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# NAVAJO NATION – DIVISION OF COMMUNITY DEVELOPMENT (DCD) – COMMUNITY HOUSING AND INFRASTRUCTURE DEPARTMENT (CHID)

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Request for Proposal No. 25-06-3715SB Modular Relocation

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Issue Date: June 7, 2025  
Non-Mandatory Pre-Proposal: June 11, 2025 @ 2:00 PM  
RFP Proposals Due: June 25, 2025 @ 4:00 PM

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## REQUEST FOR PROPOSAL

### RELOCATION OF EXISTING MODULAR UNIT SOUTH TO NEW LOCATION

**ISSUED: JUNE 7, 2025**

**RFP NO. 25-06-3715SB MODULAR RELOCATION**

#### SECTION 1: OVERVIEW

The Navajo Nation Division of Community Development – Community Housing & Infrastructure Department (DCD-CHID) is soliciting proposals from qualified and experienced contractors to perform site preparation and relocation services for a modular building. The selected contractor will be responsible for all necessary work to prepare the designated site, including grading, applicable foundation work, and any other tasks required to ensure the site meets all applicable standards for modular placement. In addition, the contractor will be required to safely transport and install the modular structure at the prepared location. Proposals should demonstrate the contractor’s capacity, past experience with similar projects, and ability to complete the work in accordance with all Navajo Nation codes and regulations.

<b>RFP Schedule of Activities</b>	<b>Date</b>
Issue of RFP	Saturday, June 7, 2025 (Gallup Independent);
Non-Mandatory Pre-Proposal Meeting:	Wednesday, June 11, 2025 @ 2:00 PM (MDT) <i>Location:</i> Fort Defiance (See Exhibit A)
RFP Questions Due	Monday, June 16, 2025 @ 5:00 PM (MDT)
RFP Response to Questions	Wednesday, June 18, 2025
RFP Proposals Due	Wednesday, June 25, 2025 @ 4:00 PM (MDT)
Official Opening and Evaluation of Proposals	TBD
Award Date of Qualified Respondent	TBD

1. **Deadline to Submit Questions** – Questions regarding this RFP must be submitted in writing by email only to the Project Contact listed below. Written questions as to the intent or clarity of this RFP can be submitted to the Project Contact until 5:00 PM (MDT) on **Monday, June 16, 2025**. Written responses to written questions and any RFP amendments will be distributed in writing and emailed to all parties who obtained the RFP package from DCD - CHID.

Project Contact:  
Mr. Patrick Dalgai  
Department Manager II  
Community Housing and Infrastructure Department (CHID)  
(928) 871-6468  
Email: [pat\\_dalgai@nnchid.org](mailto:pat_dalgai@nnchid.org)

2. **RFP Addendum / Response to Written Questions** - In the event it becomes necessary to revise any part of the RFP and officially respond to received questions, DCD-CHID shall issue a written addendum(s) on the specifics of the change and inform all concerned. Response to written questions will be issued no later than **Wednesday, June 18, 2025**. If necessary, additional addendum's may be issued after **Wednesday, June 18, 2025**, that may impact schedule or other related circumstances unrelated to received questions. The consulting firm should acknowledge receipt and review of the addendum(s) under the Letter of Interest.
3. **RFP Proposal Submittal Deadline** – Proposals must be submitted or postmarked via U.S. mail to the following address by **Wednesday, June 25, 2025**, no later than 4:00 PM (MDT):

Attention:  
Mr. Patrick Dalgai  
Department Manager II  
Community Housing and Infrastructure Department (CHID)  
Administration Building No. 2  
Window Rock, Arizona 86515  
Or  
P.O. Box 2389  
Window Rock, Arizona 86515  
(928) 871-6468

**OR Proposal Responses May be Emailed to:**

Email: [pat\\_dalgai@nnchid.org](mailto:pat_dalgai@nnchid.org)

Any proposals or portion thereof, received or postmarked after the submittal deadline will not be considered and returned to the submitting entity.

4. **Rejection of Proposals** – The DCD-CHID reserves the right to reject any or all proposals and to waive informalities in the proposals received whenever such rejection or waiver is in the best interest of the Navajo Nation.



5. Proprietary Information – Any restriction on the use of data contained within any proposal must be clearly stated in the proposal. Each and every page that contains proprietary information must be stamped or imprinted “Proprietary”.
6. Ownership of Proposals – All materials submitted with the RFP accepted for rating shall become the property of DCD-CHID and not returned to the firm. The DCD-CHID has the right to use any or all information presented in the RFP. Disqualification or non-selection of a firm or proposal does not eliminate this right.
7. Cost Incurred – The DCD-CHID is not liable for any cost incurred by the firm prior to issuance of a signed contract award for services.
8. Contractual Obligation – The contents of the proposal may become part of contractual obligations of the contract award. Failure of the firm to accept these obligations may result in cancellation of the award for services.
9. Award of Contract – Upon selection, the firm will be notified, and a contract will be entered into. The contract shall be effective from the executed date of the contract between the Navajo Nation and the firm.
10. Standard Contract – The Navajo Nation reserves the right to incorporate contract provisions which are based on applicable requirements, such as, Navajo Nation Laws, Federal, State, and local requirements, etc. into the contract documents.
11. Taxes – All work performed, and services provided within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax.
12. Insurance – The Navajo Nation will require the successful firms, at its sole expense, to procure and maintain adequate and sufficient insurance for all potential liability, such as, professional liability, automobile liability, worker’s compensation, errors and omissions liability, etc. Insurance requirements will be outlined by the Navajo Nation Risk Management Department prior to any final award of a contract.
13. Disclaimer – the Navajo Nation's acceptance or review of any proposal shall not guarantee the execution of any contract, and the proposed contract shall be reviewed by all appropriate departments through the 2 N.N.C. § 164 review process, including the Navajo Nation Department of Justice, for administrative and legal sufficiency, prior to execution by the Navajo Nation. Proposal reviews may also be subject to the Navajo Nation Procurement Code 12 N.N.C. §346. The Navajo Nation reserves the right to reject any proposed contract prior to execution, for improprieties in the procurement process or applicable Navajo Nation or federal laws or regulations, or for failure to submit all requested documents or information.
14. Preference of Navajo and Indian-owned businesses will be given under the Navajo Nation Business Opportunity Act, 5 NNC §201 et. Seq. and the Navajo Nation Procurement Act 12 NNC §303. Certification of Navajo Owned Business will be assured by certificate held by the Navajo Business Regulatory Department. It is the responsibility of the offeror to identify

themselves as certified under the Navajo Nation Business Opportunity Act in the letter of interest.

15. Billing and payment shall conform with all Navajo Nation Procurement procedures. To receive timely payment, the winning Bidder has an obligation and responsibility to present invoices that are timely and accurate. The payment procedures established by the Division of Finance shall be adhered to and are to begin whenever Goods or Services are delivered and accepted.

## SECTION 2 – PROPOSAL REQUIREMENTS

### A. PROPOSAL SUBMISSION

1. Proposal must be submitted in a sealed envelope/box clearly marked:
  - a. “DO NOT OPEN – RFP NO. **25-06-3715SB MODULAR RELOCATION**”
  - b. If mailing the proposal, the name of the firm submitting the proposal shall be written legibly and shown on the outside of the sealed envelope. Please include the firm’s address.
  - c. Proposals **must** include the following documents:
    - Letter of Interest
    - Non-Collusive Affidavit (Exhibit B);
    - Debarment and Suspension (Exhibit C);
    - Affidavit of Responsibility for Subcontractors (Exhibit D);
    - Cost Proposal (Exhibit E); and
    - W-9 (2024 Version)
  - d. Proposal Format: Appearance of proposal is important and professionalism in proposal presentation should not be neglected. The proposal format are as follows:
    - This RFP proposal may not exceed twenty (20) single-sided pages (maximum 8 ½” x 11”) with a minimum of half inch page margins and 10 pt. font size.
    - Pages that have photos, charts and graphs will be counted towards the maximum number of pages and font size should be readable.
    - The following information is **not** included in the 20-page limit: proposal front and back cover; cover letter on company letterhead; table of content; divider and/or tabs (as long as there is nothing on them), insurance certificate, non-collusive affidavit, non-debarment certificate, affidavit of responsibility for subcontractors, W-9, cost proposal, and maximum 1-page resumes of each key team member.

### B. PROPOSAL REVIEW PROCESS

1. Receipt of proposals will be verified on the due date specified.

### C. PROPOSAL EVALUATION

1. Proposals shall be evaluated and rated in accordance with the criteria outlined in

Section 4 – Proposal Content and Evaluation Criteria.

2. The DCD-CHID will rate the proposals based on total points awarded and the top qualified firm with the highest rating and ranking will be determined as most responsive. The DCD-CHID reserves the right to interview firms who submitted proposals.

#### **D. AWARD OF CONTRACT**

1. Upon selection, the firm will be notified, and a contract will be entered into with the DCD-CHID. Questions regarding the submitted Cost Proposal will be addressed during this time. Failure to address any questions adequately by the firm shall result in cancellation of the offer. The DCD-CHID will offer the contract to the next highest rated and ranked firm.
2. Award and processing of the contract is based on the firm's compliance with Navajo Nation laws.

### **SECTION 3: SCOPE OF WORK**

#### **A. PROJECT LOCATION**

The Navajo Nation Division of Community Development – Community Housing & Infrastructure Department (DCD-CHID), located in Fort Defiance, Arizona, is in the process of assuming ownership of a modular building that is being donated by the Navajo Nation Department of Health. This transfer of ownership is part of an interdepartmental effort to repurpose and utilize available resources to support ongoing community development initiatives. The modular unit will be reassigned for use under DCD-CHID's programmatic needs and will undergo relocation and site preparation as part of the transition.

The modular unit that needs to be relocated is at the following location:

Latitude: 35.735580°  
Longitude: -109.068329°

The new location for the modular unit is at the following location:

Latitude: 35.735077°  
Longitude: -109.067749°

#### **B. PROJECT CONSIDERATIONS**

The following considerations are being provided to assist your firm in preparing a proposal:

- Work needs to be completed and invoiced no later than August 31, 2025.
- Pictures of the existing modular and current site conditions are included as part of Exhibit G.
- Existing As-Builts are incorporated as Exhibit H.

### C. SCOPE OF SERVICES

- The building size is 43' x 66.6' +/-
- The building is in 3 sections - 15 ft. each.
- Original building location and new location are noted in attached map, Exhibit F.
- Contractor will need to supply a mover for the relocation of building to a new location across from the current HIP building.
- Once the building is relocated, the contractor needs to ensure the entry door is facing the street.
- For current location of modular, the contractor will need to disconnect waterline and cap at existing water meter, disconnect sewer line and cap below ground, electricity needs to be removed back to meter, if existing communications are present then remove back to pole or nearest supply box.
- At the current location the building is sitting on ribbon footing and cinder blocks.
- For the new site location, the contractor shall assess the existing ground conditions and include in their proposal any recommended sub-grade preparation necessary to ensure proper placement and long-term stability of the modular unit.
- At current location, the contractor will remove metal siding and vents to salvage for reuse in new location or replace if needed.
- The Contractor will provide a cost proposal to install handicap access ramp at front door (North side) and install new landing and stairway at additional entry doors. Because the doors are close together, one landing and one stairway may be feasible.
- The gates to the existing location of the modular are approximately 16 – 17' wide. If while relocating building sections the existing fence at current location is removed, then the contractor will be responsible for any removal and replacement of the fence and/or gate. The fence is welded metal.
- Contractor removal of modular needs to be completed by disassembling three sections of the building. If additional materials are needed to reconnect, the contractor will provide such materials as needed to ensure the building is operational at a new location.
- Once they have moved the modular unit to the new location, the contractor needs to verify that exterior walls and roof are weatherproof and provide necessary materials to do so.
- The Contractor will need to disconnect ceiling grid from section walls in the interior of the building before moving to new location.
- The Contractor will need to reconnect all ceiling grids in the interior of the building.

### D. PROJECT IMPLEMENTATION SCHEDULE

The DCD-CHID is requesting a detailed implementation schedule and work-flow process to be included with the contractor's proposal to complete the work within 1 month of an issued NTP.

## E. COST PROPOSAL REQUIREMENTS

The DCD-CHID is requesting cost proposals to be submitted in compliance with Exhibit E. Any deviations from using Exhibit E or preparing a cost proposal in the same format as Exhibit E will be considered non-responsive.

### SECTION 4: PROPOSAL SELECTION PROCESS AND EVALUATION CRITERIA

All eligible proposals will be reviewed and rated for their qualifications, experience, price, and suitability to complete the Scope of Work. The Navajo Nation, at its discretion, reserves the right to make an award without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price standpoint.

Proposal evaluations will be based solely on the information outlined in the RFP. It is important to include all relevant information and evidence of your firm's record of performance and ability to perform the work.

The Navajo Nation has the right to reject any and all proposals received in response to this RFP such as the right to waive informalities or irregularities in bids. In the event there is deviation from the specifications, the bidders will indicate in writing the exception(s) from the specifications, therefore if there is no noted exceptions.

Each proposal will be evaluated and rated as follows:

	MAX POINTS
Proposal Format	20
Scope of Work – Project Understanding, Familiarity and Interest Shown	30
Implementation Schedule – Please demonstrate with an implementation schedule that the contractor can meet the requested schedule.	20
Proposed Cost Proposal – Provide your cost proposal as part of your submittal. It does <u>not</u> need to be submitted separately and should be filled out on the attached Cost Proposal Form (Exhibit E). Firm may provide additional information that elaborates on how pricing for tasks were determined.	30
<b>TOTAL SCORE</b>	<b>100</b>

### SECTION 5: RFP EXHIBITS

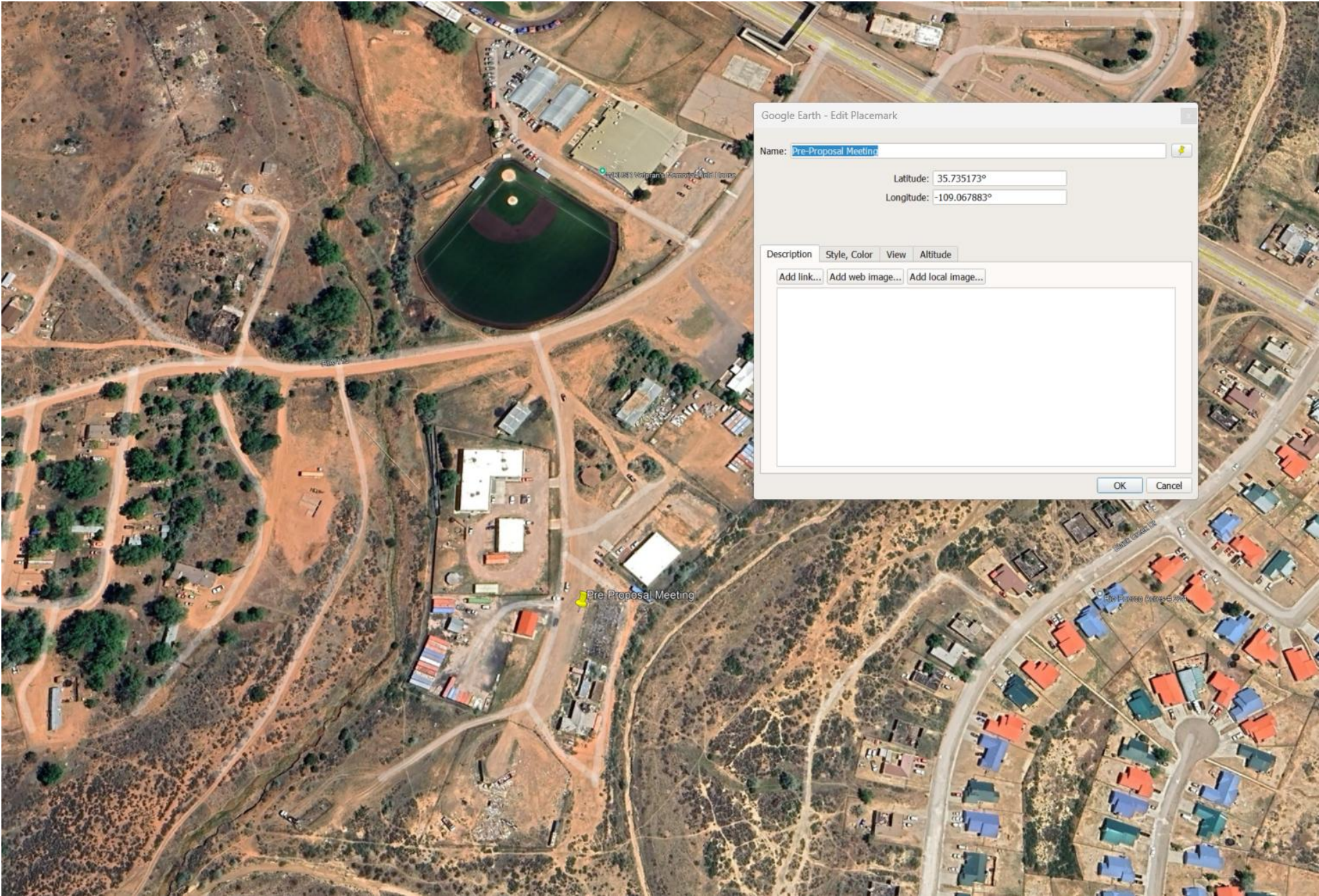
The following exhibits are provided:

- Exhibit A: Non-Mandatory Pre-Proposal Location and Directions
- Exhibit B: Non-Collusive Affidavit
- Exhibit C: Debarment and Suspension

- Exhibit D: Affidavit of Responsibility for Subcontractors
- Exhibit E: Cost Proposal Form
- Exhibit F: Map of Modular Current Location and Proposed New Location
- Exhibit G: Photos of Interior and Exterior Modular Building and Proposed New Site
- Exhibit H: As-Built of Existing Unit
- Exhibit I: W-9



Pre-Proposal Meeting Location





# NAVAJO NATION CONTRACTOR AFFIDAVIT OF NON-COLLUSION

For \_\_\_\_\_ (service type) for the \_\_\_\_\_ (name) Project,  
located in the \_\_\_\_\_ (location) of the Navajo Nation, state of \_\_\_\_\_,  
County of \_\_\_\_\_.

\_\_\_\_\_, (Affiant name), being first duly sworn, hereby deposes and says that:

1. He/she is the \_\_\_\_\_ (job title) of \_\_\_\_\_ (Entity Name), the Entity that has submitted/is submitting a Proposal, Statement of Qualification, or Bid to the Navajo Nation for the above-named Project;
2. is authorized to represent this Entity for purposes of the declarations set forth herein, and that all such declarations are made on behalf of said Entity and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. is fully informed with respect to the preparation and contents of the Proposal, Statement of Qualification, or Bid submitted by said Entity for the above-named Project, and with respect to all pertinent circumstances regarding submission of said Proposal, Statement of Qualification, or Bid to the Navajo Nation.
4. Said Proposal, Statement of Qualification, or Bid is genuine and not collusive or sham;
5. Said Entity has not in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other entity, bidder, or person, to:
  - a. submit a sham Proposal, Statement of Qualification, or Bid to the Navajo Nation in connection with the proposed contract for which said Proposal, Statement of Qualification, or Bid was/is being submitted, or
  - b. refrain from submitting a Proposal, Statement of Qualification, or Bid to the Navajo Nation in connection with the proposed contract;
6. Said Entity has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any other entity, bidder, or person, to:
  - a. fix any price or fee relating to any Proposal, Statement of Qualification, or Bid of said Entity or of any other entity, bidder, or person, or
  - b. to fix any price, overhead, profit, reimbursement, or cost element of said Proposal, Statement of Qualification, or Bid, or that of any entity, bidder, or person;
7. Said Entity has not, through any collusion, conspiracy, connivance, or unlawful written or oral agreement, secured any advantage against the Navajo Nation or against any other entity, bidder, or person interested in the proposed contract for the above-named Project;
8. All statements set forth herein, and in said Proposal, Statement of Qualification, or Bid submitted to the Navajo Nation, are true.

## NOTARY:

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed name of Affiant

\_\_\_\_\_  
Title of Affiant

\_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Address of Entity

\_\_\_\_\_  
Entity Employer Identification Number (EIN)

Subscribed and Sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_



**NAVAJO NATION CERTIFICATION**  
**Regarding Debarment, Suspension, and**  
**Contracting Eligibility**

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
  - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
  - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
  - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
  - D. Violated contract provisions, including:
    - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
    - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
    - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant’s request for consideration for a business opportunity.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Name of individual signing on Applicant’s behalf (print)

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Title of individual signing on Applicant’s behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Signature of individual signing on Applicant’s behalf

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
Date

## EXHIBIT D: AFFIDAVIT OF RESPONSIBILITY FOR SUBCONTRACTORS

For Relocation of Modular Unit  
Division of Community Development located in Window Rock, Arizona of the Navajo Nation.

State of \_\_\_\_\_) ss.  
County of \_\_\_\_\_)

Affiant: \_\_\_\_\_, being first duly sworn hereby deposes and says:

1. that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the Business Entity that has  
owner, partner, officer, representative, agent company, firm, partnership, etc.  
submitted to the Navajo Nation a Proposal, Statement of Qualifications (SOQ) or Bid for the above-named Project;
2. that he/she is authorized to represent said Business Entity for purposes of the declarations set forth herein and that all such declarations are made on behalf of said Entity and all of its owners, partners, officers, members, employees, officials, agents, or parties-in-interest;
3. that, if said Entity is selected for a Contract Award from the Navajo Nation, said Entity shall serve as the Prime Contractor under such Contract, and as of the date of signature below said Entity intends to use the subcontractors listed on "Exhibit A" attached hereto, in its performance under such Contract for the above-named Project;
4. that none of the subcontractors so listed are debarred, suspended, or otherwise ineligible to receive a contract from the Federal Government, any State Government, the Navajo Nation, or from any other Tribal Government in the U.S.;
5. that none of the subcontractors listed are the subject of any imminent debarment or suspension, or any other imminent determination of ineligibility from the Federal, any State, Navajo Nation, or other Tribal Government;
6. no such subcontractors are currently, or have been within the past ten (10) years, under any criminal indictment or under any civil complaint or charge by the Federal, any State, Navajo Nation, or other Tribal Government, for fraudulent activities, forgery, falsification, theft, bribery, destruction of records, obstruction of justice, receiving stolen property, or other offense related to the receipt or administration of a government contract;
7. no subcontractors have had a contract with such Government terminated, either for cause or convenience
8. that the Entity named in Line 1 herein shall assume all legal responsibility for the work of all such subcontractors on the Project, and shall perform all subcontractors' duties as necessary, or shall replace any subcontractor as necessary, in order to guarantee successful completion of all Contract duties for the Project;
9. that all statements set forth herein, and in said Proposal/SOQ/Bid submitted to the Navajo Nation, are true.

*Affiant acknowledges and agrees that, if any statement herein is determined to be false or misleading, such will be grounds for immediate termination of the subject Contract or Agreement with the Navajo Nation, and that the Navajo Nation may pursue appropriate legal remedies related to such termination and any false or misleading statements.*

signature of Affiant: \_\_\_\_\_

printed name of Affiant: \_\_\_\_\_

title of Affiant: \_\_\_\_\_

name of Business Entity: \_\_\_\_\_

\_\_\_\_\_

type of Entity (LLC, Partnership, etc.): \_\_\_\_\_

\_\_\_\_\_

address of Business Entity: \_\_\_\_\_

\_\_\_\_\_

Business Entity's EIN: \_\_\_\_\_

**NOTARY:**

**Subscribed and sworn to before me this \_\_\_\_\_**

**day of \_\_\_\_\_, 20\_\_\_\_.**

**Notary Signature \_\_\_\_\_**

**My commission expires \_\_\_\_\_, 20\_\_\_\_.**

# EXHIBIT E – COST PROPOSAL FORM

Request for Proposal No. DCD-CHID-2025-01-CHID Modular Relocation

Bidder Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Cost Proposal Item No. 1: Mobilization**

Base Bid \$ \_\_\_\_\_  
NN Taxes 6% \$ \_\_\_\_\_

**Cost Proposal Item No. 2: New Site Preparation (As Applicable)**

Base Bid \$ \_\_\_\_\_  
NN Taxes 6% \$ \_\_\_\_\_

**Cost Proposal Item No. 3: Portable Relocation (To Include Fencing, Utility Disconnects, Etc.)**

Base Bid \$ \_\_\_\_\_  
NN Taxes 6% \$ \_\_\_\_\_

**Cost Proposal Item No. 4: Portable Finish Build Out (To include Ceiling Grids, Roof, Etc.)**

Base Bid \$ \_\_\_\_\_  
NN Taxes 6% \$ \_\_\_\_\_

**Cost Proposal Item No. 5: New Steps and Ramps**

Base Bid \$ \_\_\_\_\_  
NN Taxes 6% \$ \_\_\_\_\_

Exhibit F: Map of current modular location and proposed new location





**Exhibit G:** *All photos of Interior and Exterior of Building and Proposed New Location*



Fencing around current modular building location



Exterior of modular building





Area around modular building



Area around modular building





Exterior of modular building



Exterior of modular building





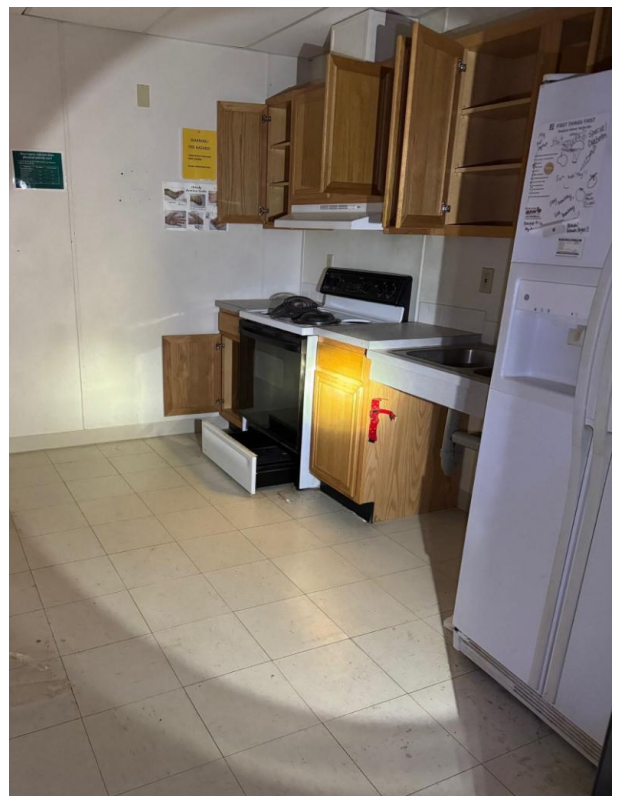
Electric Pole near modular



Under modular building

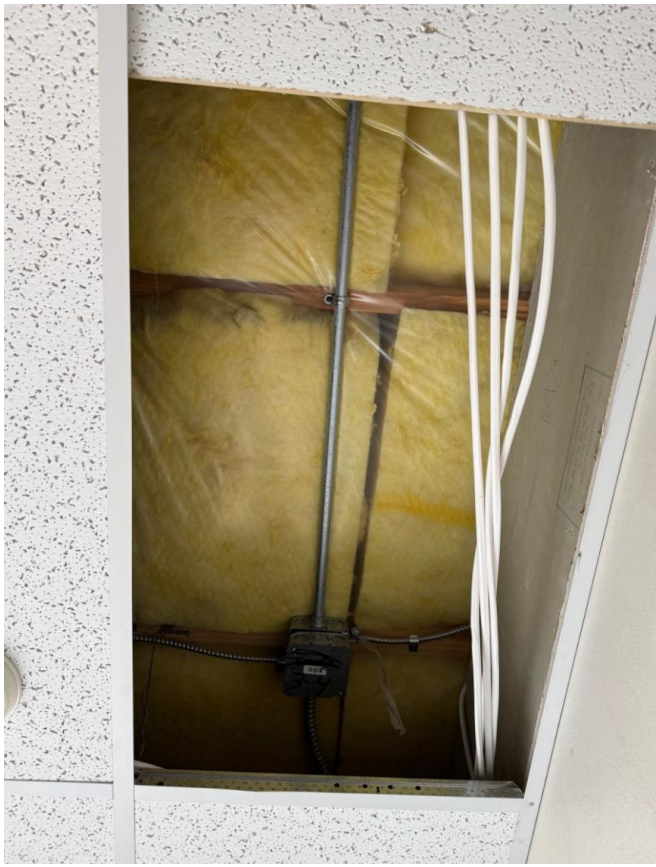


Bathroom inside modular building



Kitchen inside modular building

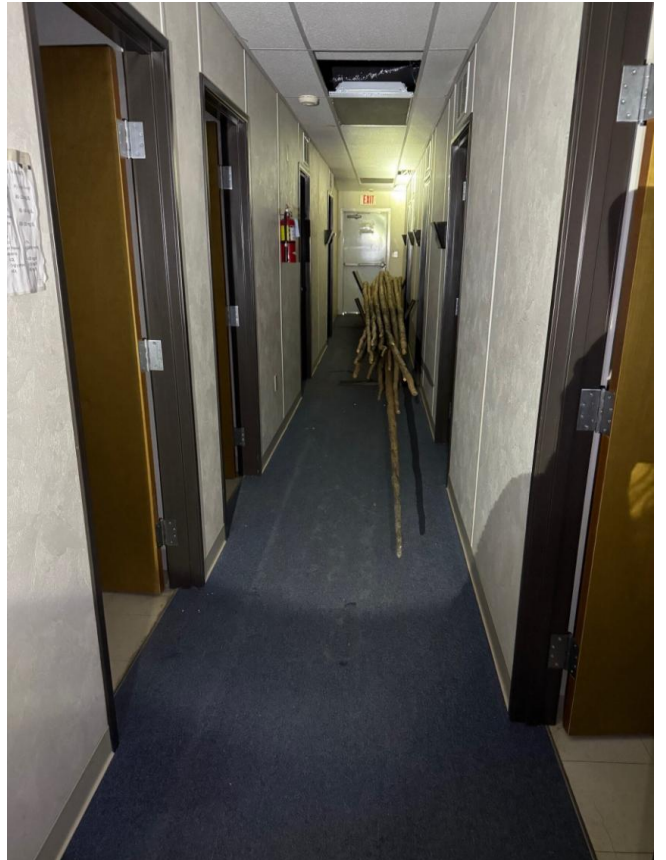




Ceiling of modular building



Room inside modular building



Hall inside modular building









Water heater inside modular



Fire Alarm info modular

MANUFACTURER'S DATA PLATE		Date of Manufacture: December 29, 1999	
<b>CoMark Building Systems, Inc.</b> 505 N. Beckley - P.O. Box 789 DeSoto, Texas 75123 Phone (972) 230-6390 Fax (972) 230-6390			
<b>LD. NUMBERS:</b> C1-01164-1 C1-01164-2 C1-01164-3		<b>DECAL NUMBERS:</b> PFS # - 372496 PFS # - 372497 PFS # - 372498	
		<b>DESIGN</b> 1994 U.S.	
		<b>CRITERIA:</b> 1994 UMC	
		(Applicable Building Codes) 1994 UPC	
		1996 NEC	
		1997 NFPA 101 (Life Safety)	
		<b>CONSTRUCTION DATA:</b>	
		Occupancy Classification	B
		Construction Classification	V-N
		Roof Live Load (PSF)	30
		Design Wind Speed (MPH)	85
		Seismic Zone	1
		Gas System designed <b>ONLY</b> for	N/A
<b>SPECIAL CONDITIONS AND / OR LIMITATIONS:</b> Handicapped accessible ramp to be installed on site by others in compliance with Federal, State, and local regulations. This building is to be located minimum 20'-0" from property lines or assumed property lines.			

Modular building info





Ditch adjacent to fence surrounding current modular location



Water meter near current modular location





Power pole in new location for modular building



Site of new modular location, debris not in the way



Current HIP program relocating into building

225 AMP 2-POLE SINGLE PHASE MAIN BREAKER										MIN WIRE SIZE	
MIN WIRE SIZE											
12	LIGHTING	20	1	2	20	LIGHTING	12				
12	LIGHTING	20	3	4	20	LIGHTING	12				
12	RECEPTS	20	5	6	20	RECEPTS	12				
12	RECEPTS	20	7	8	20	RECEPTS	12				
12	RECEPTS	20	9	10	20	RECEPTS	12				
12	RECEPTS	20	11	12	25	WATER	10				
12	ALARM PANEL	20	13	14	2P	HEATER					
8	RANGE	50	15	16	20	RANGE HOOD	12				
6	3-TON / 10kw	2P	17	18	60	3-TON / 10kw	6				
	HVAC UNIT	2P	19	20	2P	HVAC UNIT					
		2P	21	22							
			23	24							
<div style="display: flex; justify-content: space-between;"> <div>GROUND BAR</div> <div>NEUTRAL</div> </div>											
WIRE SIZE OF:											
SERVICE CONDUCTORS: 4/0											
SERVICE GROUND: 2											
BUILDING LOAD CALC											
PANEL LOAD										51853	
TOTAL										240	
VOLTAGE										51853 WATTS	
TOTAL AMPS										240 V	
										216.05 AMPS	
LOAD CALC:-											
										225 AMP	
										240	
										WATTS	
										TOTAL	
QTY	ITEM									WATTS	TOTAL
24	FLUORESCENT LIGHTS	x								143	4290 WATTS
49	RECEPTACLES	x								180	8820 WATTS
3	EXTERIOR LIGHTS	x								100	375 WATTS
4	INCANDESCENT LIGHTS	x								100	500 WATTS
2	EXHAUST FANS	x								90	225 WATTS
1	WATER HEATER	x								4500	4500 WATTS
1	REFRIGERATOR	x								840	840 WATTS
3	EXIT SIGNS	x								2.8	11 WATTS
1	RANGE	x								10600	10600 WATTS
1	RANGE HOOD	x								300	300 WATTS
1	ALARM PANEL	x								144	144 WATTS
0	DRINKING FOUNTAIN	x								410	0 WATTS
2	10 kw HEAT STRIPS	x								10000	20000 WATTS
2	3-TON HVAC UNITS	x								624	1248 WATTS
TOTAL											51853 WATTS
PANEL LOAD										51853	
VOLTAGE										240	
PANEL REQUIREMENT										216.05 AMPS	
CALCS. BY:										DATE: December 3, 1999	SHEET No. E-2
CHECKED BY:										PROJECT: NAVAJO NATION - FT. DEFANCE, AZ.	
										DWG No. 4366FTDEFANCE	

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<b>DESIGN CRITERIA:</b>	
CODES:	1994 UBC 1994 UPC 1994 UMC 1997 NFPA 101 (LIFE SAFETY CODE) 1996 NEC
OCCUPANCY CLASSIFICATION:	GROUP B
CONSTRUCTION TYPE:	V-N
APPLIANCE FUEL TYPE:	NONE
<b>DESIGN LOADS:</b>	
ROOF LIVE LOAD	30 PSF
FLOOR LIVE LOAD	40 PSF
CORRIDOR FLOOR LIVE LOAD	80 PSF
CONC. FLOOR LIVE LOAD	100 LBS
WIND LOAD	80 MPH / 16.4 P.S.F.
SEISMIC ZONE	1
EXPOSURE	STANDARD

<b>SPECIAL CONDITIONS AND/OR LIMITATIONS:</b>	
HANDICAP ACCESS RAMP TO BE CONSTRUCTED ON SITE BY OWNER IN COMPLIANCE WITH STATE AND LOCAL A.D.A. GUIDELINES	
NOTE: BUILDING IS TO BE LOCATED MINIMUM 20'-0" FROM PROPERTY LINES OR ASSUMED PROPERTY LINES	
ADDITIONAL HANDICAP ACCESSIBLE RESTROOMS ARE TO BE PROVIDED BY OWNER IN ADJACENT BUILDINGS	

<b>CHASSIS:</b>	
MAIN MBRS:	12" I-BEAM, A-36 ROLLED OR WELDED
OUTRIGGERS:	13'-6" FLOOR 9" x 38" x 14 GA. STEEL AT 8'-0" O.C. 11'-10" FLOOR 7" x 16" x 14 GA. STEEL AT 8'-0" O.C.
CROSSMEMBERS:	1 1/2" x 3" x 14 GA. AT 8'-0" O.C.
FRI. CROSSBR.	2" I-BEAM
HITCH / COUPLER:	VENTURE OR EQUIV. 30,000 # RATED AXLES
AXLES:	7-14.5 8 PLY = 2805# OR BETTER
TIRES:	ZINC CHROMATE OR ASPHALTIC BASE PAINT

<b>FLOOR:</b>	
BOTTOM BARRIER:	WOVEN POLYETHYLENE SHEET
INSULATION:	R-19
BAND JOIST:	DEL 2"x8" #3 SYP MIN. (TREATED)
JOISTS:	2"x8" #2 SYP MIN. AT 16" O.C. (TREATED)
DECKING:	3/4" T&G STURDIFLOOR DECKING
FLOOR COVERING:	12 x 12 TILE OR COMMERCIAL GRADE CARPET

<b>EXTERIOR WALLS:</b>	
SIDEWALL HEIGHT:	96'-3/8"
INSULATION:	R-19 KRAFT
SOLE PLATE:	2"x6" #3 SPF MIN.
TOP PLATES:	2"x6" #3 SPF MIN.
STUDS:	2"x6" No. 2 SPF MIN. AT 16" O.C.
INTERIOR FINISH:	VINYL CLAD 5/8" TYPE 'X' GYPSUM
EXTERIOR SHEATHING:	STRUCTURAL THERMOPLY
RESTROOM FINISH:	FIBERGLASS REINFORCED PANEL OVER 5/8" GYPSUM
<b>INTERIOR WALLS:</b>	
WALL HEIGHT:	25'-1/2" (MIN.) VAULTED WALLS
INSULATION:	R-11
SOLE PLATE:	2"x4" #3 SPF MIN.
TOP PLATE:	2"x4" #3 SPF MIN.
STUDS:	2"x4" No. 2 SPF MIN. AT 16" O.C.
INTERIOR FINISH:	VINYL CLAD 5/8" TYPE 'X' GYPSUM
RESTROOM FINISH:	FIBERGLASS REINFORCED PANEL OVER 5/8" GYPSUM

INTERIOR FINISH:	VINYL CLAD 5/8" TYPE 'X' GYPSUM
RESTROOM FINISH:	FIBERGLASS REINFORCED PANEL OVER 5/8" GYPSUM

<b>ROOF:</b>	
ROOF PITCH:	25/12 (MIN.)
CEILING PITCH:	FLAT, SUSPENDED CEILING
ROOF TYPE:	2"x10" #2 SYP (MIN.) RAFTERS AT 24" O.C.
EAVE SIZE:	0"
RAKE SIZE:	0"
INSULATION:	R-30C
SHEATHING:	5/8" CDX PLYWOOD
COVERING:	TPO MEMBRANE ROOF OVER 1/4" DENSDECK (FM-#1809AM) (GENFLEX FILE #R-9334)
CEILING MTL:	ACOUSTIC GRID CEILING (2' x 4' TILES)
VINYL GYPSUM CEILING TILES IN KITCHEN	
RIDGE BEAM:	3-LAYER SOLID BEAM USING 3/4" GROUP 1 SPECIES PLYWOOD

<b>EXTERIOR SIDING:</b>	
SIDING:	24 GA. STEEL (MIN.)
TRIM:	26 GA. STEEL (MIN.)
OTHER:	

<b>EXTERIOR DOORS:</b>	
FRONT:	36" x 80" x 1800. STEEL DOORS EQUIPPED WITH CLOSER, PULL AND PANIC HARDWARE
REAR:	36" x 80" x 1800. STEEL DOORS EQUIPPED WITH CLOSER, PULL AND PANIC HARDWARE
OTHER:	THRESHOLD NOT TO EXCEED 1/2" IN HEIGHT AND IS TO BE BEVELED IF IN EXCESS OF 1/4"

<b>WINDOWS:</b>	
WINDOW MTL:	ALUMINIUM W/ MILL FINISH
WINDOW TYPE:	36" x 48" SINGLE HUNG
GLAZING:	DUAL / CLEAR

<b>ELECTRICAL:</b>	
MAIN RATING: SEE LOAD CALCS W/ ELECTRICAL DRAWING	
ELECTRICAL RATINGS: 1-PHASE, 3-WIRE, 120/240V AC	
WIRING: ELECTRICAL METALLIC TUBING W/ MIN. #12 THHN DUCT	
NOTE: THE METAL SIDING SHALL BE ELECTRICALLY BONDED BY CONTACT OR INTERCONNECTION OF UNITS AND SHALL BE EFFECTIVELY GROUNDED	
NOTE: GROUNDING ON-SITE TO BE IN ACCORDANCE WITH NEC ARTICLE 250-81	

<b>HEATING / COOLING:</b>	
UNIT TYPE:	2-EACH 3-TON COOLING AND 10 KW HEAT WALL MT.

DUCT SYSTEM:	UL 181 CLASS 1 FLEXIBLE FIBERGLASS DUCT
HVAC UNITS EQUIPPED WITH BAROMETRIC FRESH AIR DAMPERS	

<b>DWV &amp; WATER SYSTEM:</b>	
DRAIN WASTE AND VENT:	SCHEDULE 40 PVC
WATER SYSTEM:	TYPE 'L' COPPER
WATER HEATER:	1 EA. 30 GGL. ELECTRIC (240V) WITH DRAIN PAN

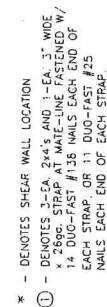
<b>RESTROOMS:</b>	
WATER CLOSET: VITREOUS CHINA TANK-TYPE WITH ELONGATED BOWL AND OPEN FRONT SEAT INSTALLED TO ADA HEIGHT REQUIREMENTS	
LAVATORY: 19" x 17" WALL MOUNTED VITREOUS CHINA LAV, WITH 4" BRASS SIEM CENTERSET INSTALLED TO ADA HEIGHT REQUIREMENTS	
GRAB BARS: 1 SET 36" x 42" INSTALLED AT ADA HEIGHT AND PLACEMENT REQUIREMENTS	

<b>SPECIAL:</b>	
EXPPOSED HOT WATER LINE AND DRAIN LINE UNDER LAVY MUST BE INSULATED.	
ADDITIONAL RESTROOMS TO BE PROVIDED BY OWNER ON SITE IN ADJACENT BUILDINGS.	

<b>DRAWING INDEX:</b>	
COVER SHEET / SPECIFICATIONS	A-1
OFFICE FLOOR PLAN	A-2
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CROSS-SECTION	A-4
INTERIOR ELEVATIONS	A-5
BLOCKING & TIE-DOWN LAYOUT	S-1
CHASSIS LAYOUT	S-2
FLOOR FRAMING LAYOUT	S-3
ROOF FRAMING LAYOUT	S-4
RAFTER DETAILS	S-5
RIDGE BEAM 'A' CONSTRUCTION	S-6
RIDGE BEAM 'B' CONSTRUCTION	S-6.1
DRAIN SYSTEM	M-1
SUPPLY SYSTEM	M-2
CEILING GRID / HVAC LAYOUT	M-3
ELECTRICAL SCHEMATIC	E-1
ELECTRICAL CALCULATIONS	E-2

LTP	REVISION	BY	DATE	DRAWN BY:	TITLE:	COVER SHEET / SPECIFICATIONS	DATE:	12/3/99	COMARK BUILDING SYSTEMS, INC.
				B.S.	PROJECT: OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA				
				CHECKED BY:	SCALE: 1/8" = 1'-0"	DWG. NO. 43667DEFANCE	SHEET A-1		© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.





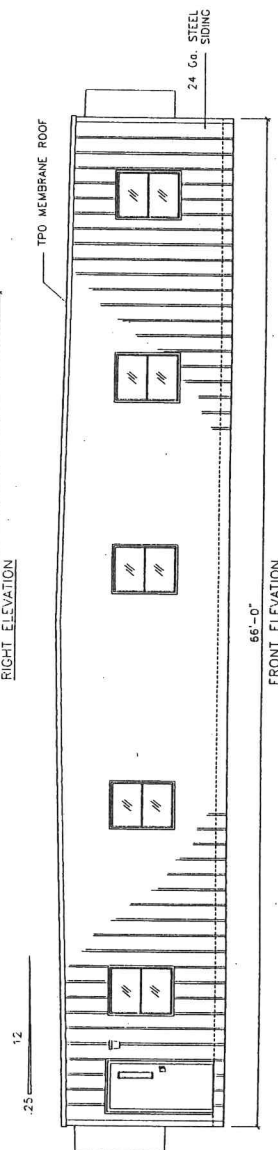
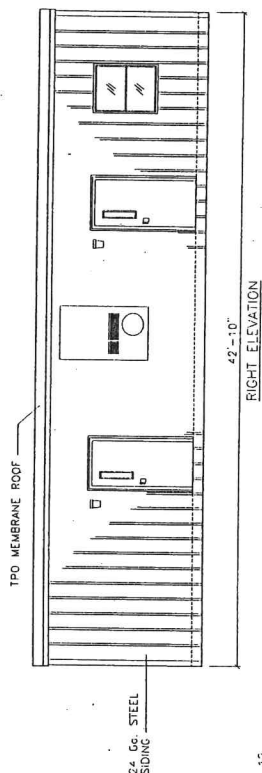
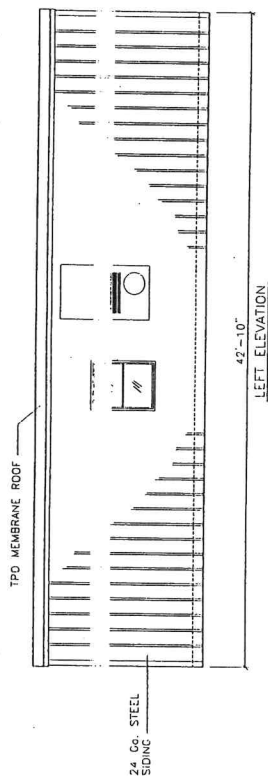
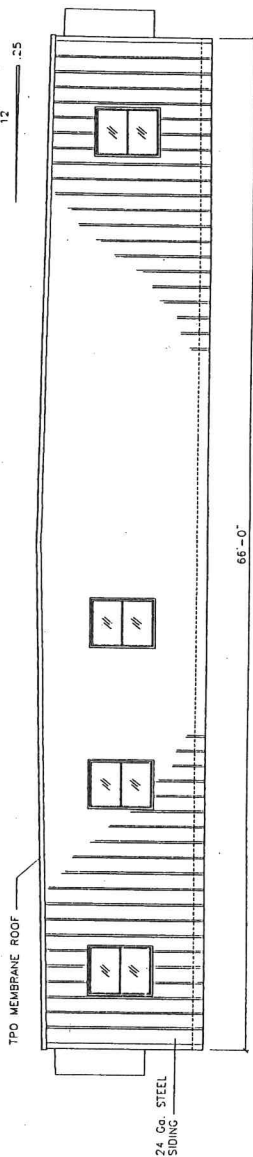
WINDOW LEGEND			
CALLOUT	NOMINAL SIZE	LIGHT	VENT
3040	36" x 48"	10.51	5.25

DOOR LEGEND				
CALLOUT	NOMINAL SIZE	MATERIAL	HARDWARE	NOTES
3/0/6/8	3'-0" x 6'-8"	18ga. STEEL DOOR	PULL / PANIC	KEYED ALIKE
3/0	3'-0" x 6'-8"	PRE-FINISHED SOLID CORE	LEVER, KEYED	KEYED SEPARATELY MASTER FOR BUILDING
3/0 V	3'-0" x 6'-8"	PRE-FINISHED SOLID CORE	LEVER, PRIVACY	

LTP	REVISION	BY	DATE	DRAWN BY: B.S.	PROJECT: OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	TITLE: OFFICE FLOOR PLAN	DATE: 12/3/99
A	ADJUSTED KITCHEN LAYOUT	B.S.	12/9/99				
				CHECKED BY:	SCALE: 1/8" = 1'-0"	DWG. NO. 4366TDEFINICE	SHEET A-2
COMARK BUILDING SYSTEMS, INC.							
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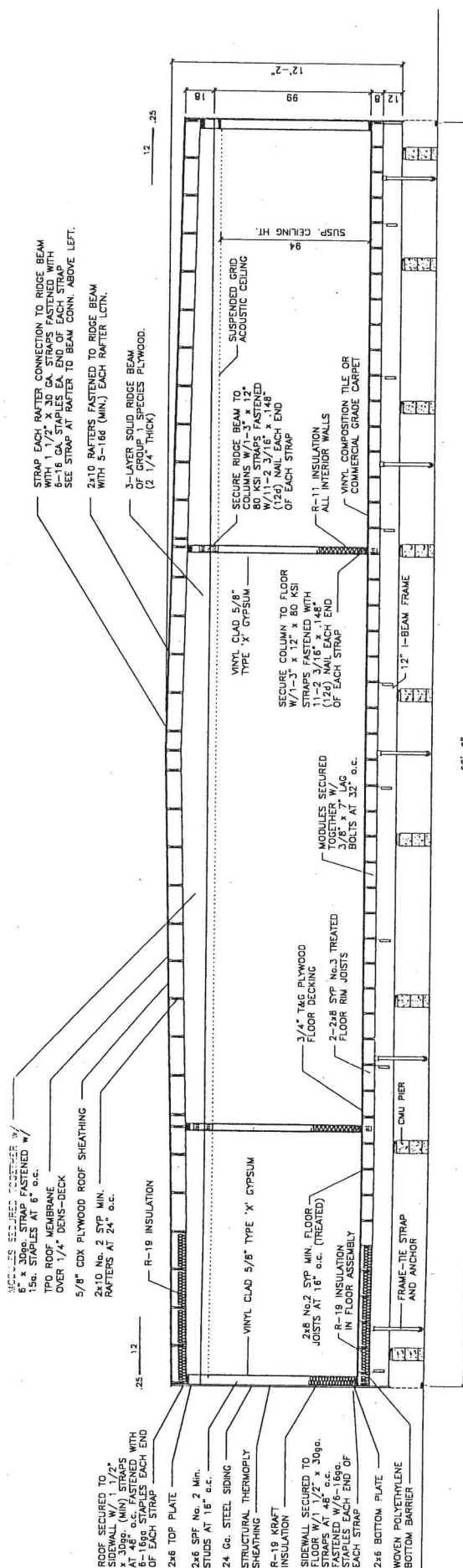


LTR	REVISION		BY	DATE	DRAWN BY:	PROJECT:	OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	TITLE:	EXTERIOR ELEVATIONS	DATE:	12/3/99	COMARK BUILDING SYSTEMS, INC.
					B.S.							
					CHECKED BY:	SCALE:	1/8" = 1'-0"	DWG. NO.	4366FTDEFENCE	SHEET	A-3	
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STRAP AT RAFTER TO BEAM CONN.

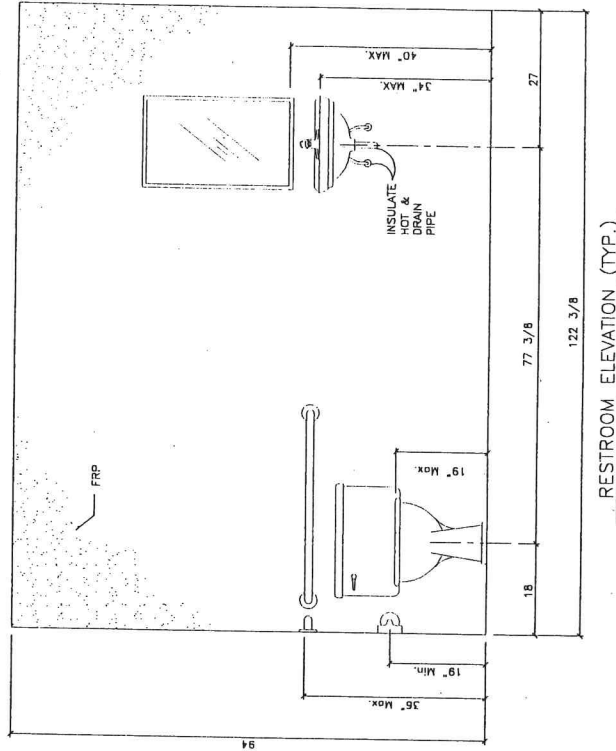
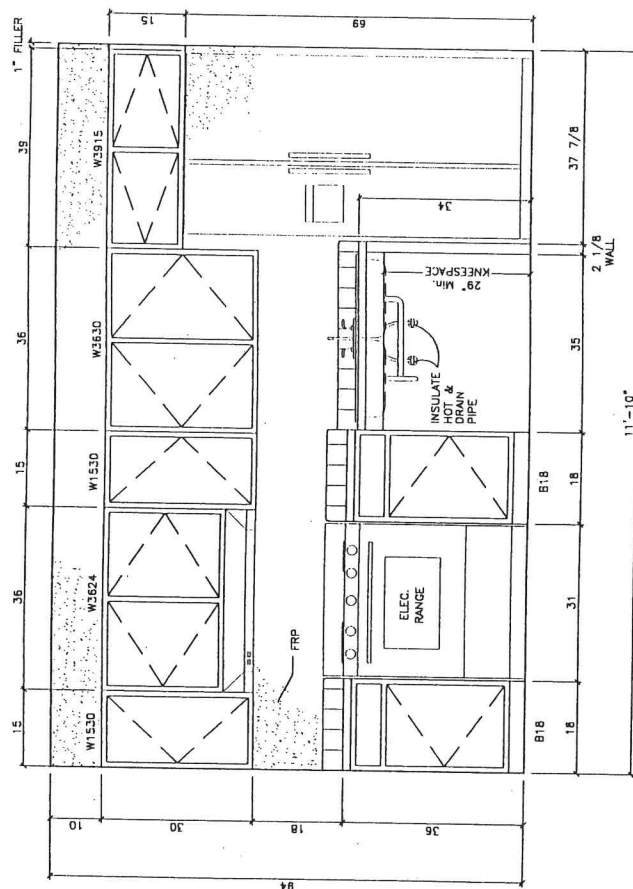
RIDGE BEAM FASTENING DETAIL

FLOOR MATELINE FASTENING DETAIL



TRANSPORTATION HEIGHT: 13'-11"

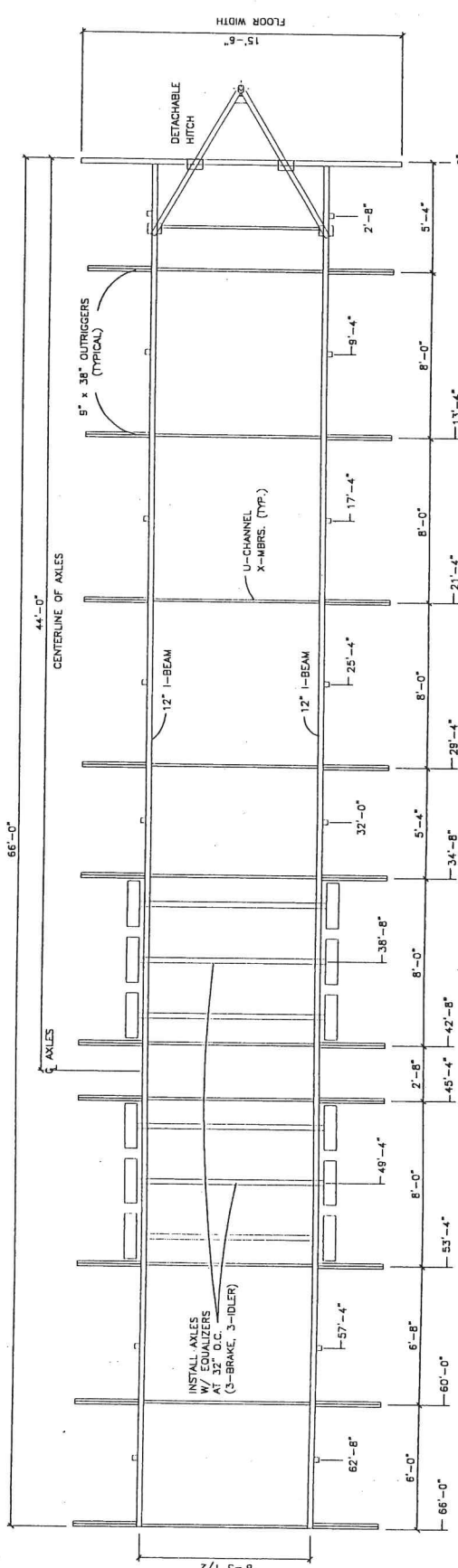
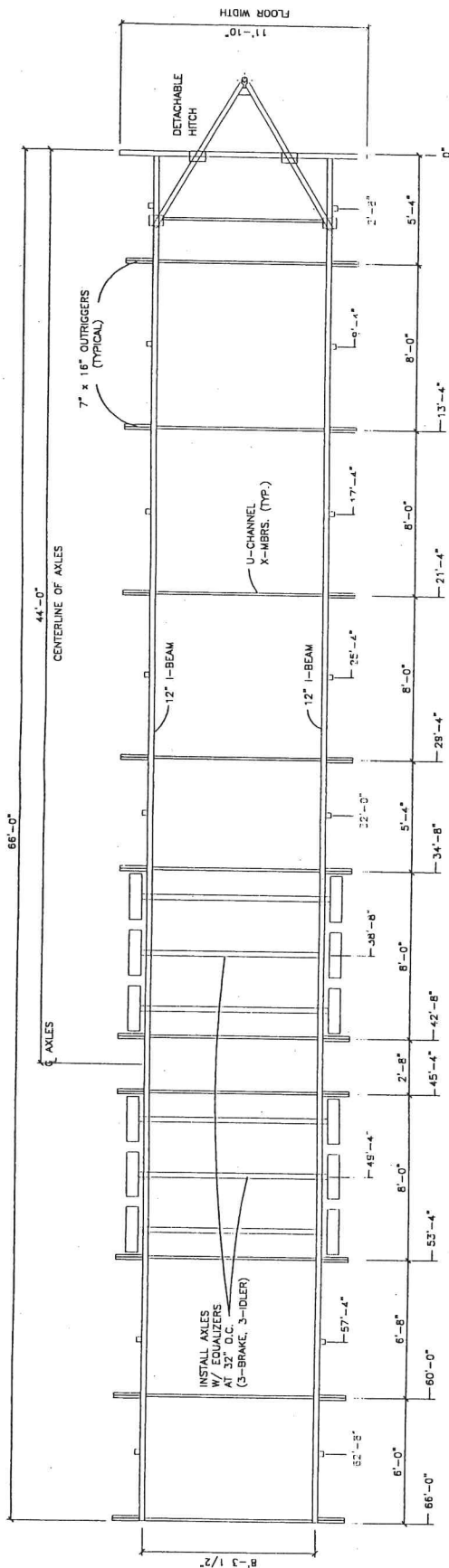
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				B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	CROSS-SECTION	12/3/99	
				CHECKED BY:	SCALE:	DWG. NO.	SHEET	
					$3/16" = 1'-0"$	4366FTDEFIANCE	A-4	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.



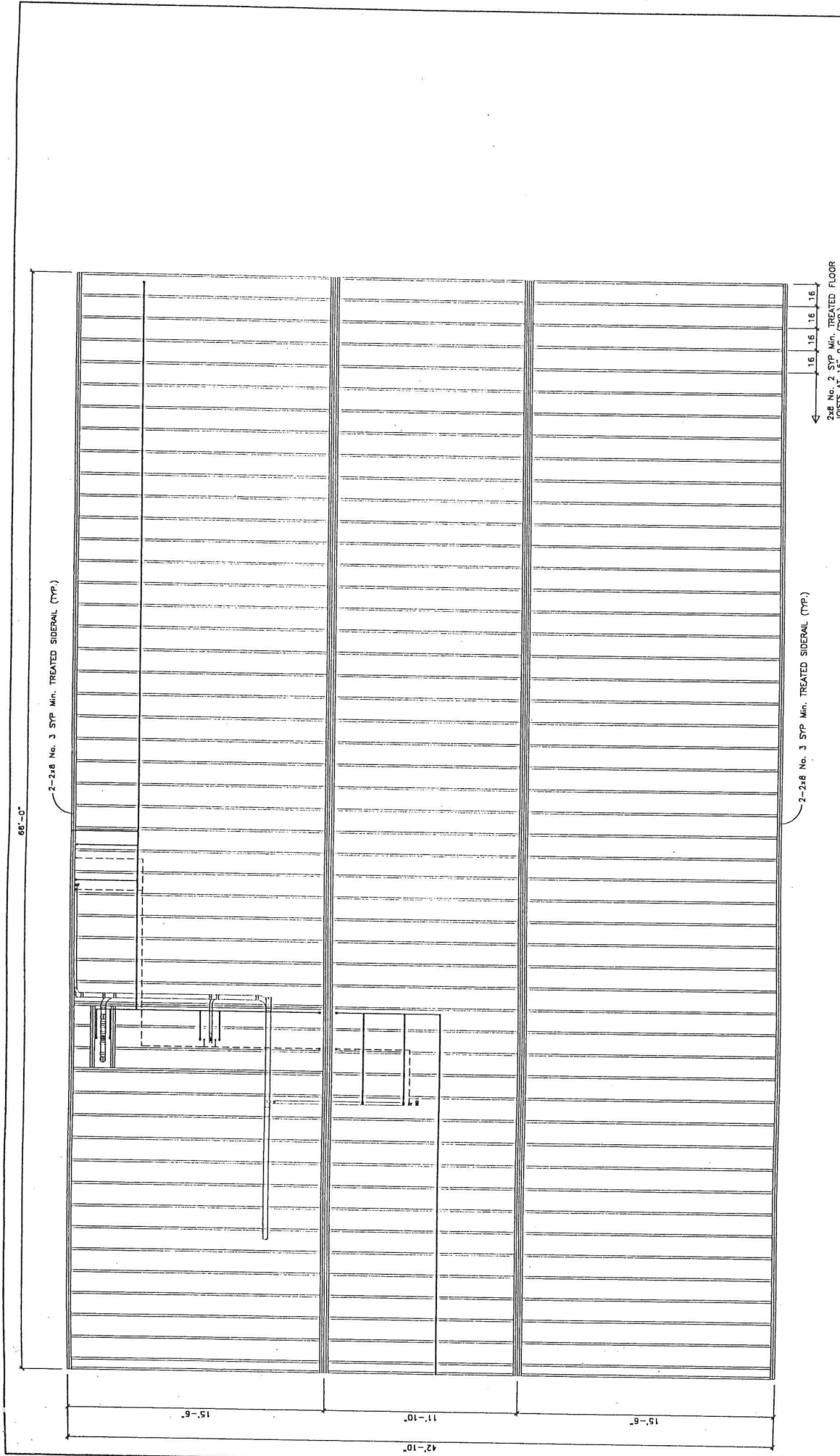
LTR	REVISION	BY	DATE	DRAWN BY:	PROJECT:	TITLE:	DATE:
A	ADJUSTED KITCHEN LAYOUT	B.S.	12/9/99	B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	INTERIOR ELEVATIONS	12/3/99
				CHECKED BY:	SCALE:	DWG. NO.	SHEET
					1/2" = 1'-0"	4366FTDEFIANCE	A-5
COMARK BUILDING SYSTEMS, INC.							
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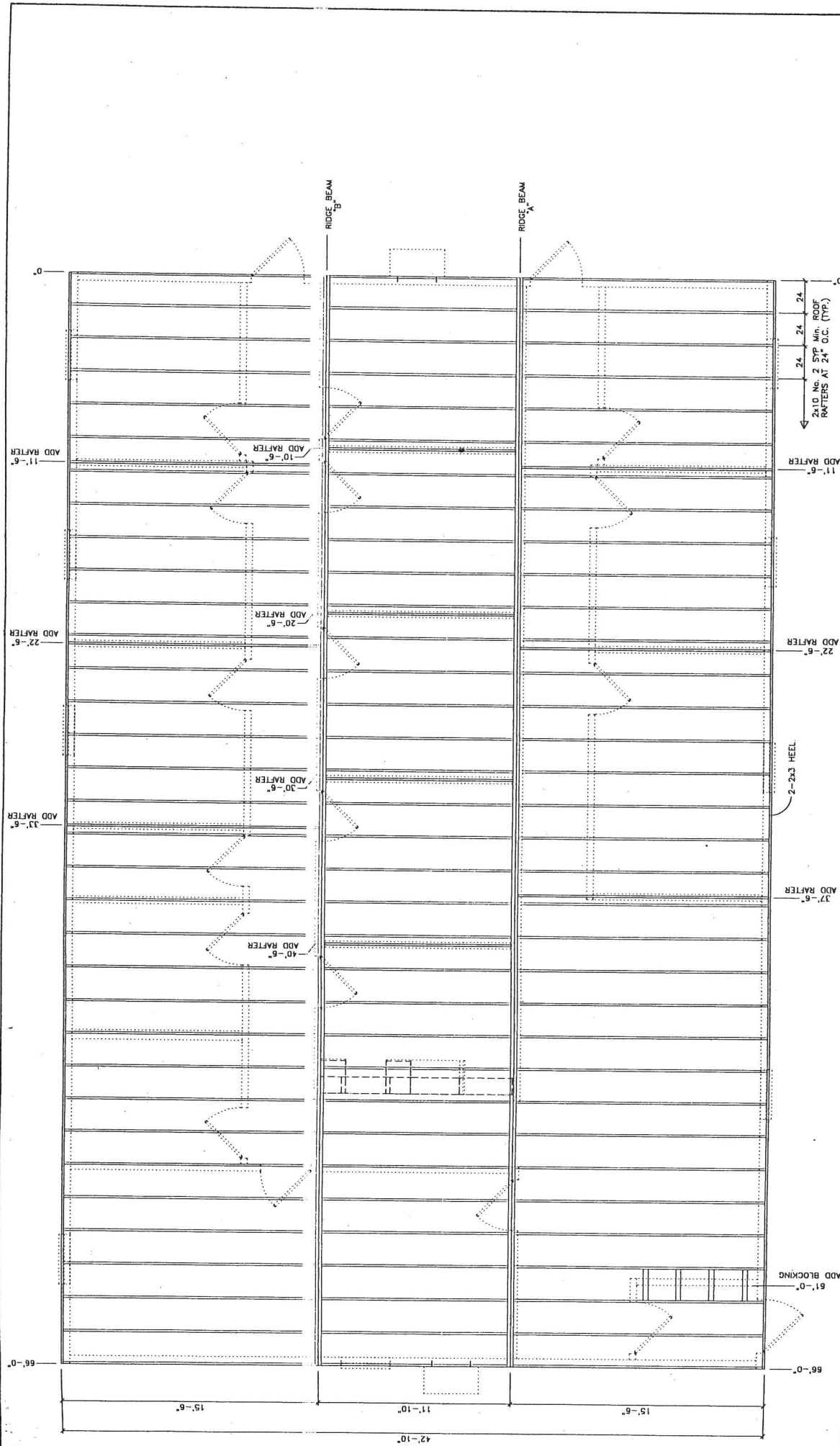
LTR	REVISION	BY	DATE	DRAWN BY: B.S.	PROJECT: OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	TITLE: CHASSIS LAYOUT	DATE: 12/3/99	COMARK BUILDING SYSTEMS, INC.	
				CHECKED BY:	SCALE: 3/16" = 1'-0"	DWG. NO. 4366TDEFENCE	SHEET 5-2	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.	



REVISION	BY	DATE	DRAWN BY:	PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.
A	B.S.	12/9/99	B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA	FLOOR FRAMING LAYOUT	12/3/99	
			CHECKED BY:	SCALE: 3/16" = 1'-0"	DWG. NO. 4366FTDEFANCE	SHEET S-3	
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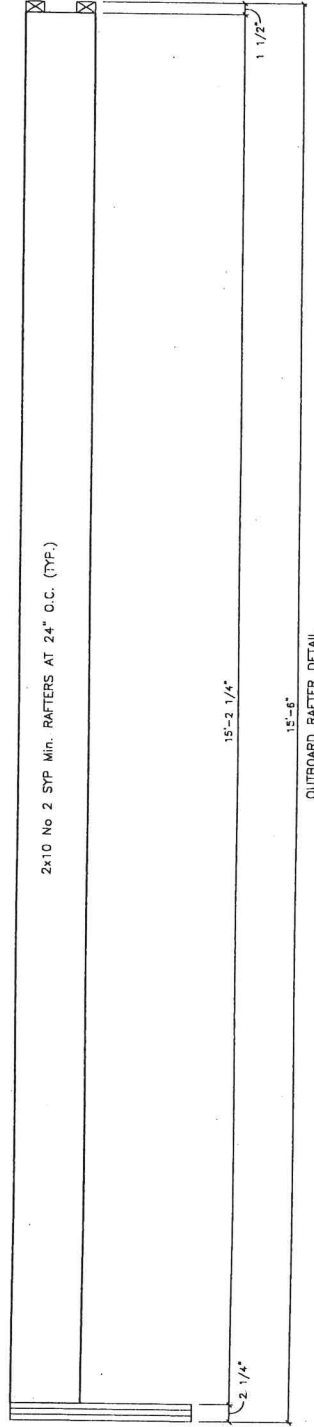
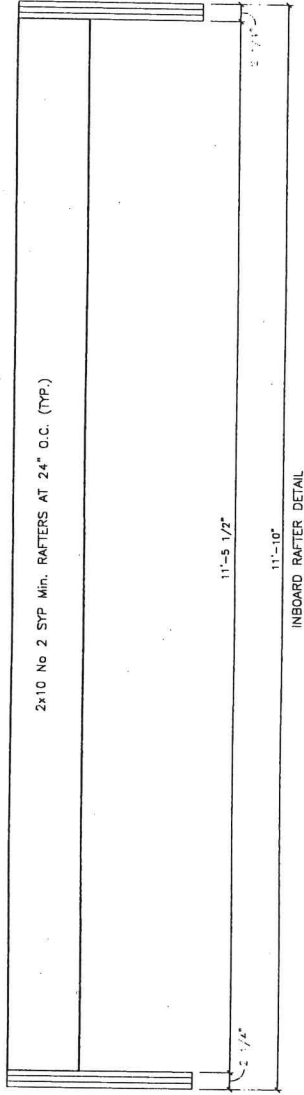






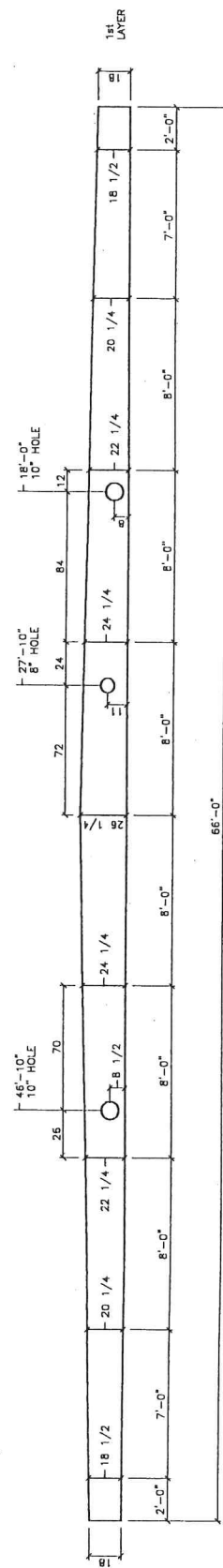
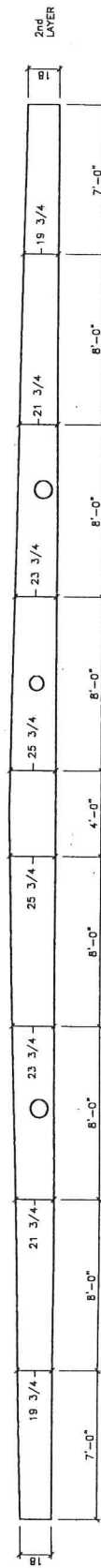
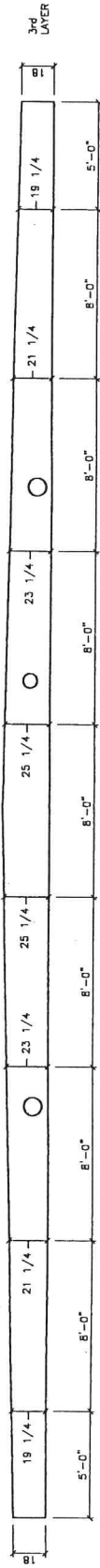
COMARK BUILDING SYSTEMS, INC.				COMARK BUILDING SYSTEMS, INC.			
DATE: 12/3/98				SHEET 5-4			
TITLE: ROOF FRAMING LAYOUT				DWG. NO. 4368FTDEFIANCE			
PROJECT: OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA				SCALE: 3/16" = 1'-0"			
DRAWN BY: B.S.				CHECKED BY:			
BY				DATE			
REVISION				DATE			
L.T.R.				DATE			

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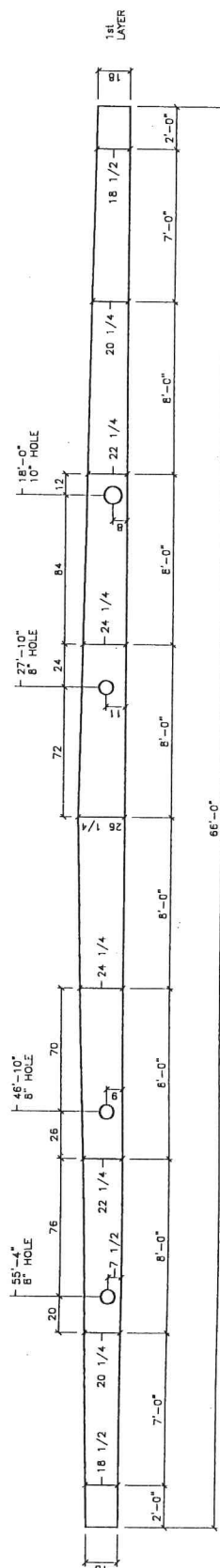
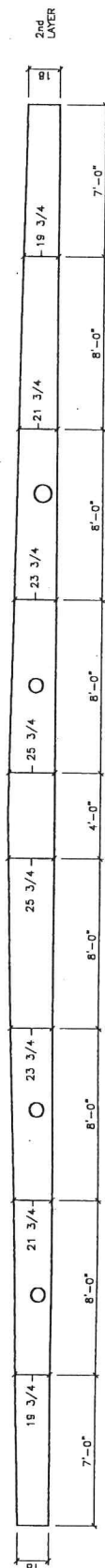
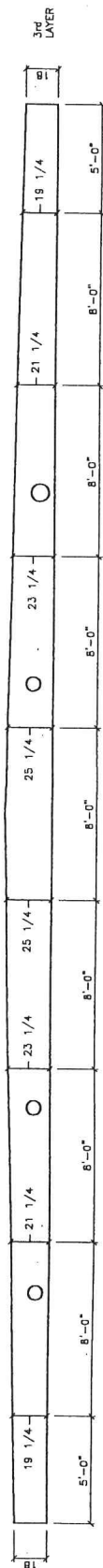
REVISION	BY	DATE	DRAWN BY:	B.S.	PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.
					OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA	RAFTER DETAILS	12/3/98	
			CHECKED BY:		SCALE: 3/4" = 1'-0"	DWG. NO. 4366FTDEFANCE	SHEET 5-5	
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- NOTES:
1. RIDGE BEAM CONSTRUCTION IS SAME FOR BOTH HALVES (MIRRORED)
  2. RIDGE BEAM CONSTRUCTION SHALL BE IN ACCORDANCE WITH APA PLYWOOD DESIGN SPECIFICATION, SUPPLEMENT 5, AND SECTION 9 OF THE DESIGN MANUAL.
  3. RIDGE BEAM IS CONSTRUCTED WITH 3/4", 5-PLY, 5-LAYER GROUP 1 SPECIES PLYWOOD.

LTR	REVISION	BY	DATE	DRAWN BY:	PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.
				B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA	RIDGE BEAM "A" CONSTRUCTION	12/3/99	
				CHECKED BY:	SCALE: 3/16" = 1'-0"	DWG. NO. 4366TDEFANCE	SHEET 5-6	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.

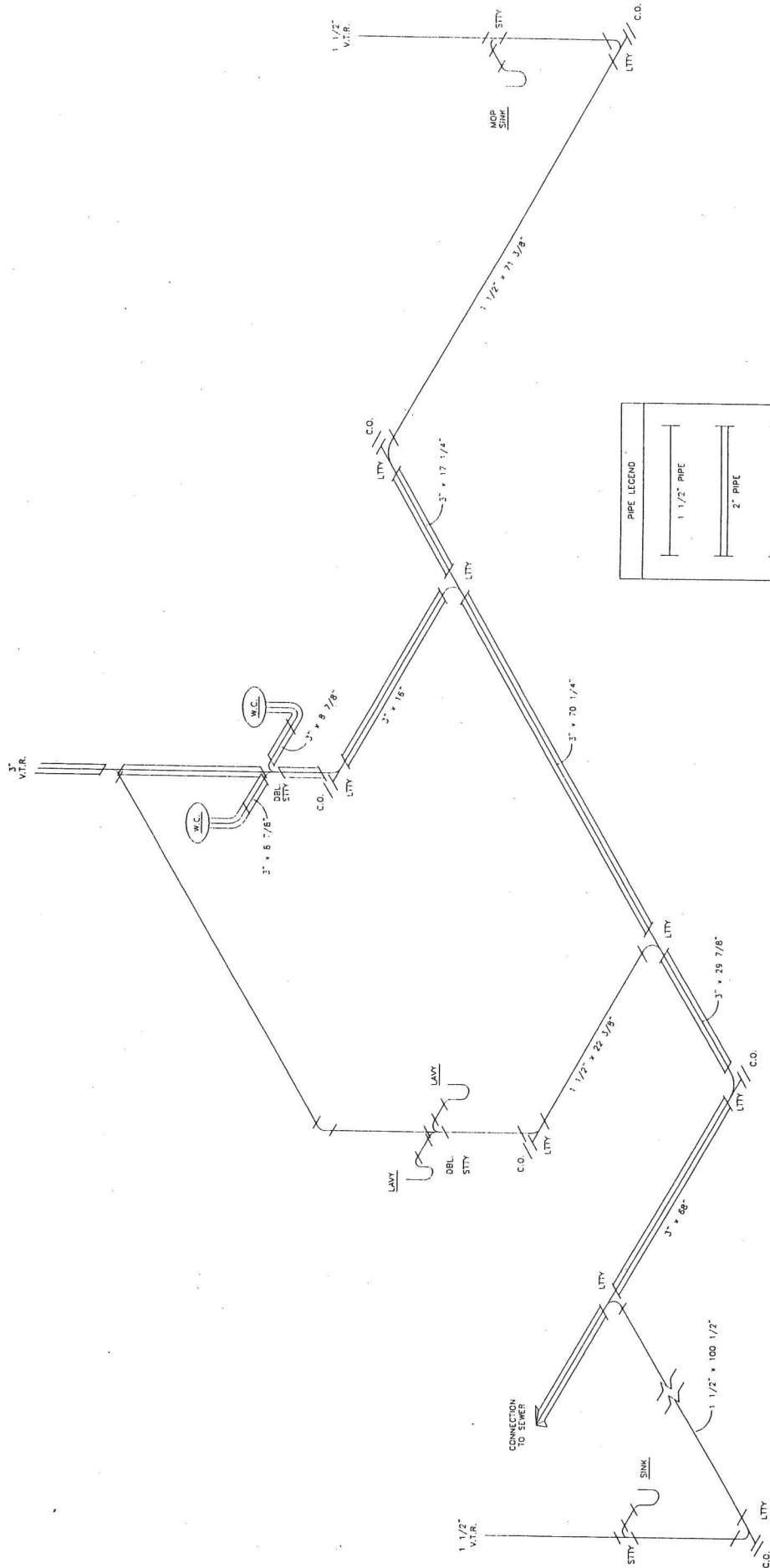


**NOTES:**

1. RIDGE BEAM CONSTRUCTION IS SAME FOR BOTH HALVES (MIRRORED)
2. RIDGE BEAM CONSTRUCTION SHALL BE IN ACCORDANCE WITH ALL PLYWOOD DESIGN SPECIFICATION, SUPPLEMENT 5, AND SECTION 8 OF THE DESIGN MANUAL
3. RIDGE BEAM IS CONSTRUCTED WITH 3/4" 5-PLY, 5-LAYER GROUP 1 SPECIES PLYWOOD.

DETAIL 19

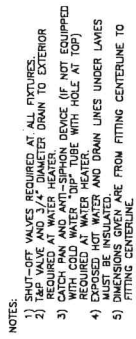
LTR	REVISION		BY	DATE	DRAWN BY:	PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.
					B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	RIDGE BEAM "B" CONSTRUCTION	12/3/99	
					CHECKED BY:	SCALE:	DWG. NO.	SHEET	
							3/16" = 1'-0"	4368TDEFENCE	S-6.1
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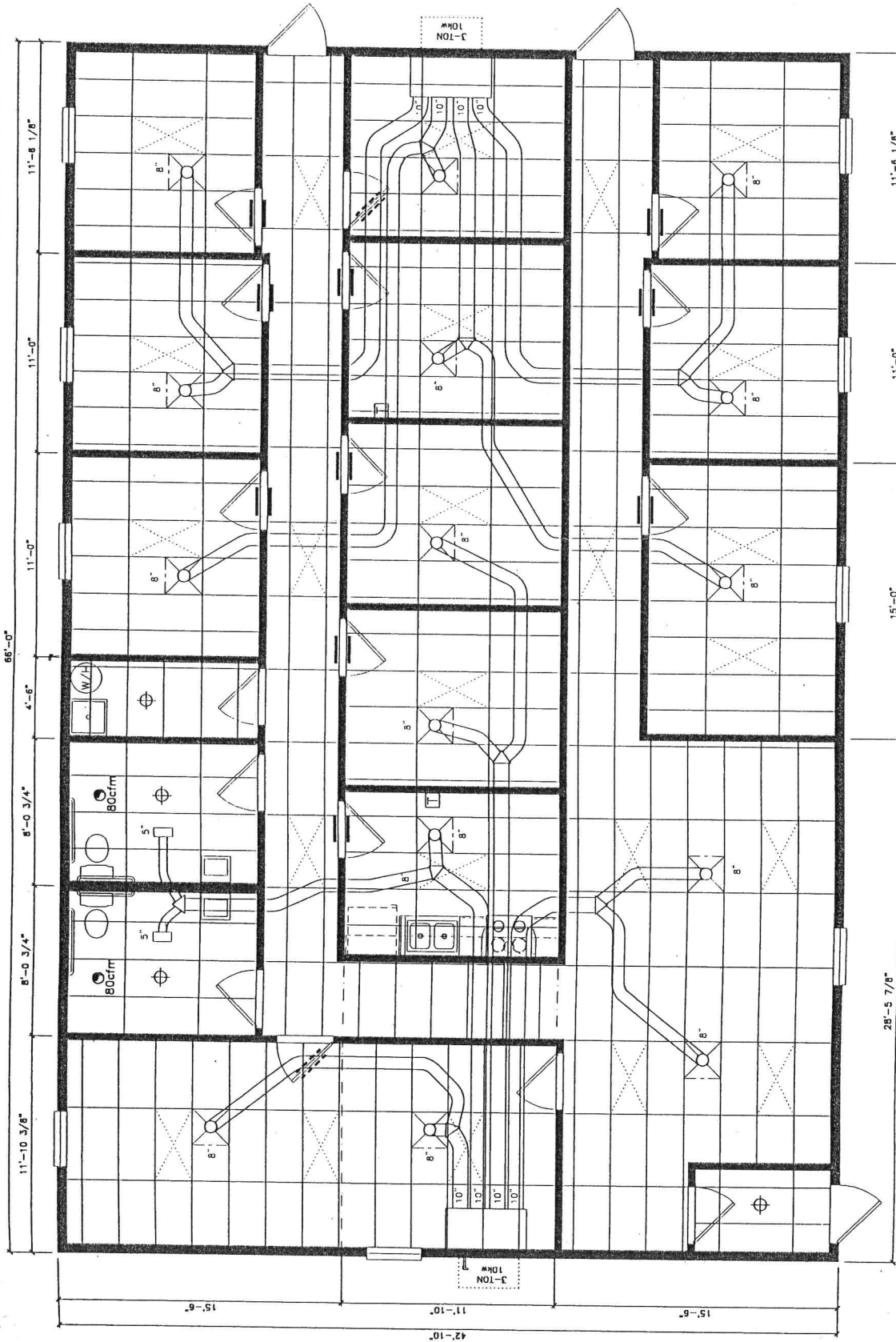
PIPE LEGEND	
	1 1/2" PIPE
	2" PIPE
	3" PIPE

LTR	REVISION	BY	DATE	DRAWN BY	PROJECT	TITLE	DATE	COMARK BUILDING SYSTEMS, INC.	
A	ADJUSTED KITCHEN PLUMBING	B.S.	12/9/99	B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA	DRAIN SYSTEM	12/2/99		
				CHECKED BY:	SCALE: 3/4" = 1'-0"	DWG. NO. 4366FTDEFANCE	SHEET M-1	© 1999, COMARK BUILDING SYSTEMS, INC., All Rights Reserved.	



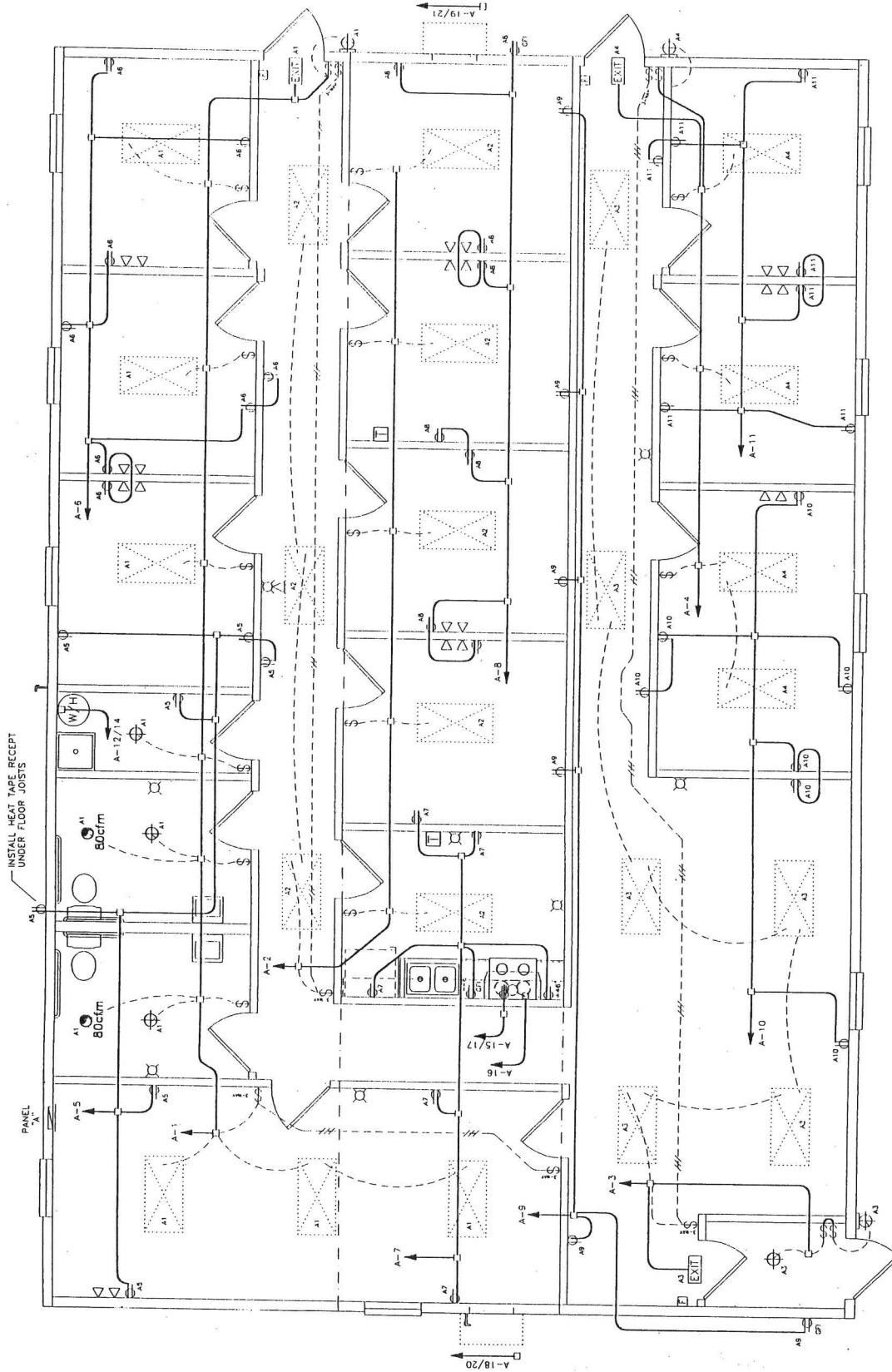


LTR	REVISION		BY	DATE	DRAWN BY: B.S.	PROJECT: OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	TITLE: SUPPLY SYSTEM	DATE: 12/3/99	COMARK BUILDING SYSTEMS, INC.
A	ADJUSTED KITCHEN PLUMBING		B.S.	12/9/99					
					CHECKED BY:	SCALE: 3/4" = 1'-0"	DWG. NO. 4366TDEFIANCE	SHEET M-2	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.



SYMBOL LEGEND	
	24" x 48" FLUORESCENT RECESSED 4-TUBE LIGHT
	24" x 24" SUPPLY DIFFUSER
	6" x 12" SUPPLY REGISTER
	THERMOSTAT
	EXHAUST FAN
	8" x 16" RETURN AIR GRILLE ABOVE DOOR
	20" x 20" RETURN AIR GRILLE THRU DOOR

LTR		REVISION		DRAWN BY:		PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.
A		ADJUSTED KITCHEN LAYOUT		B.S.		OUTPATIENT TREATMENT OFFICE FT. DEFENCE, ARIZONA	CEILING GRID / HVAC LAYOUT	12/3/99	
				CHECKED BY:		SCALE:	DWG. NO.	SHEET	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.
				G		3/16" = 1'-0"	4366TDEFENCE	M-3	



LTR	REVISION	BY	DATE	DRAWN BY:	PROJECT:	TITLE:	DATE:	COMARK BUILDING SYSTEMS, INC.	
A	ADJUSTED KITCHEN LAYOUT	B.S.	12/9/99	B.S.	OUTPATIENT TREATMENT OFFICE FT. DEFANCE, ARIZONA	ELECTRICAL SCHEMATIC	12/3/99		
				CHECKED BY:	SCALE:	DWG. NO.	SHEET	© 1999, COMARK BUILDING SYSTEMS, INC. All Rights Reserved.	
					3/16" = 1'-0"	4366TDEFANCE	E-1		



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**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.

<b>Sign Here</b>	Signature of U.S. person	Date
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**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. 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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**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).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**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 their 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 their 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, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, 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 instructions for Part II 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, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## 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

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

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 U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

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

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## 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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 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/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 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 made in settlement of payment card and third-party network transactions, 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), ABLE accounts (under section 529A), 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.

## 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> 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.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**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.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, 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 return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 877-777-4778 or TTY/TDD 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](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.