

Countryside Cooperative

Form **W-9**
Substitute

(Please print clearly)

Entity Type(check one only)

Individual/Sole Proprietor Partnership Corporation LLC Other

Individual or Owner's Legal Name: First, Middle, Last **OR** **Business Name**
(as shown on your income tax return) (show exactly as registered)

_____, _____, _____

Address: _____

City _____ **State** _____ **Zip** _____

DOB: ____-____-____ **Phone #:** ____-____-____-____-____-____

Cell Phone # ____-____-____-____-____-____

Enter your Tax Identification Number (TIN) as appropriate. The TIN provided must match the name on the **“Legal Name”** line to avoid backup withholding. For individuals this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN). If you are a resident, alien, sole proprietor, disregarded entity, or you do not have a number or your account is more than one name, further information may be requested.

____-____-____ **OR**
Social Security Number

____-____-____-____-____-____
Employer Identification Number

Spouse's name: _____ **Spouse's DOB:** ____-____-____

Spouse's SS# ____-____-____-____-____-____

CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

- 1) The numbers shown on this form are the correct taxpayer identification numbers, and
- 2) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- 3) The payee is a U.S. Person.

CERTIFICATION INSTRUCTIONS: You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding, you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

I hereby consent to include in my gross income, as now or hereafter provided in the Federal Tax Law, the stated dollar amount of each written notice of all locations from Countryside Cooperative, P.O. Box 250, Durand, WI 54736 with respect to my patronage during the current and all subsequent taxable years of this cooperative. This individual consent shall be revocable by me at any time in writing,

Signature

Date