Form W-9
(Rev. August 2013)
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.

| | Name (as shown on your income tax return) | | | | | | | |
|---|--|--------------------------------|--|--|--|--|--|--|
| 5. | MARCUS NEWCOMb | | | | | | | |
| | Business name/disregarded entity name, if different from above | | | | | | | |
| ge | Reliable Source CleANER | | | | | | | |
| pa | Check appropriate box for federal tax classification: | | T | | | | | |
| Print or type Specific Instructions on page | | Exemptions (see instructions): | | | | | | |
| | Individual/sole proprietor | | | | | | | |
| | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partne | Exempt payee code (if any) | | | | | | |
| | ====================================== | rship) > | Exemption from FATCA reporting | | | | | |
| | ☐ Other (see instructions) ▶ | | code (if any) | | | | | |
| ific | Address (number, street, and apt. or suite no.) | Degmenter's serve | | | | | | |
| Spec | 1515 VAN BURN DOUB | nequester's name | and address (optional) | | | | | |
| | 1515 VAN BUREN Drive City, state, and ZIP code Lexinston Rentucky 4651 | | | | | | | |
| See | lexinstan Rentusky 11001 | | | | | | | |
| | List account number(s) here (optional) | | | | | | | |
| | (aproxim) | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | |
| | your TIN in the appropriate box. The TIN provided must match the name given on the "Name | u u Casial | | | | | | |
| to avo | and backup withholding. For individuals, this is your social security number (SSN). However, for | curity number | | | | | | |
| reside | fill dilett, sole proprietor, or disregarded entity, see the Part Linstructions on page 2. For other | . | 7 - 23 - 8861 | | | | | |
| TIN or | is, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> a page 3. | et a | 1 000 | | | | | |
| | | [F! | 14 15 1 | | | | | |
| Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. | | Employer | identification number | | | | | |
| | | | - | | | | | |
| Part | II Certification | | | | | | | |
| | penalties of perjury, I certify that: | | | | | | | |
| | e number shown on this form is my correct taxpayer identification number (or I am waiting for | a number to be in | | | | | | |
| 2. Lar | not subject to backup withholding because: (a) Lam exampt from head with Life | a number to be is | sued to me), and | | | | | |
| | m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding, and |) I have not been i | notified by the Internal Revenue | | | | | |
| no | longer subject to backup withholding, and | or dividends, or (c | the ins has notified the that I am | | | | | |
| 3. I ar | n 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 | a is correct | | | | | | |
| Certifi | ication instructions. You must cross out item 2 above if you have been notified by the IRS at | act usus are accessed | the outlinest to be also as with the tra | | | | | |
| | | | | | | | | |
| | - Party designation of abandonment of secured property cancellation of dobt contributions t | a an individual nati | | | | | | |
| | ally, payments other than interest and dividends, you are not required to sign the certification of page 3. | but you must pro | vide your correct TIN. See the | | | | | |
| Sign | Signature of | | | | | | | |
| Here | U.S. person > Market Ma | ite ▶ 5-7 | -14 | | | | | |
| Gon | | | | | | | | |
| dell | eral Instructions withholding tax on fore | gn partners' share of | f effectively connected income, and | | | | | |

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

Future developments. The IRS has created a page on IRS gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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),
- 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. 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

Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

| t (148) ed tant | 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 | | | | | | |
|---|--|--|--|------------------------------|--|---------------|----------------------|
| Mail s | PRODUCER PRODUCER Masce Lutters Now Attended to the Contract Pam Crenshaw | | | | | 812) 944-8010 | |
| onal | | | Mountain Approximation (Manager A. Ohio Security Insurance Co. | | | NAIC# | iils |
| . 7, | Marcus Newcomb dba Reliabile Source Cleaners 1515 Van Buren Drive Loxington, KY 46511 | | MOUNTER B: MISURER C: MISURER O: PRINCER E: | | | 24082 | 44.5 |
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| h peor | COVERAGES CERTIFIC | CERTIFICATE NUMBER: | | | REVISION NUMBER: | | to \$423 |
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| | ANY PROPRIETOR/PARTNER/EXECUTIVE N/A | | | | E.L. EACH ACCIDENT | | |
| 9 | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - EA EMPLOYER E.L. DISEASE - POLICY LIMIT | | |
| | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 161, Additional Remarks Schedule, if more space is required) | | | | | | | |
| 1 | CERTIFICATE HOLDER | | | CANCELLATION | | | |
| | Down Town Art Center 139 E Main Street Lexington, KY 40505 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | NCELLED BEFORE E DELIVERED IN | | |
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| - 1 | ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD | | | | | | |



Quality Training: When you want it, where you want it

MARCUS NEWCOMB 1515 Van Buren Dr Lexington, KY 40511-1626 US

Continuing Education

Course: ProBloodBorne Certification

Number of Contact Hours: 2.0

Category: BASIC

Date Completed: Apr 29, 2014

First Name: MARCUS

Last Name: NEWCOMB

Address: 1515 VAN BUREN DR

City: **LEXINGTON**

State: KY

Zip: **40511-1626**

Phone: N/A

Email: mwayne271@hotmail.com

The named participant has completed Bloodborne Pathogen Prevention Training, which is equivalent to 2.0 contact hours, through ProTrainings, LLC.

Jody Marvin -

Program Coordinator