

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

CM2597

CONTRACTOR INFORMATION

Name: R.L. Lightning Prediction Service

Address: 2221 West Clovelly Lane Saint Augustine FL 32092

City State Zip

Contractor's Administrator Name: Roger Lindsay Title: Thor Guard -Territory Manager

Tel#: (904) 502-8871 Fax: _____ Email: Rlindsay@thorguard.com

CONTRACT INFORMATION

Contract Name: Thor Guard Lightening Prediction & Warning Service/Me Contract Value: Annual \$2,850.00

Brief Description: Service/Maintenance Agreement for systems located at American Beach, Bryceville Ball Park, Callahan Ball Park, Hilliard Ball Park, Yulee Ball Park, and Peters Point Park. (Territory Manager Change)

Contract Dates : From: 10/1/18 to: 9/30/19 Status: ___ New ___ Renew ___ Amend# X WA/Task Order

How Procured: XX Sole Source ___ Single Source ___ ITB ___ RFP ___ RFQ ___ Coop. ___ Other _____

If Processing an Amendment:

Contract #: CM2110-AR03 Increase Amount of Existing Contract: _____ No Increase only a Territory Manager Change

New Contract Dates: ~~10/1/18~~ to ~~9/30/19~~ TOTAL OR AMENDMENT AMOUNT: ~~No Increase~~

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- | | | | |
|----|--|----------------|--------------------------------------|
| 1. | <u><i>[Signature]</i></u> | <u>9-6-18</u> | <u>Parks & Recreation</u> |
| | Department Head Signature | Date | Submitting Department |
| 2. | <u><i>[Signature]</i></u> | <u>9/12/18</u> | <u>01075572-546020 ms</u> |
| | Contract Management | Date | Funding Source/Acct # <u>9/12/18</u> |
| 3. | <u><i>[Signature]</i></u> | <u>9/18/18</u> | |
| | Office of Management & Budget | Date | |
| 4. | <u><i>[Signature]</i></u> | <u>9/12/18</u> | |
| | County Attorney (approved as to form only) | Date | |

Comments: _____

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 9/12/18


Michael Mullin Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance

2018 SEP 18 AM 11:14

Nassau County Board of County Commissioners
Sole Source/Single Source Certification Form

Vendor Name: Thor Guard, Inc. Department: Fac. Maint./Parks & Recreation
Address: 1193 Sawgrass Corporate Parkway Department Head Signature: 
Sunrise, Fl. 33323
Phone: 904-835-0900 Date: 9/6/18
Contact Name: Robert M. Dugan Account: 01075572-546020

Description of Commodity:
Lightning Prediction and Weather Warning Systems for Beach Front Parks and Ball Parks for the safety of citizens and Visitors.

Check one (1) of the following two (2) choices:

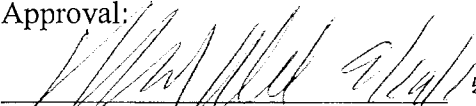
- Sole Source: The required goods or services can only be procured from one vendor.
- Single Source: The required goods or services can be purchased from multiple vendors, but in order to meet certain functional or performance requirements only one economically feasible source exists.

Please check all of the following that apply:

- Purchase can only be obtained from original manufacturer-not available through distributors.
- Only authorized area distributor of the original manufacturer.
- Parts/Equipment are not interchangeable with similar parts of another manufacturer.
- This is the only known source that will meet the specialized needs of this department or perform the intended function.
- This source must be used to meet warranty or service maintenance requirements.
- This source is required for standardization.
- None of the above apply.

Comments/Explanations: (required)

The Lightning Prediction and Weather Warning System can only be procured from this vendor. Systems have been installed since 2012, this document is to change the Territory Manager from NF Lightning Prediction Service to RL Lightning Prediction Service to provide Service & Maintenance Agreement.

Approval: 
County Manager Date

J8
9/6/18



Integrated Lightning Prediction and Warning Systems

September 6, 2018

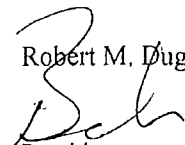
Regarding North Florida THOR GUARD Representative
From THOR GUARD Corporate Offices: Sunrise, FL

In the Spring of 2018, THOR GUARD appointed a new Representative for the Northern Florida and extreme Southern Georgia Territories. Roger Lindsay of RL Florida Lightning Prediction Services, will be THOR GUARD's approved Representative responsible for sales, service and installation.

Roger's contact information is provided so that you can reach him for all of your THOR GUARD related needs. Roger's email is rlindsay@thorguard.com and his phone number is (904) 502-8871.

Thank you for being a THOR GUARD Customer.

Robert M. Dugan



President

RL Lightning Prediction Service LLC

Thor Guard, Inc.

American Beach	\$ 475.00
Bryceville Ball Park	\$ 475.00
Callahan Ball Park	\$ 475.00
Hilliard Ball Park	\$ 475.00
Peters Point	\$ 475.00
Yulee Ball Park	\$ 475.00

Service Agreement	\$ 2,850.00
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Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: American Beach

Service/Preventive Maintenance Agreement

Thor Guard is a vital safety device and an integral component of your daily operations. Keeping your THOR GUARD lightning prediction and warning system operating properly is critical. This equipment needs to be maintained on a regular basis. The primary purpose of this maintenance program is to perform a complete and thorough system analysis four to six times annually, frequency defined by the environmental conditions in your geographic area. The following service procedures will be performed as part of this service agreement.

- Check Hyperstatic Sensor (typically on roof)
- Diagnostic test of base system to ensure proper working order
- Diagnostic test of remote horn locations
- Battery load test at base and all remote locations
- Compression check and horn test at all locations
- Transmitter and receiver check
- Up-Grade system to new & improved circuit board chip if necessary to improve performance
- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

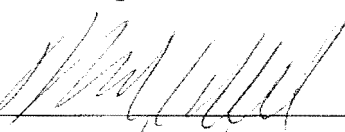
Please note that the primary purpose of this agreement is to ensure that all aspects of your lightning prediction and warning system are operating properly on the day of each service call. The customer, however, is responsible for daily, routine maintenance of their Thor Guard system in order to guarantee that it is operating properly on an everyday basis. Neither Thor Guard nor the Service Agent is responsible for any disruption of service due to normal wear and tear after this maintenance service agreement is completed.

Please send a signed copy of this agreement, along with your payment to :
RL Lightning Prediction Services LLC
2221 West Clovelly lane
Saint Augustine, Fl 32092

In addition to the scheduled visits to your facility for preventive maintenance, I will be available for service calls in the unlikely event of any system failures.

Note: This agreement excludes all parts and repair labor.

The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By:  Customer Name: Nassau County Board of County Commissioners
 Date: 9/19/18 Roger Lindsay – Territory Manager

Grayson Hagins

From: Roger Lindsay <rlindsay@thorguard.com>
Sent: Friday, September 07, 2018 10:22 AM
To: Grayson Hagins
Subject: Re: Nassau County Agreements (Thorguard)

Hi Grayson,
Correct, Automatically renewing annually.
Thanks
Roger

Roger Lindsay
Thor Guard Territory Manager
Rlindsay@thorguard.com
904.502.8871

On Fri, Sep 7, 2018 at 8:44 AM, Grayson Hagins <ghagins@nassaucountyfl.com> wrote:

When you say "renewing" you mean automatically every year correct? Sorry, I just need to be clear.

Grayson Hagins

Contract/Purchasing Manager

Nassau County Board of County Commissioners

96135 Nassau Place, Suite 6

Yulee, FL 32097

ghagins@nassaucountyfl.com

(904) 530-6040

From: Roger Lindsay <rlindsay@thorguard.com>
Sent: Friday, September 07, 2018 8:25 AM
To: Grayson Hagins <ghagins@nassaucountyfl.com>
Subject: Re: Nassau County Agreements (Thorguard)

Good Morning Grayson,

Probably easiest to just have it renewing.

Thanks

Roger

On Fri, Sep 7, 2018, 8:09 AM Grayson Hagins <ghagins@nassaucountyfl.com> wrote:

Good morning Roger,

I've received the agreements for 6 areas of need for lightning protection. However on the agreements, it specifies only a single term from 10/1/18-9/30/19. Will the agreement automatically renew or should we create a new agreement each year? Doesn't bother us, just wanted to make sure. Thank you!

Grayson Hagins

Contract/Purchasing Manager

Nassau County Board of County Commissioners

96135 Nassau Place, Suite 6

Yulee, FL 32097

ghagins@nassaucountyfl.com

(904) 530-6040

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, please do not send electronic mail to this entity. Instead, please contact this office by phone or in writing.

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Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: Bryceville Fields

Service/Preventive Maintenance Agreement

Thor Guard is a vital safety device and an integral component of your daily operations. Keeping your THOR GUARD lightning prediction and warning system operating properly is critical. This equipment needs to be maintained on a regular basis. The primary purpose of this maintenance program is to perform a complete and thorough system analysis four to six times annually, frequency defined by the environmental conditions in your geographic area. The following service procedures will be performed as part of this service agreement.

- Check Hyperstatic Sensor (typically on roof)
- Diagnostic test of base system to ensure proper working order
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- Battery load test at base and all remote locations
- Compression check and horn test at all locations
- Transmitter and receiver check
- Up-Grade system to new & improved circuit board chip if necessary to improve performance
- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

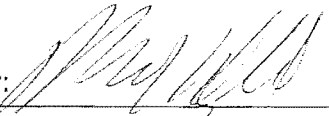
Please note that the primary purpose of this agreement is to ensure that all aspects of your lightning prediction and warning system are operating properly on the day of each service call. The customer, however, is responsible for daily, routine maintenance of their Thor Guard system in order to guarantee that it is operating properly on an everyday basis. Neither Thor Guard nor the Service Agent is responsible for any disruption of service due to normal wear and tear after this maintenance service agreement is completed.

Please send a signed copy of this agreement, along with your payment to :
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2221 West Clovelly lane
Saint Augustine, Fl 32092

In addition to the scheduled visits to your facility for preventive maintenance, I will be available for service calls in the unlikely event of any system failures.

Note: This agreement excludes all parts and repair labor.

The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By:  Customer Name: Nassau County Board of County Commissioners
 Date: 2/14/19 Roger Lindsay – Territory Manager



Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: Callahan Park

Service/Preventive Maintenance Agreement

Thor Guard is a vital safety device and an integral component of your daily operations. Keeping your THOR GUARD lightning prediction and warning system operating properly is critical. This equipment needs to be maintained on a regular basis. The primary purpose of this maintenance program is to perform a complete and thorough system analysis four to six times annually, frequency defined by the environmental conditions in your geographic area. The following service procedures will be performed as part of this service agreement.

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- Transmitter and receiver check
- Up-Grade system to new & improved circuit board chip if necessary to improve performance
- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

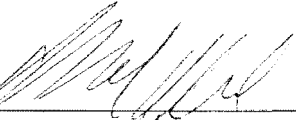
Please note that the primary purpose of this agreement is to ensure that all aspects of your lightning prediction and warning system are operating properly on the day of each service call. The customer, however, is responsible for daily, routine maintenance of their Thor Guard system in order to guarantee that it is operating properly on an everyday basis. Neither Thor Guard nor the Service Agent is responsible for any disruption of service due to normal wear and tear after this maintenance service agreement is completed.

Please send a signed copy of this agreement, along with your payment to :
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Saint Augustine, FL 32092

In addition to the scheduled visits to your facility for preventive maintenance, I will be available for service calls in the unlikely event of any system failures.

Note: This agreement excludes all parts and repair labor.

The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By: 

Customer Name: Nassau County Board of County Commissioners

Date: 9/14/19

Roger Lindsay – Territory Manager



Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: Hilliard Park

Service/Preventive Maintenance Agreement

Thor Guard is a vital safety device and an integral component of your daily operations. Keeping your THOR GUARD lightning prediction and warning system operating properly is critical. This equipment needs to be maintained on a regular basis. The primary purpose of this maintenance program is to perform a complete and thorough system analysis four to six times annually, frequency defined by the environmental conditions in your geographic area. The following service procedures will be performed as part of this service agreement.

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- Transmitter and receiver check
- Up-Grade system to new & improved circuit board chip if necessary to improve performance
- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

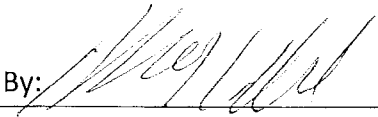
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Saint Augustine, FL 32092

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The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By:  Customer Name: Nassau County Board of County Commissioners
 Date: 9/14/18 Roger Lindsay – Territory Manager



Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: Yulee Park

Service/Preventive Maintenance Agreement

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- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

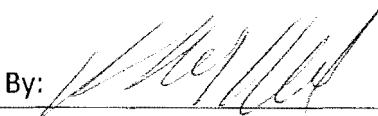
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Saint Augustine, Fl 32092

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Note: This agreement excludes all parts and repair labor.

The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By:  Customer Name: Nassau County Board of County Commissioners
 Date: 2/14/19 Roger Lindsay – Territory Manager



Integrated Lightning Prediction and Warning Systems

Nassau County Parks & Recreation, Re: Peters Point

Service/Preventive Maintenance Agreement

Thor Guard is a vital safety device and an integral component of your daily operations. Keeping your THOR GUARD lightning prediction and warning system operating properly is critical. This equipment needs to be maintained on a regular basis. The primary purpose of this maintenance program is to perform a complete and thorough system analysis four to six times annually, frequency defined by the environmental conditions in your geographic area. The following service procedures will be performed as part of this service agreement.

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- Provide additional training, if needed

One Year Maintenance Fee: \$475.00

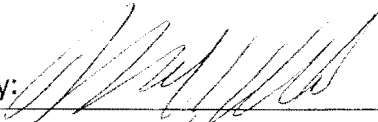
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2221 West Clovelly lane
Saint Augustine, Fl 32092

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The above service agreement is understood and agreed upon: 10/1/2018 – 9/30/2019

By:  Customer Name: Nassau County Board of County Commissioners
 Date: 9/19/18 Roger Lindsay – Territory Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2018

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).

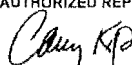
PRODUCER Keyes Coverage Insurance 5900 Hiatus Road Tamarac FL 33321	CONTACT NAME: Brandy Guzman PHONE (A/C, No, Ext): 954-724-7000 FAX (A/C, No): 954-724-7024 E-MAIL ADDRESS: bguzman@keyescoverage.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Hallmark Specialty Insurance Company 26808 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED 15386 RL Lightning Prediction Services, LLC 2221 W. Clovelly Lane St. Augustine FL 33092	

COVERAGES CERTIFICATE NUMBER: 427550804 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		G09400338-0	7/6/2018	7/6/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Nassau County Board of County Commissioners is included as an additional insured when required by signed written contract

CERTIFICATE HOLDER Nassau County Board of County Commissioners 76347 Veterans Way ST 1010 Yulee FL 32097	CANCELLATION 30 days cancellation-10 days non-pay 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 
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Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="font-size: 1.2em; margin-left: 20px;">ROGER LINDSAY</p>	
	2 Business name/disregarded entity name, if different from above <p style="font-size: 1.2em; margin-left: 20px;">RH LIGHTNING Prediction Services, LLC</p>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. <p style="font-size: 1.2em; margin-left: 20px;">2221 W. CLOVELLY LANE</p>	Requester's name and address (optional)
	6 City, state, and ZIP code <p style="font-size: 1.2em; margin-left: 20px;">SAINT AUGUSTINE, FL 32092</p>	
	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.

Social security number								

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number								
8	3	-	1	0	6	4	8	4

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.

Sign Here	Signature of U.S. person ▶	Date ▶ 6.28.18
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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.

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-DIV (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.