

107 N. Main, Suite 3A Columbia, IL 62236 (618) 589-2770 vendors@midamericacontracting.com

VENDOR INFORMATION SHEET

VENDUR INFURIVIATION SHEET						
Company Name:						
Address (if different than W-9):						
Office Phone:	fice Phone:Website:					
Primary Contact:		Title:				
Primary Email:	Phone:					
Accounting/Invoicing Contact:						
Accounting Email:						
Contract Signor:Email:						
Estimator contact:Email:						
Your State Unemployment Registration Number:						
Minority Status (MSD) Informat						
If your company has minority status, please give us the information below and attach copy of certificate:						
Certification Agency	Certificate Expiration	Tax ID	M/WBE Code			
	tive American Fe					

AF - Asian Pacific Female

AM - Asian Pacific Male

BF - Black Female

BM - Black Male

BM - Black Male

CM - Asian Indian

Female

CM - Asian Indian

WF - White Female

HM - Hispanic Male

WF - White Female

DAB - Disabled

WF - White Female

DV - Disabled Veteran

NOTE: Asian-Indian businesses are to be categorized as Other Minority Male (OM) or Other Minority Female (OF).

Form (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	2 Business name/disregarded entity name, if different from above							
e. ns on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check of following seven boxes. Individual/sole proprietor or Corporation S Corporation Partnership single-member LLC	only one of th	certa instri	in entuction	ions (co ities, no s on pa	ot indiv ge 3):	iduals;	
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes.	. Do not ched er of the LLC i	s code	nptior e (if ar	from F	ATCA :	reportin	ng
F Specific		quester's nam			ounts main		utside the	U.S.)
See	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par		0:-1						
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> ster		security _	numb	er -	-		
,,,,,,			er ident	ificati	on num	ber		
			_					
Par	t II Certification							

Pairt II Certification

Under penalties of perjury, I certify that:

- 1. 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
- 2. 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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

• Form 1099-INT (interest earned or paid)

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

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

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

We **require** an up-to-date COI prior to work commencing on site and before we can release payment.

Please provide a Certificate of Insurance (COI) naming Mid America Contracting Inc as "additional insured" and "certificate holder" with policy limits:

o General Liability Insurance – Policy Limits as follows:

LIMITS	
\$1,000,000	
\$ 100,000	
s 5,000	
\$1,000,000	
\$2,000,000	
\$2,000,000	
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o Automobile Liability Insurance- Policy Limits as follows:

	COMBINED SINGLE LIMIT (Each Occurrence)	\$500,000
	BODILY INJURY (Per person)	s
	BODILY INJURY (Per accident)	s
	PROPERTY DAMAGE (Per accident)	s
П		

o Workers Comp Insurance – Policy Limits as follows:

₩C STATU- OTH- TORY LIMITS ER	
E.L. EACH ACCIDENT	\$500,000
E.L. DISEASE - EA EMPLOYEE	s 500,000
E.L. DISEASE - POLICY LIMIT	s 500,000

All Policies and coverages must include the following as "additional insureds" under your policy and be provided on a valid Acord Certificate of Insurance:

The following verbiage is to be placed in the "description of operations..." box shown below.

Mid America Contracting Inc., including their officers, directors & employees are listed as additional insured.



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

CERTIFICATE HOLDER

Mid America Contracting, Inc. 107 N. Main Street, Ste 3A Columbia, IL 62236



Email to <u>vendors@midamericacontracting.com</u>. If you have questions, please email or call at 618-589-2770.