



## HEROIC SOLUTIONS LLC

Carrier resources | Onboarding packet  
global@heroicsolutions.net | 214-457-1573

# Carrier onboarding packet

Use this packet to apply to haul freight arranged by Heroic Solutions LLC. Complete the carrier information and agreement, provide the applicable supporting documents, and wait for written approval before pickup.

Heroic: USDOT 9476969 | MC 48856633

Contact: global@heroicsolutions.net | 214-457-1573

Mailing address: 1910 Pacific Ave, Suite 2000 - 1416, Dallas, TX 75201

## Packet contents

| Pages    | Purpose                                                                                                                                   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 2 to 5   | Carrier insurance, approval and service requirements; complete the fleet and maintenance profile on page 5.                               |
| 6 to 8   | Broker-carrier agreement; complete carrier details on page 6 and carrier signature fields on page 8. Heroic completes its own acceptance. |
| 9        | Billing and factoring contact form; no bank credentials or account numbers.                                                               |
| 10 to 15 | Official IRS Form W-9 and instructions for U.S. persons. Complete the form on page 10; instructions follow.                               |

## Return these items

- Completed fleet and maintenance profile; signed broker-carrier agreement; billing and factoring contact form.
- Completed Form W-9 for a U.S. person. Foreign persons should contact Heroic about the appropriate tax documentation.
- Current insurance evidence sent directly by your agent. Provide applicable authority evidence and permit or coverage documents requested for your actual operation.
- Factoring notice of assignment only if your invoices are assigned. Additional maintenance, inspection or equipment records are requested when needed, not as a blanket upload requirement.

## How to submit

Save the fillable PDF before returning it. Contact Heroic for the approved private submission route for tax, contract and payment-related documents. If using the website, upload the completed packet once or the individual requested documents; do not upload the same W-9 twice. Your insurance agent should still send coverage evidence directly.

Subject: Carrier Setup | Legal Carrier Name | MC or USDOT Number. An application is not an approval, load award or payment guarantee. An owner-operator leased to another carrier must identify the responsible carrier authority and contact Heroic for instructions.



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# Carrier insurance requirements

To haul a load arranged by Heroic Solutions, submit your onboarding documents and receive written approval before pickup. These standards apply to U.S. general freight; each load may require additional coverage or qualifications.

## Required coverage

| Coverage                                     | Heroic baseline                                                                                                                               | What we verify                                                                                              |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Commercial auto liability                    | \$1,000,000 combined single limit per accident                                                                                                | Bodily injury and property damage; coverage for the actual tractors, drivers and operation assigned.        |
| Motor truck cargo                            | \$100,000 per shipment or vehicle, and sufficient for the full declared load value                                                            | Commodity, territory, theft, unattended vehicle and other exclusions; deductibles and applicable sublimits. |
| Commercial general liability                 | \$1,000,000 per occurrence and \$2,000,000 aggregate                                                                                          | Coverage for applicable business operations. This does not replace auto or cargo coverage.                  |
| Workers compensation and employers liability | Workers compensation at statutory limits where required; employers liability \$500,000 each accident / disease policy / disease each employee | If a lawful exemption applies, disclose it and submit documentation for review before hauling.              |

These are Heroic selection standards. They are not a statement that every listed limit is federally mandated. FMCSA generally requires \$750,000 public liability for nonhazardous for-hire property carriers using vehicles of 10,001 lb GVWR or more, and does not require a federal cargo filing for ordinary general freight. Smaller vehicles and special commodities have different rules.

## Coverage for specific loads

- Refrigerated freight: confirm refrigeration breakdown and temperature-related coverage, exclusions and sublimits before accepting the load. Keep temperature records.
- Higher value cargo: arrange adequate limits or a load-specific endorsement before pickup. Do not assume the \$100,000 baseline is sufficient.
- Drayage and trailer interchange: provide applicable interchange or non-owned trailer coverage, limits matched to equipment value, and required port credentials or agreements.
- Hazmat, oversize and other specialized freight: obtain written approval, required permits and coverage for the actual commodity; hazmat liability requirements can be \$1 million or \$5 million depending on the operation.

Reference: FMCSA Insurance Filing Requirements. Load-specific requirements will be communicated before acceptance.



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# Carrier approval requirements

Provide accurate information under the same legal carrier identity used for your operating authority, insurance and carrier agreement. A tax owner name on Form W-9 may differ where IRS rules require it; explain the relationship.

## Insurance evidence

- Have your insurance agent send a current certificate of insurance directly to global@heroicsolutions.net. Identify Heroic Solutions LLC as certificate holder; contact us for the current certificate-holder mailing address.
- Show carrier legal name, insurer, policy numbers, coverage limits, effective dates and expiration dates. Provide applicable endorsements, vehicle schedules and deductible details when requested.
- Certificate-holder status does not make Heroic an additional insured or loss payee. Any required status must be supported by the actual policy endorsement and agreed before dispatch.
- Keep coverage active throughout each movement. Send renewal evidence before expiration and notify Heroic immediately of cancellation, lapse or a material change. Do not accept or pick up a new load with a coverage gap.
- A certificate alone does not establish coverage. We may verify policies directly with the agent or insurer. Disclose exclusions, sublimits and deductibles that could affect the shipment.

## Documents and qualifications

- Active USDOT registration and applicable operating authority, with required filings. Exempt or intrastate operations must provide the legal basis and applicable state authority for review.
- Signed Heroic broker-carrier agreement; completed carrier profile on page 4; completed IRS Form W-9 for U.S. persons; current insurance evidence.
- Dispatch, safety, billing and insurance contacts; business address; fleet and service information; factoring notice of assignment if applicable. Arrange payment verification separately.
- No active out-of-service order or Unsatisfactory safety rating. Carriers with Conditional ratings, no rating or limited operating history receive additional review; no rating alone is not a rejection.
- Qualified drivers with appropriate licenses and endorsements, medical qualification where required, hours-of-service compliance, and applicable drug and alcohol testing and Clearinghouse compliance.
- Transport using equipment and drivers lawfully controlled under your approved authority. Do not rebroker or transfer a load to another carrier without Heroic's prior written authorization.

W-9 submission: Download the official IRS Form W-9 from our resources or [irs.gov/FormW9](https://irs.gov/FormW9). Follow its instructions, provide the proper name and taxpayer ID, and complete the certification as applicable. Request a private delivery method from Heroic before returning tax or bank information. Never post a completed form on a public page. Foreign persons should contact us about the appropriate tax form.

Approval: We verify identity, authority, insurance and safety before authorizing a load. Submitting documents does not guarantee approval or freight. Any exception must be agreed in writing before dispatch and cannot waive a legal requirement.



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Carrier resources | Onboarding

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# Fleet and service standards

Tell us what equipment you operate and how you maintain it so we can match you with suitable freight. Carriers remain responsible for safe equipment, driver supervision and regulatory compliance.

## Fleet information to provide

- Tractor and trailer counts, with owned and leased equipment separated; trailer types, lengths, usable dimensions and payload capability; primary lanes and operating regions.
- Special capabilities such as reefer temperature range, liftgate, pallet jack, tarps, load securement, team service, tracking and port access. List any service restrictions.
- For each assigned load: driver and dispatch contacts, tractor and trailer identifiers, applicable insurance schedule evidence and the information needed to verify the actual carrier at pickup.

## Maintenance and inspections

- Maintain a documented preventive maintenance program based on manufacturer recommendations, mileage, engine hours, time and operating conditions. There is no single service interval suitable for every truck.
- Provide your normal tractor, trailer and reefer service intervals; most recent service dates; next due service; and the name or role responsible for maintenance. Attach a unit schedule for larger fleets.
- Keep brakes, tires, steering, lights, coupling devices and safety equipment in proper operating condition. Repair safety defects before operation; do not dispatch out-of-service equipment.
- For covered commercial motor vehicles, maintain evidence of a passing periodic inspection within the preceding 12 months. Maintain required vehicle maintenance and repair records and supply relevant records on request.
- Drivers must inspect and confirm that equipment is safe before driving and complete defect reports where required. Reefers must be operational, pre-cooled when required, and able to maintain the specified temperature.

## Performance on Heroic loads

- Confirm appointment times, commodity, weight, temperature, securement and instructions before acceptance. Use clean, dry, suitable equipment and lawful loading and weight practices.
- Provide pickup and delivery updates and agreed tracking. Report delays, breakdowns, seal problems, shortages or cargo damage immediately; follow the Carrier Claims Process.
- Record exceptions on the bill of lading and delivery receipt. Submit a readable signed POD and required receipts within 24 hours of delivery as Heroic's service target.

References: 49 CFR 396.3 for systematic maintenance and records; 49 CFR 396.17 for periodic inspections. Requirements apply according to the operation and equipment involved.



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# Carrier fleet and maintenance profile

Type into this page, save the PDF and return it with your onboarding documents. Attach a fleet list or maintenance schedule if you need more space. Do not enter tax IDs or bank details on this profile.

Email subject: Carrier Setup | Legal Carrier Name | MC or USDOT Number

Legal carrier name

DBA name if any

USDOT number and MC number if applicable

Business address

Dispatch contact and phone

Email and after-hours contact

Safety or maintenance contact and phone

Billing contact and email

Tractors owned / leased counts

Trailers owned / leased counts

Equipment types, sizes, payload and special capabilities

Primary lanes and operating regions

Tracking method and service restrictions

Tractor service interval and last / next service

Trailer service interval and last / next service

Reefer service interval and last / next service or N/A

Periodic inspection dates or attached unit schedule

Maintenance provider and defect repair procedure

Insurance agent name, email and phone

I confirm this information is accurate to the best of my knowledge. I will provide supporting records and report material changes. This profile does not replace the broker-carrier agreement or load approval.

Prepared by and title

Date



## HEROIC SOLUTIONS LLC

Carrier resources | Agreement

global@heroicsolutions.net | 214-457-1573

# Broker carrier agreement

This agreement governs transportation services performed by the carrier identified below for loads arranged by Heroic Solutions LLC. Each load also requires a written rate confirmation accepted by both parties.

Broker: Heroic Solutions LLC | USDOT 9476969 | MC 48856633

1910 Pacific Ave, Suite 2000 - 1416, Dallas, TX 75201

global@heroicsolutions.net | 214-457-1573

Carrier legal name

MC and USDOT identifiers as applicable

Carrier business address

Carrier authorized contact and email

Effective date

## 1 Authority and independent businesses

Broker acts as a property broker and will maintain required brokerage authority and financial security. Carrier is the transporting motor carrier, controls its drivers and equipment, and will maintain applicable authority, registrations and permits. Lawfully exempt operations require disclosure and written approval before tender. Carrier is responsible for its personnel, lawful employment obligations, vehicle operation and compliance.

## 2 Load acceptance and performance

No minimum volume or exclusivity is promised. Carrier will accept only loads it can safely and lawfully perform and comply with the written rate confirmation, pickup and delivery instructions and applicable law. Carrier will use qualified drivers and equipment lawfully under its control and authority. It will not assign, rebroker or transfer a load to another carrier without Broker's prior written authorization.

## 3 Insurance

Carrier will maintain commercial auto liability of at least \$1,000,000 combined single limit per accident; motor truck cargo of at least \$100,000 per shipment or vehicle and sufficient for the disclosed full load value; commercial general liability of \$1,000,000 per occurrence and \$2,000,000 aggregate; workers compensation where required by law and employers liability of \$500,000 for each accident, disease policy and disease each employee, where applicable. A lawful exemption must be documented and approved before hauling.

These are contractual carrier selection standards, not a statement of universal federal minimums. Specialized loads may require additional limits or endorsements, agreed before pickup. Carrier will disclose material exclusions, sublimits and deductibles, provide agent-issued insurance evidence, renew it before expiration and report lapses or material changes immediately. Actual policies govern coverage; a certificate alone does not confer additional-insured or loss-payee status.



## HEROIC SOLUTIONS LLC

Carrier resources | Agreement

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# Carrier operations and payment

Carrier remains responsible for safe transportation and complete, accurate shipment records. Broker remains responsible for its payment obligations under the agreed terms.

## 4 Safety and maintenance

Carrier will comply with applicable driver qualification, hours-of-service, testing and safety rules; maintain a systematic inspection, repair and maintenance program; and use equipment with required current periodic inspection evidence. It will not use out-of-service equipment or operate under an out-of-service order. Carrier will report an Unsatisfactory safety rating or other material authority or safety change promptly. Broker may suspend new loads while reviewing safety or compliance concerns.

## 5 Freight protection and communication

Carrier will inspect freight and equipment as reasonably possible, note known exceptions on shipment records, and confirm safe lawful loading and securement before departure. Carrier will protect seals and comply with agreed temperature and handling instructions. It will promptly notify Broker of delays, breakdowns, accidents, shortages, cargo damage, theft or other issues and preserve relevant photos, logs and records. Emergency services must be contacted first where appropriate.

## 6 Shipment documents and accessorial

The transporting carrier must be correctly identified on the bill of lading and delivery receipt; Broker must not be represented as the transporting carrier. Carrier will provide shipment updates and a readable signed POD, invoice and supporting accessorial evidence. Sending POD within 24 hours is the service target. Additional charges must follow written load terms or later written approval; emergencies will be documented and reviewed. No automatic fine or payment forfeiture is created by this agreement.

## 7 Rates and payment

Broker will pay the rates and approved accessorial charges in the accepted rate confirmation. Unless otherwise agreed in writing, payment is net 30 calendar days from receipt of a complete, accurate carrier invoice, POD and required supporting documents. Broker will promptly identify missing items or disputed charges and will pay undisputed amounts when due. Carrier payment is not conditioned on Broker collecting from its customer.

Factoring assignments and changes to remittance instructions require independent verification. Quick pay or advances are available only if separately offered and agreed in writing; none is promised here. Neither a cargo claim nor suspected breach permits an automatic deduction or forfeiture of freight payment unless lawfully agreed in writing or required by law.

## 8 Cargo claims

Carrier cargo liability is governed by applicable law, including 49 USC 14706 where applicable, and the governing written transportation terms. Any released-value or limitation arrangement must be expressly disclosed and agreed by the entitled parties before pickup. Carrier will promptly investigate proper claims and comply with applicable 49 CFR Part 370 acknowledgment, disposition and status requirements. Broker may assist with coordination; notice to Broker alone may not constitute filing with Carrier.

Immediate incident reporting does not replace formal filing deadlines. Preserve freight and packaging for inspection and coordinate authorized disposition; document safety- or law-required action. No shortened claim-filing period or guaranteed settlement deadline is created by this agreement.



## HEROIC SOLUTIONS LLC

Carrier resources | Agreement

global@heroicsolutions.net | 214-457-1573

# Carrier agreement signatures

The parties accept all three agreement pages and the written load terms applicable to each accepted shipment.

## 9 Responsibility and confidentiality

Each party remains responsible for its own negligent acts, omissions and breaches as determined under law. Each will safeguard confidential customer, pricing, shipment and business information; permitted disclosures include transportation, insurance, professional advice and legal obligations. Carrier will not misuse Broker's confidential customer information to bypass Broker for traffic introduced by Broker. This restriction does not cover independently established relationships or create preset penalties.

## 10 Records and legal rights

Broker will keep transaction records and provide review rights required by law. No statutory transaction-record right is waived. Carrier will retain applicable transportation, maintenance and claim records. Contractual insurance limits do not cap legally established cargo liability unless a valid separate limitation applies.

## 11 Interruptions and termination

A party affected by an event beyond its reasonable control will notify the other promptly and mitigate disruption. Such an event does not excuse payment for completed services or liability independently imposed by law. Either party may terminate on 15 days' written notice. New loads may be suspended immediately for material safety, authority, fraud or coverage concerns. Accepted loads and accrued payment, claims, confidentiality and record obligations survive unless lawfully resolved otherwise.

## 12 Governing law and entire agreement

Federal transportation law governs where applicable; Texas law governs other matters subject to mandatory law. Parties will seek resolution through their authorized representatives before litigation. Subject to mandatory jurisdiction and venue rules, disputes between Broker and Carrier may be brought in a competent court in Dallas County, Texas. This agreement and signed addenda state the general terms; rate confirmations state load-specific rates and instructions. Amendments require express written acceptance by authorized representatives. Remaining lawful provisions survive any unenforceable provision.

Use handwritten signatures or an agreed electronic-signature process. Typed entries may require separate verification. No personal guarantee is created.

Carrier representative name and title

Carrier signature

Carrier signature date

Signed addenda identified or none

Broker representative name and title

Broker signature

Broker signature date



## HEROIC SOLUTIONS LLC

Carrier resources | Billing contacts

global@heroicsolutions.net | 214-457-1573

# Carrier billing and factoring contacts

Complete this page for invoice delivery and verification of the party entitled to receive carrier payments. Send any required payment enrollment documents through the private route provided by Heroic; do not enter bank account numbers here.

Carrier legal name

MC or USDOT number

Billing contact and title

Billing email and phone

Carrier billing address

Invoices assigned to a factor yes / no

Factoring company legal name or N/A

Factor verification contact

Factor business email and phone

Notice of assignment attached / pending / N/A

Additional billing instructions

Submit your carrier invoice, load number, signed POD/BOL and approved accessorial receipts. Standard payment is governed by your signed agreement and accepted load terms. Heroic will independently verify assignments and changes to remittance details before updating records. A contact form is not an authorization to divert payment.

Prepared by and title

Date

**Request for Taxpayer  
Identification Number and Certification**

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

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>2</b> Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br>(Applies to accounts maintained outside the United States.) |
|                                                        | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|                                                        | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 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. See also *What Name and Number To Give the Requester* 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:

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); and
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

|                  |                          |      |
|------------------|--------------------------|------|
| <b>Sign Here</b> | Signature of U.S. person | Date |
|------------------|--------------------------|------|

**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).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. 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*, later, 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).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded 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 grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**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 their 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 their 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 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, 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 instructions for Part II 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, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, 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 are no longer 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **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 for 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 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.

• **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. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner 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. 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, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

| IF the entity/individual on line 1 is a(n) . . .                                                                                                   | THEN check the box for . . .                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| • Corporation                                                                                                                                      | Corporation.                                                                                                                               |
| • Individual or<br>• Sole proprietorship                                                                                                           | Individual/sole proprietor.                                                                                                                |
| • LLC classified as a partnership for U.S. federal tax purposes or<br>• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation | Limited liability company and enter the appropriate tax classification:<br>P = Partnership,<br>C = C corporation, or<br>S = S corporation. |
| • Partnership                                                                                                                                      | Partnership.                                                                                                                               |
| • Trust/estate                                                                                                                                     | Trust/estate.                                                                                                                              |

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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 on 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 territory, 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 territory.
- 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 as defined under section 581.
- 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 Information, 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) entered 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 territory, 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. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## 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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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 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/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Two or more U.S. persons (joint account maintained by an FFI)                                       | Each holder of the account                                                                              |
| 4. Custodial account of a minor (Uniform Gift to Minors Act)                                           | The minor <sup>2</sup>                                                                                  |
| 5. a. The usual revocable savings trust (grantor is also trustee)                                      | The grantor-trustee <sup>1</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                          | The actual owner <sup>1</sup>                                                                           |
| 6. Sole proprietorship or disregarded entity owned by an individual                                    | The owner <sup>3</sup>                                                                                  |
| 7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))** | The grantor*                                                                                            |

| For this type of account:                                                                                                                                                                   | Give name and EIN of:     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 8. Disregarded entity not owned by an individual                                                                                                                                            | The owner                 |
| 9. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup> |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                  | The corporation           |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization          |
| 12. Partnership or multi-member LLC                                                                                                                                                         | The partnership           |
| 13. A broker or registered nominee                                                                                                                                                          | The broker or nominee     |
| 14. 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         |
| 15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (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 on line 1, and enter your business or DBA name, if any, on line 2. 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.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 877-777-4778 or TTY/TDD 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 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) 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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.