the settlor completing this Exhibit 2.

1. Personal Data

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from Residential Address):

\_\_\_\_\_  
\_\_\_\_\_

Phone (Office): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ (USA only)

2. Beneficiary Status: Will this settlor also be a beneficiary of the trust?

Yes

No

*If “yes,” you do not need to complete **Exhibit 3** for this settlor.*



3. References: Please provide us with two (2) qualified persons who we may contact for references. A qualified person is a banker, accountant, or lawyer (other than a lawyer for any settlor or beneficiary).

*Reference #1*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone (Office): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Reference #2*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone (Office): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Have you or any business entity of which you have been an officeholder or principal ever been found bankrupt or insolvent by order of a court?

Yes

No

*If "yes," please provide details on a separate sheet.*



5. Have you or any business entity of which you have been an officeholder or principal ever been convicted of any crime (other than minor traffic violations) or indicted, or are you or have you been the subject of any investigation or been interviewed in connection with any investigation by any law enforcement organization, regulatory body, or governmental agency (e.g., SEC, IRS, FBI)?

Yes

No

*If “yes,” please provide full details on a separate sheet attached to this form.*

6. Have you ever been refused entry to a foreign country?

Yes

No

*If “yes,” please provide full details on a separate sheet attached to this form.*

7. Per the disclosures that you have made in your Affidavit of Solvency, are there, to your knowledge, any actions filed or threatened to be filed against you, or against any person who you intend naming as a beneficiary, from any source for damages?

Yes

No

*If “yes,” please provide:*

- a) *copies of any proceedings, judgements, submissions;*
- b) *written advice from the defendant’s litigation attorney confirming the nature of the claim, its prospects for success and the possible liability (particularly of a pecuniary nature) of the defendant(s) in the event the claim is successful; and*
- c) *confirmation as to the assets the settlor(s) is retaining to meet any such liability and the value of those assets (including alternative recourse the Settlor may have to other parties, eg. insurance, co-defendants, any sureties, other assets etc).*



8. Per the disclosures that you have made in your Affidavit of Solvency, are you in a position, after the assets have been settled on the Trust:

(a) To pay all your current bills as they come due?

Yes

No

(b) To settle all your outstanding debts?

Yes

No

9. Per the disclosures that you have made in your Affidavit of Solvency, after the assets have been settled on the Trust, will you retain outside of your Trust sufficient amounts of cash or assets sufficient to maintain your customary lifestyle and to meet all current and anticipated obligations, including direct or indirect (e.g. as guarantor) loan obligations, and personal emergencies?

Yes

No

10. Are you aware of anything, whether or not disclosed by you already, which the trustee should be aware of?

Yes

No

*If "yes," please provide full details on a separate sheet attached to this form.*





*INSTRUCTIONS: Please complete this Exhibit 3 for each proposed beneficiary of the Trust.*

Personal Data

Name: \_\_\_\_\_

Relationship to Settlor: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from Residential Address):

\_\_\_\_\_  
\_\_\_\_\_

Phone (Office): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ *(USA only)*



*INSTRUCTIONS: Please complete this Exhibit 4 for each proposed protector of the Trust other than Lighthouse Protector Services, LLC or a settlor of the Trust.*

Personal Data

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from Residential Address):

\_\_\_\_\_  
\_\_\_\_\_

Phone (Office): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_



## AFFIDAVIT OF SOLVENCY

**RE:** (*Insert Name of Trust*) \_\_\_\_\_ (“the Trust”)

The undersigned settlor (the “Settlor”), \_\_\_\_\_, who being first duly sworn upon oath, deposes and states as follows:

1. That to the best of my knowledge and belief the information provided, and any attachments hereto, are true and correct.
2. I am a Settlor of the Trust and I contemplate making transfers of property thereto in addition to my initial nominal contribution thereto.
2. That (*check one only*):
  - (i) There are no pending or threatened claims or proceedings that I reasonably anticipate may result in a judgement against me, and (ii) I am not a named defendant in any lawsuit or involved in any administrative proceedings as of this date, or a judgement debtor, whatsoever.

**Other than as disclosed on the schedule attached hereto,** (i) there are no pending or threatened claims or proceedings that I reasonably anticipate may result in a judgement against me, and (ii) I am not a named defendant in any lawsuit or involved in any administrative proceedings as of this date, or a judgement debtor, whatsoever.
3. That I do not anticipate filing for relief under the provisions of the applicable bankruptcy or insolvency laws, nor am I involved in any situation that I reasonably anticipate would cause me to file for relief under the applicable bankruptcy or insolvency laws in the future.
4. That following any transfer of my property to the trust structure, I will be solvent and able to pay my reasonably anticipated debts (including any claims or lawsuits against me) as they come due from the balance of my property after such transfer.
5. That I have full right, title and authority to transfer the assets to the Trust.
6. That I have read and understood the annexed description of unlawful activities, and confirm and represent that none of the assets which I may transfer to the Trust was derived from any of the activities described therein.

7. That I am not to my knowledge, nor do I reasonably expect to be, under investigation by any Federal or State agency, or in violation of any statutes administered by, or empowering, the Internal Revenue Service, the Federal Trade Commission, the Securities Exchange Commission, the United States Postal Service, the Drug Enforcement Agency, or the Federal Bureau of Investigation.
8. That I am not engaged in or about to become engaged in a business or transaction for which remaining assets will be unreasonable in relation to the business or transaction.
9. That I do not intend to incur or reasonably believe that I will incur debts beyond my ability to pay as they become due and I do not have the actual intent to hinder, delay, or defraud any creditor.

Further affiant sayeth naught.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State  
of \_\_\_\_\_ by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Witness my hand and official seal**

Notary Public: \_\_\_\_\_ Stamp

My commission expires: \_\_\_\_\_

My address is: \_\_\_\_\_

**ANNEXURE TO AFFIDAVIT OF SOLVENCY**  
**CONCERNING UNLAWFUL ACTIVITIES**

The law of a jurisdiction may contain legislation (the “legislation”) making it criminal for anyone to conduct or attempt to conduct certain financial activities which involve the proceeds of unlawful activities. The transfer of assets into a limited partnership, trust, or other entity may constitute a criminal activity within the scope of such legislation if the assets transferred to such entities were derived from any of the unlawful activities specified in the legislation.

The unlawful activities under the legislation commonly consist primarily of drug-trafficking offences, financial misconduct and environmental crimes. Drug-trafficking offences include the manufacture, importation, sale, or distribution of controlled substances; the commission of acts constituting a continuing criminal enterprise; and transportation of drug paraphernalia.

Financial misconduct includes the concealment of assets from a receiver, custodian, trustee, marshal, or other officer of the court, from creditors in a bankruptcy proceeding, or from a statutory corporation or similar agency or person; the making of a fraudulent conveyance in contemplation of a bankruptcy proceeding or with intent to defeat the bankruptcy law; the giving of false oaths or claims in relation to a bankruptcy proceeding; bribery; the giving of commissions or gifts for the procurement of loans; theft, embezzlement, or misapplication of bank funds or funds of other lending, credit, or insurance institutions; the making of fraudulent bank or credit institution entries or loan or credit applications; and mail, wire, or bank fraud or bank or postal robbery or theft.

Environmental crimes include violations of statutory or regulatory laws. Other specified unlawful activities in such legislation could include counterfeiting, espionage, kidnapping or hostage-taking, copyright infringement, entry of goods by means of false statements, smuggling, removing goods from the custody of customs, illegally exporting arms, and trading with a country’s enemies.

# 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.**

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> 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.

<b>Social security number</b>
<b>or</b>
<b>Employer identification number</b>

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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](http://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:
- 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.

**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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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](mailto: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](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://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.