



Organization Agreement

(for Smart Button Plans)

PART 1 - ORGANIZATION INFORMATION

Organization Legal Name:	DBA Name (If Applicable):	
Mailing Address: (Street/P.O. Box #, City, State, Zip)	Organization Structure <input type="checkbox"/> Corporation	Organization Tax ID # FEIN: ____ - _____
	<input type="checkbox"/> Partnership or LLP	FEIN: ____ - _____
	<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Limited Liability Company	SSN: _____ - _____ - _____ Name: _____
Shipping Address for supplies (No P.O. Box #'s):	Consortium/Affiliation:	ARC #: _____
	Primary Email Address:	CLIA #: _____ TRUE #: _____
Primary Contact Name:	Business Phone: () _____	Business Fax: () _____
Booking/Reservation System(s) used: <input type="checkbox"/> Amadeus <input type="checkbox"/> Galileo <input type="checkbox"/> G2 Switchworks <input type="checkbox"/> Sabre <input type="checkbox"/> Worldspan <input type="checkbox"/> BookingBuilder <input type="checkbox"/> TRAMS Other: _____		
If there are other sales locations, Please list on a separate page including: Organization Name (if different), complete location address, Phone #, Fax #, E-Mail Address, and Agency Contact at each location.		

PART 2 - AUTHORIZED PRODUCTS AND COMPENSATION SCHEDULE

Organization is authorized to sell the following TravelSafe Plan(s) at the applicable compensation rates indicated below. TravelSafe may vary the rate of compensation payable under any plan by giving 30 days written notice to Organization.

You are authorized for these TravelSafe plans available for purchase directly thru a travel reservation system:

- Elements Online (Non-Age Rated, 20% Commission)
- Prestige Online - with Commission Protection Non-Age Rated, 30% commission
- Prestige Online - with Commission Protection Age Rated, 30% commission

You will also be authorized for these additional plans available from TravelSafe (not directly thru a travel reservation system):

Individual Plans

- TravelSafe Vacation - with Commission Protection 30% commission online / 25% for phone, fax or mail orders
- TravelSafe Custom - multiple commission plans up to 40%
- TravelSafe Premier - with Commission Protection multiple commission plans up to 35%

Group Plans - Net Rates / Commissionable Rates

- Protect-A-Group - Adult Plans
- Protect-A-Group - Student Plans

PART 3 - LICENSING INFORMATION (Not applicable for AL, DC, IA, and WI travel agents)

Are you currently licensed to sell travel insurance in your state? Yes No

If yes, please attach a current copy of your license and complete the information below. If you do not have a copy, contact your State Department of Insurance. A completed New Producer Information Form is required for all agent appointments, and in some states, a background investigation is required by state law.

If no, please fill out the information below and we will send you licensing information. The Travel Agency/Organization is responsible for paying license fees. Reimbursement of fees is contingent on sales volume.

Name of individual to be licensed: _____
Last Name
Full Middle Name
Full First Name (no shortened or nick names)

Date of birth: ____ / ____ / _____ Social Security Number: _____ - _____ - _____

PART 4 - CONTRACT TERMS AND CONDITIONS

This Organization Agreement is by and between Chester Perfetto Agency, Inc. dba TravelSafe (hereinafter referred to as "TravelSafe"), Trip Mate, Inc. (hereinafter referred to as "Trip Mate") and the Organization indicated in Part 1 (hereinafter referred to as "Organization").

1. **Underwriter:** TravelSafe authorizes Organization to sell TravelSafe policies underwritten by United States Fire Insurance Company (hereinafter referred to as "Underwriter") and administered by Trip Mate. Organization will offer a TravelSafe Plan, as authorized in Part 2 of this Agreement, to all eligible clients.
2. **Independent Contractor:** It is expressly agreed and understood by the parties that Organization is an independent contractor (and not otherwise affiliated with the other parties hereto) and has no authority to bind another party except as expressly provided herein.
3. **Eligible Clients:** Only citizens or residents of the United States or Canada will be offered TravelSafe policies. Organization agrees to not sell any policy after the client has departed on his/her trip. Only one policy will be sold per client per trip.
4. **Compliance With Law:** Organization is required to maintain any such insurance licenses if required by law in the state/province in which Organization resides. Organization must report to TravelSafe any change in license status such as: suspension, termination or non-renewal. Organization also agrees to comply at all times with all applicable laws and regulations set forth by any lawful authority.
5. **Product and Sales Materials:** Organization will distribute Insurance Certificates/Brochures to all persons at the time of purchase of any TravelSafe Plan. Any premiums received by Organization, shall be held in a fiduciary capacity for the other parties hereto until delivery.
6. **Claims:** Organization will immediately provide Trip Mate with any notice of claims forwarded to Organization for any product sold under the terms of this Agreement. Trip Mate and Underwriter will have responsibility for administration of all claims and Organization shall not admit liability, adjust, settle, compromise or commit Trip Mate, Underwriter or TravelSafe to any policies sold or any claims or settlements of claims. Organization will assist Trip Mate and Underwriter in the adjudication of claims by providing information when requested in a timely manner.
7. **Term and Termination:** This Agreement shall be for a term of one year from the effective date hereof and shall automatically renew for additional one year terms, unless earlier terminated as provided hereunder. This Agreement: 1) may be terminated by any party hereto, for any reason, upon 30 days written notice to the other parties; or 2) will automatically terminate upon Organization's cessation of business, assignment or sale for the benefit of creditors or insolvency or due to Organization's misconduct or noncompliance with the terms of this Agreement.
8. **Advertising:** Any use of the name, description of benefits/coverage, trade name or service marks of TravelSafe, Trip Mate or Underwriter in any advertising (including electronic media) or product material or medium not prepared by TravelSafe, Trip Mate or Underwriter must be approved in writing by TravelSafe, Trip Mate or Underwriter.
9. **Indemnification:** Organization agrees to hold TravelSafe, Trip Mate and Underwriter harmless from and indemnify them against any liability or costs resulting from Organization's general performance or failure to perform under this Agreement.
10. **Financial Insolvency:** Any policies subject to this Agreement that include benefits for Financial Insolvency do not cover bankruptcy, insolvency or other default of the Organization selling the policies.
11. **Commission Protection (where applicable):** 1) Commission Protection is not in effect until the client has made final payment for the trip; 2) the client must have purchased a TravelSafe policy, incurred a covered Pre-Departure Trip Cancellation event/claim, and received a claim benefit payment resulting from this event/claim (**there is no Commission Protection available under the Cancel For Any Reason Benefit**); 3) the total amount payable to the Travel Agent/Organization (including retained commissions and TravelSafe Commission Protection payments) will not exceed the commission that the agency would have earned had the client traveled (up to a maximum of 15% commission); 4) if a covered claim occurs, the maximum amount payable (claim payments to the client plus TravelSafe Commission Protection payments) is 100% of the covered trip cost; 5) If a claim is paid due to financial default of an airline, cruise line, tour operator or other travel supplier, Commission Protection is not in effect; 6) Pre-Departure Trip Cancellation benefits are payable to the client first; any excess amount will be available to provide Commission Protection to Organization; 7) Organization must provide a completed and signed Commission Protection Claim Form with appropriate supporting documentation; 8) if the method of payment for the travel arrangements was by check, Organization should refund to the client the entire amount established according to the suppliers' published cancellation penalties (including the applicable travel agency commission) and Organization will be paid the forfeited commission in accordance with the terms and conditions of this Agreement **only if** the passenger's Pre-Departure Trip Cancellation claim is covered and claim benefits are paid; 9) if the method of payment for the travel arrangements was by credit card and the supplier has refunded a portion of the client's total payment for the trip (including the agency's commission) directly by crediting the client's credit card, a check will be issued in accordance with this Agreement for the amount of the commission Organization would have earned had the client traveled (In addition to the requirements outlined in item 7 above, we may require written proof of the recalled commission); 10) In the event of a full refund by the supplier, Commission Protection is not in effect; and 11) No payment will be made under this Agreement for any penalties or fees imposed by Organization.
12. **Modifications:** No term or condition of the Travel Insurance policy(ies) may be waived or modified by any party without the written signed approval of TravelSafe, Trip Mate or Underwriter.
13. **Entire Agreement:** This Agreement, and any Addendums attached hereto, constitutes the entire Agreement between the parties and cannot be amended unless in writing and signed by all parties. This Agreement and the rights contained herein may not be assigned by Organization to any other person or entity without the written consent of TravelSafe, Trip Mate or Underwriter.

By signing below, I agree that I have read and agree to the terms and conditions of this Agreement which will become effective when signed and dated by an Authorized TravelSafe Representative.

BY: _____ Date ____/____/____
Your Signature Your Name and Title

FOR OFFICIAL TRAVELSAFE USE ONLY:

Authorized TravelSafe Representative _____ Effective Date ____/____/____

Please mail or fax completed and signed form to:
QUESTIONS? Call 1-800-523-8020

TRAVELSAFE, P.O. BOX 7050, WYOMISSING, PA 19610
Fax: 1-800-303-6015

Last Name		First Name		Middle	
Social Security Number:		Date of Birth:			
Agency Name:		Tax ID#:			
Resident Address:		City	State	Zip	
Business Address:		City	State	Zip	
Business Phone:		Cell Phone:		Fax Number:	
E-mail:			Website:		
Agent's Signature:			Date:		

Your signature above indicates that you authorize Trip Mate to release any pertinent information required in order for Fairmont Specialty to process the agent's appointment on behalf of United States Fire Insurance Company.

Preferred Mailing Address: Business Resident

Please check off the states below, in which you will be representing Fairmont Specialty. Please provide a copy of insurance license(s) for each state checked.
If assigning commissions to an agency or corporation, please also provide a copy of the agency license (if applicable).

<input type="checkbox"/>	AL	<input type="checkbox"/>	AK	<input type="checkbox"/>	AZ	<input type="checkbox"/>	AR	<input type="checkbox"/>	CA	<input type="checkbox"/>	CO	<input type="checkbox"/>	CT	<input type="checkbox"/>	DE
<input type="checkbox"/>	DC	<input type="checkbox"/>	FL	<input type="checkbox"/>	GA	<input type="checkbox"/>	HI	<input type="checkbox"/>	ID	<input type="checkbox"/>	IL	<input type="checkbox"/>	IN	<input type="checkbox"/>	IA
<input type="checkbox"/>	KS	<input type="checkbox"/>	KY	<input type="checkbox"/>	LA	<input type="checkbox"/>	ME	<input type="checkbox"/>	MD	<input type="checkbox"/>	MA	<input type="checkbox"/>	MI	<input type="checkbox"/>	MN
<input type="checkbox"/>	MS	<input type="checkbox"/>	MO	<input type="checkbox"/>	MT	<input type="checkbox"/>	NE	<input type="checkbox"/>	NV	<input type="checkbox"/>	NH	<input type="checkbox"/>	NJ	<input type="checkbox"/>	NM
<input type="checkbox"/>	NY	<input type="checkbox"/>	NC	<input type="checkbox"/>	ND	<input type="checkbox"/>	OH	<input type="checkbox"/>	OK	<input type="checkbox"/>	OR	<input type="checkbox"/>	PA	<input type="checkbox"/>	RI
<input type="checkbox"/>	SC	<input type="checkbox"/>	SD	<input type="checkbox"/>	TN	<input type="checkbox"/>	TX	<input type="checkbox"/>	UT	<input type="checkbox"/>	VT	<input type="checkbox"/>	VA	<input type="checkbox"/>	WA
<input type="checkbox"/>	WV	<input type="checkbox"/>	WI	<input type="checkbox"/>	WY										

Notice Regarding Background Checks

Before our company may begin processing your appointment and/or license application, we are required by *federal law to ensure that all agents and/or employees we wish to do business with are not convicted criminals or felons. *(Criminal checks are based on the Violent Crime Control Act of 1994)

We will notify you if your background report results are unfavorable and we consequently decline your license appointment. In addition, you will be advised to discontinue submission of business to our company and/or service to any of our clients as well. In the event that the information reflected in the criminal report is incorrect, we will advise you of the protocol to appeal.

For Office Use Only – To be completed by FS Underwriter authorizing the above appointment request.					
Underwriter's Name			Underwriter's Signature		
Fairmont Specialty Relationship		<input type="checkbox"/>	Master Agent	<input type="checkbox"/>	Sub-agent
		<input type="checkbox"/>	Other (please explain below)		
Appointment requested for		<input type="checkbox"/>	Accident and Health	<input type="checkbox"/>	Property and Casualty
Appointing Company		<input type="checkbox"/>	US Fire Insurance Company	<input type="checkbox"/>	The North River Insurance Company
Underwriter's Comments					

Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

Exempt payee

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

Purpose of Form

- A domestic trust (as defined in Regulations section 301.7701-7).

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

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

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, 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. 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 the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

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 page 2), 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 Social Security Administration office or get this form online at 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 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 www.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, 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 domestic 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, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 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 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.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ 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 1.

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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.