

DATE: 4/08/2024

Page: 6

BID NO.: 50-00144851

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO XMAXIMUM ESCALATION PERCENTAGE REQUESTED NA %INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF NA

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

5/8/24
NA

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME:

Rudy Smith Service, Inc

ADDRESS:

425 N. Claiborne Ave

CITY, STATE:

New Orleans LA

ZIP:

70112

TELEPHONE:

504, 522-8123

FAX:

() NA

EMAIL ADDRESS:

rudy@rudysmith.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$

176,127.00 XX

AUTHORIZED

SIGNATURE:

[Signature]

TITLE:

PresidentWilliam R Smith

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 4/08/2024

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00144851

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO (2) YEAR CONTRACT FOR WRECKER SERVICE FOR THE EAST AND WEST BANKS OF JEFFERSON PARISH FOR THE DEPARTMENT OF FLEET MANAGEMENT		
1	125.00	JOB	0001 - HEAVY WRECKER-COST UP TO TWENTY- FIVE (25) MILES INCLUDING HOOK-UP.	\$ 685.xx	\$ 85,625.XX
2	50.00	MI	0002 - HEAVY WRECKER-TWENTY-FIVE (25) MILES AND OVER.	\$ 0.01	\$ 0.50
3	60.00	JOB	0003 - MEDIUM WRECKER TWENTY-FIVE (25) MILES INCLUDING HOOK-UP.	\$ 580.XX	\$ 34,800.XX
4	50.00	MI	0004 - MEDIUM WRECKER-TWENTY-FIVE(25) MILES AND OVER.	\$ 0.01	\$ 0.50
5	175.00	JOB	0005 - SMALL WRECKER-COSTS UP TO TWENTY-FIVE (25) MILES INCLUDING HOOK-UP.	\$ 169.XX	\$ 29,575.XX
6	50.00	MI	0006 - SMALL WRECKER-TWENTY-FIVE (25) MILES AND OVER.	\$ 0.1	\$ 0.50
7	15.00	JOB	0007 - FLAT-BED HAULER WRECKER-COST UP TO TWENTY-FIVE (25) MILES INCLUDING HOOK-UP.	\$ 75.XX	\$ 1,125.XX
8	50.00	MI	0008 - FLAT-BED HAULER-TWENTY-FIVE (25) MILES AND OVER.	\$ 0.01	\$ 0.50
9	10.00	JOB	0009 - WINCH OUT OF CANAL BANKS AND WATER HAZARDS.	\$ 2,500.XX	\$ 25,000.XX

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION

225.925.4704

Fax Numbers

225.932.5317 (Admin. Services)

225.932.5314 (Corporations)

225.932.5318 (UCC)

Name	Type	City	Status
RUDY SMITH SERVICE, INC.	Business Corporation	NEW ORLEANS	Active

Previous Names

Business: RUDY SMITH SERVICE, INC.

Charter Number: 28500620D

Registration Date: 1/3/1969

Domicile Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Mailing Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Principal Office Address

425 N. CLAIBORNE AVE.
NEW ORLEANS, LA 70112

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 1/3/1969

Last Report Filed: 1/22/2024

Type: Business Corporation

Registered Agent(s)

Agent: WILLIAM SMITH
Address 1: 425 N. CLAIBORNE AVE
City, State, Zip: NEW ORLEANS, LA 70112
Appointment Date: 9/26/2023

Officer(s)

Additional Officers: No

Officer: WILLIAM R. SMITH, IV
Title: President
Address 1: 6663 COLBERT
City, State, Zip: METAIRIE, LA 70124

Officer: LOUIS R. SMITH
Title: Secretary, Vice-President

Address 1: 1149 ELMEER ST
City, State, Zip: METAIRIE, LA 70005

Officer: THOMAS SMITH
Title: Vice-President
Address 1: 1205 HOMESTEAD
City, State, Zip: METAIRIE, LA 70005

Officer: JAMES SMITH
Title: Vice-President
Address 1: 1437 POINSETTA
City, State, Zip: METAIRIE, LA 70005

Amendments on File (1)

Description	Date
Domicile, Agent Change or Resign of Agent	9/26/2023

Print

AFFIDAVIT

PARISH/COUNTY OF Orleans

Affiant further said:

(Choose A or B, if option A is indicated please include the required attachment):

Choice B XX there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

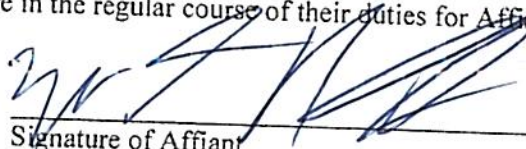
Choice B XX _____ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

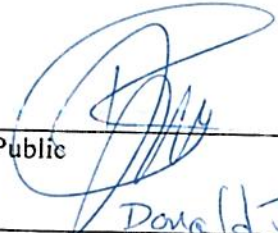
[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

William R Smith IV
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 2nd DAY OF May, 2024.


Notary Public

Donald J Fearn
Printed Name of Notary

040807
Notary/Bar Roll Number

DONALD J. FEARN
NOTARY PUBLIC #040807
Jefferson Parish, Louisiana
Commission Issued for Life

My commission expires at death.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gulf Coast Underwriters 11073 Countryway Blvd Tampa, FL 33626	CONTACT NAME: Brenda Shirley	FAX (A/C, No): 813-864 4429	
	PHONE (A/C, No, Ext): 813-864-4428	E-MAIL ADDRESS: brenda@gcuins.com	
INSURED Rudy Smith Service Inc 425 N Claiborne New Orleans, LA 70112	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: AmGuard Insurance Company		42390
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		K2GP424691	05/14/2023	05/14/2024	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		K2GP424691	05/14/2023	05/14/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - FA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	On-Hook & Cargo		K2GP424691	05/14/2023	05/14/2024	1,000 Deductible	see notes
A	Garage Keepers		K2GP424691	05/14/2023	05/14/2024	500 Deductible	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Jefferson Parish Dept of Fleet Maintenance
4901 Jefferson Hwy #A
Jefferson, LA 70121

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: Rudy Smith Service Inc

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Gulf Coast Underwriters		NAMED INSURED Rudy Smith Service Inc 425 N Claiborne New Orleans, LA 70112	
POLICY NUMBER			
CARRIER	NAIC CODE 42390	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Vehicle Schedule & On-Hook Limit:

2016 DODGE #3C7WRKAL3GG162783 * \$250,000
 2018 KW #2NKHHM6X6JM211293 * \$250,000
 2013 HINO #5PVNJ8J9D4S51754 \$250,000
 2015 KW INKDX4TX2FJ448478 * \$400,000
 2009 PETE #1NPSH07X39D784063 * \$400,000
 2020 PETE #1XPCDP9X6LD732428 * \$400,000
 2007 LANDOLL #1LH435WH571816075 * No On-Hook
 2018 HINO #5PVNJ8JJ0J4S50664 * \$250,000
 2023 HINO #5PVNJ7AN7P5T50390 * \$250,000
 2023 HINO #5PVNJ7AN0P5T50392 * \$250,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CANAL HR, INC. P.O. BOX 8798 METAIRIE, LA 70011	CONTACT NAME DON MAYEUX PHONE 504-837-8680 FAX 504-832-8752 EMAIL DONM@CANALHR.COM	INSURER(S) AFFORDING COVERAGE
INSURED	RUDY SMITH SERVICES, INC. P. O. BOX 8798 METAIRIE, LA 70011	INSURER A STONE TRUST COMMERCIAL INS. CO. NAIC # 11042	INSURER B INSURER C INSURER D INSURER E INSURER F

COVERAGES CERTIFICATE NUMBER: 103995 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	TR	TYPE OF INSURANCE	ADDL. SUBR. INSR. (W/D)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY					
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Each occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & AD & INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS & COM. OP. AGG. \$
		GEN'L AGGREGATE LIMIT APPLIES PER					\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC.					\$
		AUTOMOBILE LIABILITY					
		<input type="checkbox"/> ANY AUTO					COVERED SINGLE LIMIT (Per accident) \$
		<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
		<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
		UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
		EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
		<input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCV0093437-2023A	05/31/2023	05/31/2024	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y N/A				E.L. EACH ACCIDENT \$ 1000000
		If yes, describe on the back of this certificate					E.L. DISEASE & EMPLOYER \$ 1000000
		DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					E.L. DISEASE & EMPLOYER \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE TOWING & RECOVERY SERVICE
DEBBIE SMITH IS EXCLUDED FROM WORKERS COMP

CERTIFICATE HOLDER	CANCELLATION
JEFFERSON PARISH DEPARTMENT OF FLEET MAINTENANCE 4901 JEFFERSON HWY SUITE A JEFFERSON, LA 70121	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Rudy Smith Service, Inc

2 Business name/disregarded entity name (if different from above)

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **S**
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(See instructions on page 3 for details.)

5 Address (number, street, and apt. or suite no.) See instructions.

425 N. Claiborne Ave

6 City, state, and ZIP code

New Orleans, La 70112

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

____ - ____ - ____

or

Employer identification number

7 2 - 0 6 5 4 9 4 3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Carolene D. Senter

Date ►

1-9-2024

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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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