



PROPOSAL DOCUMENT REPORT

IFB No. IFB-036-23-JJ

On-Site Cryogenic Oxygen Facility Services

RESPONSE DEADLINE: January 19, 2023 at 3:00 pm

Report Generated: Thursday, March 23, 2023

Ranch Cryogenics Inc. Proposal

CONTACT INFORMATION

Company:

Ranch Cryogenics Inc.

Email:

mblock@ranchcryogenics.com

Contact:

Mayda Block

Address:

32580 North 1500 East Road
Blackstone, IL 61313

Phone:

(815) 343-1812

Website:

www.ranchcryogenics.com

Submission Date:

Jan 18, 2023 3:02 PM

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. SUBMITTAL CHECKLIST CONFIRMATION*

The items below are required components of your solicitation response in order for your bid/proposal/submittal to be considered responsive and responsible. Please confirm this submittal includes the following items in this checklist

A. Forms and Certifications (Completed)

1. This Submittal Checklist Confirmation
2. Information Required from Bidders
3. Bid Form (see [#PRICING \(BID FORM\)](#))
4. Vendor Reference Form*
5. Hold Harmless and Indemnity Clause
6. Non-Collusion Statement
7. Sworn Statement...Public Entity Crimes
8. Certifications Regarding Debarment
9. Drug-Free Workplace Program
10. Solicitation, Giving, and Acceptance
11. W-9 (Request for Taxpayer Identification)
12. Trench Safety Form

13. Bid Guaranty Form
14. List of Subcontractors
15. Certificate(s) of insurance that meet the requirements of the [#SPECIAL TERM AND CONDITIONS](#) section.
16. Proof of State of Florida Sunbiz Registration
17. Acknowledgement and Signature Questionnaire

This checklist is only a guide, please read the entire solicitation to ensure that your submission includes all required information and documentation.

Confirmed

2. INFORMATION REQUIRED FROM BIDDERS*

GENERAL INFORMATION

The Bidder shall furnish the following information. Failure to comply with this requirement may cause its rejection. Additional sheets shall be attached as required.

- A. Contractor's License (attach copy):
 1. Primary Classification:
 2. Broward County License Number (attach copy):
- B. Number of years as a Contractor in construction work of the type involved in this Contract:
- C. List the names and titles of all officers of Contractor's firm:
- D. Name of person who inspected site or proposed work for your firm:
 1. Name:
 2. Date of Inspection:
- E. What is the last project of this nature you have completed?

- F. Have you ever failed to complete work awarded to you; if so, where and why?
- G. Name three individuals or corporations for which you have performed work and to which you refer:
- H. List the following information concerning all contracts on hand as of the date of submission of this proposal (in case of co-venture, list the information for all coventures).
 - 1. Name of Project
 - 2. City
 - 3. Total Contract Value
 - 4. Contracted Date of Completion
 - 5. % Completion to Date
- I. What equipment do you own that is available for the work?
- J. What equipment will you purchase for the proposed work?
- K. List at least three (3) similar projects completed within the last seven (7) years by the bidder and the proposed project manager. For purposes of this requirement, 'similar' projects shall be considered to include projects of similar size and scope as outlined in the Scope of Work/Services section. mechanical integrity testing of Class I injection wells connected to different water or wastewater treatment equipment and mechanical piping systems. 'Similar' projects shall have been performed on injection wells with depths of at least 2,500 feet below land surface and have a minimum value of \$25,000 each. Include owner, project value, completion date, reference contact information and brief project description. The determination of whether a project is sufficiently similar shall be at the sole discretion of the City and the Engineer.
- L. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.
- M. Information and/or documentation that addresses and/or meets the requirements outlined in the Scope of Work/Services section, including any procedural or technical enhancements/innovations which do not materially deviate from the objectives or required content of the Scope of Work/Services.

NOTE: If requested by CITY, the Bidder shall furnish a notarized financial statement, references and other information, sufficiently comprehensive to permit an appraisal of its current financial condition.

City_of_Hollywood_Bid_General_Info_01182023.xlsx

3. PRICING (BID FORM)*

I understand that I shall insert my pricing electronically in the [#PRICING \(BID FORM\)](#) section.

Confirmed

4. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload.

- [Vendor Reference Form.pdf](#)

Vendor_Reference_Form.pdf

5. HOLD HARMLESS AND INDEMNITY CLAUSE*

I, an authorized representative, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Confirmed

6. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

7. SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES*

Please download the below documents, complete, and upload.

- [Sworn Statement Public Enti...](#)

Sworn_Statement_Public_Entity_Crimes_(1).pdf

8. CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS*

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or

commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Confirmed

9. DRUG-FREE WORKPLACE PROGRAM*

- A. IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
 - 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
 - 2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
 - 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
 - 4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer

of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Confirmed

10. SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY *

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,

- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

Confirmed

11. W9 FORM*

Please download the below documents, complete, and upload.

- [Form 11 - W-9.pdf](#)

W9_-_April,_2022.pdf

12. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

23-2474081

[Click to Verify](#) *Value will be copied to clipboard*

13. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:*

1987

STATE INCORPORATED/ORGANIZED:*

Pennsylvania

REMITTANCE ADDRESS*

32580 N 1500 East Road, Blackstone, IL 61313

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*

Mayda I. Block, Vice President of Sales

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.*

Confirmed

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.*

Confirmed

PRICE TABLES

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Quarterly scheduled diagnostic and adjustment service: Includes but not limited to: a) Oxygen production process review to calculate critical system operating parameters, b) Equipment record review in determining repair and maintenance frequency, and c) Recommendation on energy conversation and Oxygen utilization	100	Hours	\$225.00	\$22,500.00
2	Annual Turnaround - three (3) technicians for one (1) week: Includes but not limited to: a) Instrumentation calibration and analysis of set parameters, b) Complete shut down and start of cryogenic plant, and c) Schedule preparation for cost of labor, parts and equipment for preventative maintenance.	288	Hours	\$225.00	\$64,800.00
3	On-call Service - twice annually: Includes but not limited to: a) Troubleshooting equipment problems, b) Resolve special problems related to oxygen process production, and c) Equipment, materials and parts supply.	80	Hours	\$225.00	\$18,000.00
4	Markup Percentage for Materials: (Maximum of 10%) The City estimates our annual purchase to be \$50,000 of materials. On the Unit Price, write down the % amount and total. [For example, 5% would be \$2,500].	1	% (Markup Percentage)	\$5,000.00	\$5,000.00
TOTAL					\$110,300.00

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RCI: Incumbent Vendor
 Reference for: _____

Organization/Firm Name providing
reference: _____

Organization/Firm Contact

Title: _____

Name: _____

Email: _____

Phone: _____

Name of Referenced Project: _____

Contract No: _____

Date Services were provided: _____

Project

Amount: _____

Referenced Vendor's role in
Project:

☐ Prime Vendor

☐ Subcontractor/
Subconsultant

Would you use the Vendor
again?

☐ Yes

☐ No. Please specify in additional
comments

Description of services provided by Vendor (provide additional sheet if necessary):

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	☐	☐	☐	☐
b. Accuracy	☐	☐	☐	☐
c. Deliverables	☐	☐	☐	☐
Vendor's Organization:				
a. Staff expertise	☐	☐	☐	☐
b. Professionalism	☐	☐	☐	☐
c. Staff turnover	☐	☐	☐	☐
Timeliness/Cost Control of:				
a. Project	☐	☐	☐	☐
b. Deliverables	☐	☐	☐	☐

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	☐	Verbal:	☐	Mail: ☐
Verified by:	Name:				Title:
	Department:				Date:

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY
CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY
PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to the City of Hollywood by
CHRIS DUFFY for RANCH CRYOGENICS, INC
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is
32580 N 1500 EAST RD BLACKSTONE, IL 61313
and if applicable its Federal Employer Identification Number (FEIN) is 23-2474081. If the
entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida
Statutes, means a violation of any state or federal law by a person with respect to and
directly related to the transaction of business with any public entity or with an agency or
political subdivision of any other state or with the United States, including, but not limited
to, any bid, proposal, reply, or contract for goods or services, any lease for real property,
or any contract for the construction or repair of a public building or public work, involving
antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material
misinterpretation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b),
Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or
without an adjudication of guilt, in an federal or state trial court of record relating to charges
brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury
trial, or entry of a plea of guilty or nolo contendere.
4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes,
means:
 1. A predecessor or successor of a person convicted of a public entity crime, or
 2. An entity under the control of any natural person who is active in the management
of the entity and who has been convicted of a public entity crime. The term "affiliate"
includes those officers, directors, executives, partners, shareholders, employees,
members, and agents who are active in the management of an affiliate. The
ownership by one person of shares constituting a controlling interest in another
person, or a pooling of equipment or income among persons when not for fair
market value under an arm's length agreement, shall be a prima facie case that
one person controls another person. A person who knowingly enters into a joint
venture with a person who has been convicted of a public entity crime in Florida
during the preceding 36 months shall be considered an affiliate.
- 5 I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes,
means any natural person or any entity organized under the laws of any state or of the
United States with the legal power to enter into a binding contract and which bids or applies
to bid on contracts let by a public entity, or which otherwise transacts or applies to transact

business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

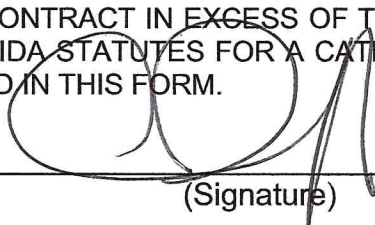
X Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida,

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

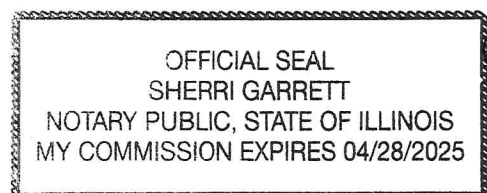

(Signature)

Sworn to and subscribed before me this 18th day of January, 2023.

Personally known Chris Duffy

Or produced identification _____ Notary Public-State of Illinois

(Type of identification) my commission expires 4-28-2025



Sherri Garrett
Printed, typed or stamped commissioned name of notary public)

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.

Ranch Cryogenics, Inc.

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

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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

11845 S Brewster Rd

6 City, state, and ZIP code

Dwight, IL 60421

7 List account number(s) here (optional)

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

2 3 - 2 4 7 4 0 8 1

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 ►

Date ► April 29, 2022

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.