COMMONWEALTH of VIRGINIA

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400, Richmond, VA 23233
Telephone: (804) 367-8500

EXPIRES ON
06-30-2028

NUMBER
2705189220

BOARD FOR CONTRACTORS
CLASS A CONTRACTOR
CLASSIFICATIONS HIC

WE CRAWL SPACE CRAWLSPACE SOLUTIONS INC
WE CRAWL SPACES, WE CRAWL CRAWLSPACES LLC
528 CANTERBURY RD
VIRGINIA BEACH, VA 23452

DPOR

Laura V. McClintock, Director

Status can be verified at http://www.dpor.virginia.gov

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/201

(DETACH HERE

DPOR COMMONWEALTH of VIRGINIA
Department of Professional and Occupational Regulation

CLASS A BOARD FOR CONTRACTORS
CONTRACTOR

CLASSIFICATIONS HIC
NUMBER: 2705189220 EXPIRES: 06-30-2028

WE CRAWL SPACE CRAWLSPACE SOLUTIONS INC
WE CRAWL SPACES, WE CRAWL CRAWLSPACES LLC
528 CANTERBURY RD
VIRGINIA BEACH, VA 23452

(FOLD)

Status can be verified at http://www.dpor.virginia.gov

DPOR-PC (02/2017)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/28/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 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 certificate holder in lieu of such endorsement(s).

PRODUCER
Diamond Preferred Insurance Services, LLC
1217 Sandra Circle
Vista, CA 92083

CONTACT NAME: Cody Ingle
PHONE (A/C, No, Ext): 949-648-2922 **FAX (A/C, No):** 949-648-7453
E-MAIL ADDRESS: service@diamond-preferred.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Kinsale Insurance Company	38920
INSURER B :	Geico Marine Insurance Company	37923
INSURER C :	Carolina Casualty Insurance Company	10510
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
We Crawl Space Crawlspace Solutions Inc DBA
We Crawl Spaces & Foundation Repair
811 Juniper Crescent, Suite 4
Chesapeake VA 23320

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ✔ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✔ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ✔ PRO-JECT LOC	X	X	0100408208-0	10/17/2025	10/17/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ EXCLUDED
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS ✔ SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS ✔ Ded. $1,000			9300319271	04/28/2026	04/28/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Uninsured/Underinsured Motoris	$ 500,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		BNET831995518	10/19/2025	10/19/2026	✔ WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Pollution Liability	x	x	0100408208-0	10/30/2025	10/30/2026	Pollution Liability 1,000,000	$

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

Operations: Crawl Space Contractor
State(s) Covered: Virginia

- The certificate holder is included as additional insured under the General Liability and Pollution Liability policies, on a primary and non-contributory basis.
- A waiver of subrogation is also included in favor of the certificate holder under the General Liabilty and Pollution Liability policies.

- The Workers' Compensation policy is pending cancellation. Cancellation date: 05-14-2026.

CERTIFICATE HOLDER

We Crawl Space Crawlspace Solutions Inc DBA
We Crawl Spaces & Foundation Repair
811 Juniper Crescent, Suite 4
Chesapeake VA 23320

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Cody Ingle

Clear All

This bond form replaces any other version of this bond including the original issued on, 6/30/2026.

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Board for Contractors
SURETY BOND FORM

- *Virginia Board for Contractors* statutes require that the bond be issued for two years with an expiration date on the last day of the month, to coincide with the two-year license term.

Bond Number: 108505893 Effective Date: JUNE 30, 2026

Expiration Date: June 30, 2028

KNOW ALL MEN BY THESE PRESENTS:

That we, WE CRAWL SPACE CRAWLSPACE SOLUTIONS DBA WE CRAWL SPACES (Name of Contractor Firm (Legal name used on official government /business documentation.)) located at

811 JUNIPER CRES SUITE 4 CHESAPEAKE, VA 23320 (Contractor Firm Address) as Principal or Principals jointly and severally

and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation duly authorized to do business within the Commonwealth of Virginia, as Surety, are held and firmly bound unto the people of the Commonwealth in the full sum of $50,000 for which sum well and truly paid, said Principal(s) and Surety bind themselves, their heirs, executors, administrators, successors and assignees jointly and severally, firmly by these presents; provided, (1) that the maximum amount payable by the Surety for a claim arising out of a single transaction which meets the requirements as set forth in § 54.1-1120.1 of the Code of Virginia shall be $20,000; and (2) that the aggregate liability of the Surety under this bond, to any and all persons, regardless of the number of single claims made against the bond or the number of years the bond remains in force, shall in no event exceed the amount of the bond, $50,000.

WHEREAS, the above bounden Principal(s) desires a license be issued by the Virginia Board for Contractors (the Board) and must demonstrate the requisite financial responsibility pursuant to Virginia Code §§ 54.1-1106 and 1108; and

WHEREAS, this bond executed by the said Principal(s) and Surety is filed with the Board in compliance with the provisions of §§ 54.1-1106 and 1108 of the Virginia Code to enable said Principal(s) to obtain a license from the Board under the provisions of those statutes and § 54.1-1109.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if the Principal(s) shall faithfully observe and honestly comply with the provisions of Chapter 11 (§ 54.1-1100 et seq.) of Title 54.1 of the Code of Virginia, Board regulations, and other applicable requirements of law governing contractors, then this obligation shall become void; otherwise it shall remain in force and effect.

PROVIDED FURTHER, this Bond is issued subject to the following terms, conditions, and privileges:

1. Pursuant to subsection C of § 54.1-1120.1 of the Virginia Code, the Surety shall:

   (a.) notify the Board in the event a claim is made against the bond and when a claim is paid. Such notification shall include the claim amount and the circumstances surrounding said claim.

   (b.) have the right to cancel this bond upon 30 days prior written notice to the Board at the address of the Department of Professional and Occupational Regulation, at 9960 Mayland Drive, Suite 400, Richmond, Virginia 23233.

      (i.) The written notice shall state the effective date of the cancellation, and shall be personally served or sent by registered mail, return receipt requested.

      (ii.) Such cancellation shall not operate to relieve, release, or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the 30-day notification period.

2. This bond shall not expire sooner than the expiration date of the license for which it is issued, but shall remain in full force and effect until cancelled as provided above.
3. It is expressly agreed and understood that the surety shall remain fully liable and default of breach under the terms of this Bond occurring at any time prior to the expiration or cancellation of the Bond.
4. In no event shall the Surety be liable for damages greater than the sum of this Bond, $50,000.

IN WITNESS THEREOF, the Principal(s) hereunder affixed their signature(s) and seal, and the Surety caused this document to be executed by: ERIC FAUERBACH

who is duly authorized Attorney-in Fact, this 1ST day of JUNE, 2026.

WE CRAWL SPACE CRAWLSPACE SOLUTIONS DBA WE CRAWL SPACES
Name of Contractor Firm

(Seal)

Title (Must be member of Responsible Management)
ROBERT JOHN ZALLER

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
Name of Surety Company

(Seal) TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

Attorney-in-Fact ERIC FAUERBACH

ACKNOWLEDGEMENT OF PRINCIPAL

STATE OF _____ ☐ CITY ☐ COUNTY of _____
(City/County)

I, _____, a Notary Public in and for the City/County and State aforesaid, do certify that
(Notary Name)

_____, whose name(s) is/are signed to the above bond, dated the _____,
(Principal's Name)

day of _____, _____, personally appeared before me at _____

and acknowledged same.

Subscribed and sworn before me this ___,day of _____, _____.

My commission expires the ___, day of _____, _____.

Affix official seal here.

_____
Signature of Notary Public

(Affidavit and Acknowledgement of Surety to follow.)

AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY

STATE OF SOUTH CAROLINA ☐ CITY ☑ COUNTY of CHARLESTON (City/County) to-wit:

I, JASON O'LEARY (NOTARY PUBLIC NAME), a Notary Public in and for the City/County and State aforesaid, do certify that ERIC FAUERBACH (Official or Attorney-In-Fact Name) personally appeared before me and made oath that he is ATTORNEY IN FACT (Title of Official or Attorney-in-Fact) of the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company Name), that he is duly authorized to execute the foregoing bond by virtue of a certain power of attorney of said company, dated JUNE 1, 2026 (Dated), and that said power of attorney has not been revoked; that the said company is legally qualified to do business in the Commonwealth of Virginia; and that the said ERIC FAUERBACH (Official or Attorney-In-Fact Name) thereupon, in the name and on behalf of the said company, acknowledged and and foregoing writing as its act and deed.

Subscribed and sworn before me this 1ST day of JUNE, Year 2026

My commission expires JUNE 10, 2035 (DATE)

My Notary Registration Number is N/A (SIX-DIGITS)

Affix official seal here.

JASON O'LEARY NOTARY PUBLIC STATE OF SOUTH CAROLINA MY COMMISSION EXPIRES 6-10-2035

Signature of Notary Public

OFFICE USE ONLY	DATE	ENTITY #	FILE #/LICENSE #

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint **ERIC FAUERBACH** of **NORTH CHARLESTON, SC** their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108505893 **Principal:** We Crawl Space Crawlspace Solutions

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **16th** day of **February, 2024.**

State of Connecticut

City of Hartford ss.

By: _____
Bryce Grissom, Senior Vice President

On this the **16th** day of **February, 2024**, before me personally appeared **Bryce Grissom**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 1st day of June , 2026.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

109430

CITY OF CHESAPEAKE
BUSINESS LICENSE

VICTORIA L. PROFFITT
Commissioner of the Revenue
PO Box 15285
Chesapeake, Va 23328-5285

VALID ONLY WHEN PAID

SN78 5/8/2026 †
CS Date: 5/11/2026
CS#: 5137, Grp#: 82291
Misc - Seq:1 Bill: 2602528
Desc: BUSINESS OCCUPANT LICENSE
Amount: $6,763.55
Misc - Seq:2 Bill: 000000000
Desc: Credit Card convenience fee
Amount: $148.80

B

WE CRAWL SPACE CRAWLSPACE SOLU
528 CANTERBURY ROAD
VIRGINIA BEACH VA 23452

WE CRAWL SPACES
811 JUNIPER FORES # 4 $6,912.35
CHESAPEAKE VA 23320

2602528

TYPE OF BUS	YEAR	BASIS	TAX/FEE	PENALTY	INTEREST	TOTAL
340 PERS SERV	25 TAX	687,851	2,363.55	0.00	0.00	2,363.55
340 PERS SERV	26 TAX	1,350,000	4,350.00	0.00	0.00	4,350.00
130 CONTRACTOR	26 TAX	150,000	50.00	0.00	0.00	50.00

OATH.>> I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature & Title of applicant for license:

Signature & Title of Authorized Agent: Robert Zahn President

THIS LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR.

I, the Commissioner of the Revenue, do find the foregoing application in due form. Therefore, Licenses are this day severally granted the applicant named in the application to prosecute the businesses, employments or professions covered by the application as indicated by the extension of the taxes thereon, and their payment as indicated hereon, at the definite house or place in my city described in the application. This license shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties and interest) as shown on the foregoing application and hereon, be paid to the treasurer of my City.

Signature: VICTORIA L PROFFITT (CUB)
Victoria L. Proffitt (Commissioner of the Revenue)

Date: 05/08/2026

Phone #.....: 757-284-6885
Census Tract #.: 20801
Date Began Bus. In Chesapeake..: 05/08/2025
Decal #.....: 2602456

Taxes/Fees Paid: 6,763.55
Penalty Paid...: 0.00
Interest Paid..: 0.00
Total Paid.....: 6,763.55

EMAIL: bustax@ cityofchesapeake.net
VISIT OUR WEBSITE AT www.cityofchesapeake.net/comrev

BTLIC

Form **W-9**
(Rev. March 2024)
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.

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.

1 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.)

We Crawl Space Crawlspace Solutions, Inc

2 Business name/disregarded entity name, if different from above.

We Crawl Spaces

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: 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.

☐ Other (see instructions)

4 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.)

3b 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 . . . . . ☐

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

811 Juniper Cres #4

Requester's name and address (optional)

6 City, state, and ZIP code

Chesapeake VA 23320

7 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.

Social security number

			–			–				

or

Employer identification number

9		–	1	7					

Part 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
3. I am 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 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.

Sign Here | **Signature of U.S. person** Robert Zaller | **Date** 06/22/2026

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*.

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