

HAZLET TOWNSHIP LAND USE BOARD

Application # _____

Site Plan Application _____ **Preliminary Subdivision** _____ **Final Subdivision** _____
USE Variance _____

Applicant's Name _____ Individual _____
Partnership _____
Corporation _____
Address _____

Town _____ Phone _____ ATTACH A LIST OF ALL PARTNERS/
OWNER OF RECORD _____ OFFICERS HOLDING 10% OR MORE
PARTNERSHIP OR CORPORATION.

Address _____ Signature of Property Owner of Record: _____

Town _____ Phone _____ It is understood the signature of Property
Owner indicates his acknowledgement
Site Planner's Name _____ and permission for this application to
Be submitted to the Hazlet Township
Land Use Board for consideration.

Address _____

Town _____ Phone _____ Email: _____

Block _____ Lot _____ Zone _____ Conforms, Yes _____ No _____

Proposed Development Name _____

Location _____ Variance, Yes _____ No _____

Reason for Variance (Attach Variance Application) _____

Land Area _____ Building Area _____ % of Building Coverage _____

Parking Spaces Required _____ Parking Spaces Provided _____ New Curb Cuts _____

Parking Space Dimensions: Width _____ Length _____ Drive Aisles _____

Sign: New _____ Existing _____ Number of Lots Proposed _____

New Lighting _____ Landscaping _____ Building Height _____

Check where applicable: Freehold SCD _____ CAFRA _____ NJDOT _____
NJDEP _____ Sewerage Authority _____ Tree Removal Permit _____

PURSUANT TO ARTICLE X, SECTION 100.1 (B) 9 OF THE DEVELOPMENT REVIEW ORDINANCE, I AGREE TO PAY ALL PROFESSIONAL FEES WHICH MAY BE INCURRED BY THE LAND USE BOARD IN THE REVIEW OF THIS APPLICATION. I AGREE FURTHER TO PAY THE ESTIMATED COSTS OF SUCH REVIEW IMMEDIATELY UPON NOTIFICATION OF SUCH ESTIMATE.

SIGNATURE OF APPLICANT OR AGENT

DATE

APPLICATION FEE \$ _____ **RECEIVED BY** _____ **DATE** _____
ESCROW FEE \$ _____ **RECEIVED BY** _____ **DATE** _____
FIRE PREVENTION FEE \$ _____ **RECEIVED BY** _____ **DATE** _____

Variance Application:

The Proposed _____

Is contrary to Article _____ Section _____ of the Development

Review Ordinance in the following particulars _____

The reason for this request and the grounds urged for the relief demanded are as follows:

Applicant's Attorney _____ Tel # _____
Address _____ Email: _____

Applicant's Engineer _____ Tel # _____
Address _____ Email: _____

Applicant's Planner _____ Tel # _____
Address _____ Email: _____

Applicant's Traffic Expert _____ Tel # _____
Address _____ Email: _____

I, _____ being of full age, being sworn upon _____

Oath deposes and says:

I am the appellant in the above matter and the information as set forth herein is true to the best of my knowledge and belief.

signature of applicant

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public

HAZLET TOWNSHIP LAND USE BOARD

APPLICATION # _____

6 COPIES OF COMPLETED APPLICATION, 6 COPIES OF
PLANS AND 1 PDF FILE MUST BE FILED WITH BOARD SECRETARY

DATE RECEIVED _____

APPLICATION FOR FINAL APPROVAL OF FINAL SUBDIVISION PLAT

Applicant's Name _____ Individual _____

Address _____ Partnership _____

Phone _____

ATTACH A LIST OF ALL PARTNERS
OR OFFICERS HOLDING 10% OR MORE
OF PARTNERSHIP OR CORPORATION

Name and Address of Owner if other than above:

Name _____

Signature of Property Owner if other than Applicant:

Phone _____

Location of Subdivision _____

Block _____ Lot/s _____ Number of Proposed Lots _____ Zone _____

PROPERTY TAXES ARE PAID THROUGH CURRENT QUARTER YES _____ NO _____
(PLEASE ATTACH COPY OF PAID TAX BILL OR CERTIFICATION FROM TAX COLLECTOR)

Please check other Applications where appropriate:

Soil Conservation District: Yes ___ No ___ Application made: Yes ___ No ___

NJDEP Yes ___ No ___ Application made: Yes ___ No ___

CAFRA Yes ___ No ___ Application made: Yes ___ No ___

Hazlet Sewerage Authority Yes ___ No ___ Application made: Yes ___ No ___

Tree Removal Permit Yes ___ No ___ Application made: Yes ___ No ___

DOT Yes ___ No ___ Application made: Yes ___ No ___

Article IX, Section 900, No resolution approving any development application which is subject hereto shall be passed by the Hazlet Township Land Use Board until all fees and escrow sums required hereunder have been paid in full.

SIGNATURE OF APPLICANT

DATE

ATTACHED HERETO AND MADE A PART HEREOF ARE THE FOLLOWING:

1. Subdivision or Site Plan Application (6 copies)
2. Plats drawn to conform with the requirements of the Development Review Ordinance (6 copies).
3. Check list (Schedule 'A' or Schedule 'B')

Applicant's Attorney _____ Tel # _____
Address _____ Email: _____

Applicant's Engineer _____ Tel # _____
Address _____ Email: _____

Applicant's Planner _____ Tel # _____
Address _____ Email: _____

Applicant's Traffic Expert _____ Tel # _____
Address _____ Email: _____

I, the undersigned, being duly sworn according to law upon my oath do depose and say that all of the statements contained herein are based on my own knowledge to be true and correct.

Dated: _____ By: _____

Sworn and subscribed to before me:
This _____ day of _____ 20____

If the Applicant is not the owner of the property herein, the Property Owner must sign the following consent:

The foregoing application is hereby consented to on
the _____ day of _____ 20____

signature of Property Owner

address

telephone number

Revised Sept 2015

HAZLET TOWNSHIP LAND USE BOARD
1766 Union Avenue
TOWNSHIP OF HAZLET
COUNTY OF MONMOUTH, NEW JERSEY 07730
(732) 264-1700 (8659)

PROOF OF SERVICE

In the matter of the application :

Of: _____:

STATE OF NEW JERSEY :

COUNTY OF MONMOUTH :

I, _____ being duly sworn on my oath, depose and say: That I am the applicant, owner, agent of applicant (Strike out inapplicable words) at the date herein after stated. I served notice, of which the annexed is a true copy, upon the following property owners, each of whose property is within two hundred feet of the property of the appellant to be affected in this matter, in the following manner, that is to say.

- (a) Personally by handing such copy to said property owners, being residents of the Township.
- (b) By mailing, Certified Mail, Return Receipt Requested, such true copy to the last known address of such property owner as shown by the most recent tax lists of said Township.

Attached, is the original address list, signatures affixed to the NOTICE with date of each signature, and/or submitted Certified White Receipts as well as Green Card Return Receipts from the Post Office of each mailing.

(LS) _____

Subscribed and Sworn to before me this

_____ day of _____ 20____.

Date Received: _____

Case No: _____

Return to: Trish Cullen

Hazlet Township Land Use Board

1766 Union Avenue, Hazlet, NJ 07730

ENVIRONMENTAL ASSESSMENT CHECK-LIST

To be completed by Applicants and included in the Subdivision and Site Plan review Package.

Project Name: _____

Phase (if applicable): _____

Municipality: _____

Block and Lot(s): _____

Acreage: _____

Applicant's Address: _____

City: _____, State: _____, Zip: _____

Telephone No., _____, Email: _____

Person completing this form: _____

Signature _____ Title _____

Project Type: (Check One)

_____ Site Plan, Provide SIC Code if known _____ ()

_____ Major Subdivision, Number of Units _____ ()

_____ Minor Subdivision, Number of Units _____ ()

_____ Condominium, Type and Number of Units _____ ()

CHECK ALL STATEMENTS THAT APPLY

Project Construction

- NJDEP Permits are required ()
- Project will be completed in phases ()
- Construction will continue for more than one year ()
- Project will include Industrial or Research Use ()
- Project will include Manufacturing Use ()

Physical Features

- On-Site slopes EXCEED ten percent (10%) ()
- Slopes greater than fifteen percent (15%) will be disturbed ()
- Depth of Water Table is three feet (3') or less ()
- Excavations may expose Acid Soils ()
- Impervious Area will EXCEED 10,000 square feet and/or seventy-five percent (75%) of the site ()
- Project area within two-hundred feet (200') of site includes a mapped or known Flood Zone ()
- Project area includes a Greenway mapped by the Municipality or Monmouth County ()
- Parking will be in EXCESS of four (4) spaces ()

Drainage

For the next 4 questions, please refer to the Monmouth County Planning Board Drainage Features Map

- Name of Drainage Basin _____
- Name of Watershed _____
- Name of Sub-Watershed _____
- Name of Stream Project drains to: _____

Water

- Project includes or is adjacent to Open Water or Wetlands ()
- Project will divert Ground Water Supplies ()
- Project will require Siltation Controls ()
- Grading will Alter Existing Drainage Patterns ()
- Project will require Storm Water Outfalls ()
- Project will require Detention or Retention Basins ()
- Project will require Drainage Swales and/or ditches ()
- Drainage Water will be routed Off-Site ()
- Drainage Water will be routed to a Stream and/or Wetlands ()

Agricultural Resources

- ___ Project Site was FARMED sometime in the past ()
- ___ Project will irreversibly convert more than two acres of Agricultural land to other uses ()
- ___ Project is expected to sever, cross or limit access to Agricultural land (cropland, hayfields, pastures, vineyards, orchards, nursery, etc. ()
- ___ Construction activity will excavate or compact soil profiles On-Site ()
- ___ Construction activity will excavate or compact soil profiles Off-Site ()
- ___ Contiguous lands are an Agricultural Use ()

Plants and Animals

- ___ New Jersey Heritage Data Base has been consulted to determine the historic record of sightings and the potential presence of habitat for threatened or endangered species () Yes () No
- ___ Habitat for threatened or endangered species is known to exist on the project area ()
- ___ Project area includes any portion of a known critical or significant wildlife habitat ()
- ___ New Jersey Native Plant Society has been contacted to ascertain the presence of wildflower or wild herb plant communities or specimens () Yes () No
- ___ Project will result in the removal of more than one-half acres of Forest Cover ()

Esthetic Resources

- ___ A detailed landscape plan has been prepared () Yes () No
- ___ Project area includes Buffers along the perimeters () Yes () No
- ___ Non-vegetative buffer screens are proposed ()
- ___ On-site lighting will be screened to prevent off-site spillage ()
- ___ Project is located along a Scenic byway ()

Historic and Archeological Resources

- ___ Project includes or is contiguous to a facility listed on a Municipal, County, State or Federal Register of Historic places ()
- ___ Project is located within a Historic District ()
- ___ Project includes an archeological site or fossil bed ()
- ___ Project is located near archeological sites or fossil beds that have been known to occur ()

Open Space and Recreation Resources

- ___ Project includes lands shown as proposed Open Space and/or Greenways on the official Monmouth County Open Space Master Plan map ()
- ___ Project is adjacent to an existing or proposed Green Acres Site or Municipal Preserve, Natural Area, Park or Recreation Site ()
- ___ Project will NOT include Recreational Facilities ()

Utilities and Waste Management

- ___ Project will require an increase in Regional Solid Waste Disposal Facility capacity ()
- ___ Project will require Sewerage Treatment Facilities to be installed or expanded ()
- ___ Septic facilities will be installed or expanded ()
- ___ Project will require an extension or increase in Regional Water Purveyor capacity ()
- ___ Project will require extension and/or improvements in Electric or Gas Delivery systems and/or capacity ()

Air Resources

- ___ Project will reduce existing levels of service at intersections serving this project ()
- ___ Project will decrease levels of service on adjoining roadways ()
- ___ Project will require an increase in Public Transit capacity ()
- ___ Project will require or include alterations to roadways, Intersections, and/or bridges ()
- ___ Project will alter the existing mix of vehicles which use nearby Municipal & County roadways ()
- ___ Project includes construction of a Chimney or Stack ()
- ___ Project is expected to emit Industrial Gases ()

Noise and Odor

- ___ Completed Project, may produce or increase odors or vibrations ()
- ___ Completed Project, will produce operating noise in excess of existing outside ambient noise levels ()
- ___ Project will remove natural or manmade screens which buffer existing and future noise generators from noise receptors ()
- ___ Project will employ construction procedures which may exceed typical noise, odor and/or dust emissions ()

STATE AND REGIONAL PERMITS AND/OR CERTIFICATES
 CHECK ALL THAT THIS PROJECTS WILL REQUIRE AS WELL AS THE STATUS

		STATUS		
		<u>Applied</u>	<u>Pending</u>	<u>Action*</u>
___	CAFRA	()	()	___
___	Statewide General Freshwater			
	Wetlands Permit	()	()	___
___	Open Water Fill Permit	()	()	___
___	Individual Freshwater Wetlands Permit	()	()	___
___	Transition Area Waiver or Averaging Permit	()	()	___
___	Stream Encroachment	()	()	___
___	Water Diversion	()	()	___
___	Soil Erosion & Sediment Control	()	()	___
___	Air Pollution Control	()	()	___
___	Waterfront Development	()	()	___
___	Discharge Prevention & Control	()	()	___
___	Underground Storage Tank (UST)	()	()	___
___	Dam Repair and/or Construction	()	()	___
___	Realty Improvement Sewerage &			
	Facilities Certificate	()	()	___
___	NJDEP Permit (Surface Water)	()	()	___
___	NJDEP Permit (Ground Water)	()	()	___
___	Sewer Extension and/or Construction	()	()	___
___	Sewer Connection Exemption	()	()	___
___	Water Quality Certificate	()	()	___
___	Solid Waste Facility Registration	()	()	___
___	Disruption of Solid Waste	()	()	___
___	Recycling Facility	()	()	___
___	Hazlet-Waste Facility	()	()	___
___	Water Diversion (Surface)	()	()	___
___	Water Diversion (Groundwater)	()	()	___
___	Water Lowering Permit	()	()	___
___	Well Drilling Permit	()	()	___
___	Potable Water Facility	()	()	___
___	Green Acres Review	()	()	___
___	Access Driveway Permit	()	()	___
___	Drainage Permit	()	()	___
___	Highway Advertising Permit	()	()	___
___	Outdoor Advertising Permit	()	()	___

Any Additional _____

*Conditional, Denied, Other, or N/A

Monmouth County Planning Board

HALL OF RECORDS ANNEX POST OFFICE BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE 732-431-7460

FILE NUMBER _____

SITE PLAN APPLICATION FORM

Municipality _____	Project Name _____
Applicant _____	Attorney _____
Address _____	Address _____
Telephone _____	Telephone _____
Owner _____	Name of person and _____
(if other than applicant)	firm preparing the plan
Address _____	Address _____

Municipal Agency plans has been filled with: check one
___ Planning Board ___ Zoning Board ___ Land Use Board ___ Construction Official

Tax Map: Block _____ Lot(s) _____

Location (Road, intersecting roads, between what roads?) _____

Zone _____ Existing Use _____ Proposed Use _____

If residential, indicate number of dwelling units _____ Gross Density _____

Area of tract _____ Impervious Area: Existing _____ Proposed _____ Total _____

Area of building (square feet): Existing _____ Proposed _____ Total _____

Number of buildings _____ Area of each _____

Number of parking spaces: Existing _____ Proposed _____ Total _____

Number of employees: Existing _____ Proposed _____ Total _____

Hours of operation: Starting time _____ Ending Time _____

Signature of applicant or agent _____ Date: _____

The review period as set forth in N.J.S.A. 40:27-6.7 will not commence until the proper application fee, complete plans and any required information and data are submitted.

Certified checks, cashier's checks or money orders shall be made payable to the County of Monmouth. Cash will not be accepted.

State, county and municipal governments, churches, hospitals and secular non-profit institutions are not required to submit fees.

Do Not Write Below This Line

____ Review Fee Paid Amount _____ Date Received _____

Received by: _____ Revised Sept 2015

SUBDIVISION APPLICATIONS:

1. Prior to receiving Preliminary or Final Approval of any Site Plan, a copy of said Site Plan must be submitted by the applicant to the Tax Assessor's Office for approval of the Block and Lots.

Date submitted to Tax Assessor

Submitted by (signature)

2. Pursuant to Article X. Section 900 of the Development Review Ordinance, upon approval of a **minor or major subdivision** the applicant shall provide the following non-refundable fee to cover engineering costs for revisions or changes to the Official Township Tax Map.
 - a. **Minor subdivisions:** The applicant shall provide a non-refundable fee of \$75.00 per lot to cover the engineering cost for revisions and/or changes to the Official Tax Map.
 - b. **Major subdivision:** The applicant shall be responsible for all fees connected therewith for any changes or revisions relative to the tax map sheets relating to the major subdivision to cover the engineering costs for the revisions and/or changes to the Official Tax Map.

Do Not Write Below This Line, For Official Use Only

Number of Proposed Lots _____

Fee Paid _____

Signature _____

Hazlet Township Land Use Board

Revised Sept 2015

Account Number 1004026330

Master Account Name-Hazlet Twp Developers Escrow

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----
 Other (see Instructions) ▶

Exempt payee

Requester's name and address (optional)

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

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 10-2007)

- 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 5 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.