



IMPORTANT INSTRUCTIONS

This application is required for certification with the City of Jacksonville utilizing the above numbered Ordinance enacted on August 10, 2004.

This application is to be completed by: (i) businesses applying for initial JSEB certification; (ii) businesses that have had changes in the ownership, control or independence of the business since last certified by the City of Jacksonville; or (iii) businesses that have allowed their certification to expire or that have otherwise been de-certified or denied re-certification.

INSTRUCTIONS FOR COMPLETING

1. Submit the original application in ink or typewritten.
2. Answer every question completely. Additional responses may be attached. Indicate questions which do not apply to the applicant's business with "N/A."
3. Provided all documents requested simultaneously with the submission of the application.
4. The owner must sign the application and have it notarized. The Notary Public cannot be a relative of the owner or an owner, officer or director of the business.
5. Failure to complete the application as instructed will delay processing and may result in denial of JSEB certification.
6. An "Owners Net Worth" statement must be submitted for each qualifying owner, and must be notarized.
7. If the business is applying for Minority Business Enterprise ("MBE") classification, as defined in §126.609, Jacksonville Ordinance Code, use the ATTACHED, "Determination of Social Disadvantage" form which must be completed and signed for each qualifying owner.
8. The business must provide written notification to the Equal Business Opportunity/Contract Compliance (EBO Division of the Central Operations Department of any changes, such as changes in business name, address, ownership, control, residency, licensure, or conflicts of interest, within 10 business days after the change.
9. Prior to submission of the application, the business must register with the City's online procurement system. Go to www.coj.net/jaxpro and follow the registration procedures completely.
10. Per enacting legislation, all certified JSEBs must meet educational requirements in order to remain in the program. You will be contacted upon approval of your application by the EBO Division for attendance at an orientation, at which time you will learn about conducting business with the city. Educational requirements will also be discussed at this orientation session.

By executing this application, the business agrees to abide by the requirements of Chapter 126, Part 6, Jacksonville Ordinance Code, and that, upon application approval and receipt of a certification letter indicating the period of certification regarding the same, it is the business' responsibility, with or without EBO notification, to submit an affidavit for re-certification within 60 calendar days before the date on which the period of certification ends or expires.

City of Jacksonville (FL) Jacksonville Small Emerging Business (JSEB) CERTIFICATION

SUPPORTING DOCUMENTS NEEDED – checklist

Sole Proprietor	Partnership	Limited Liability Company	Corporation	√ info included or N/A	
					<ul style="list-style-type: none"> • EVERY space on the application must be completely filled out (or use N/A); then must be notarized. • <i>Owners Net Worth</i> forms for ALL owners; signed and then the document(s) must be notarized. • If seeking MBE status the <i>Determination of Social Disadvantage</i> form must be completed and signed. • Copies of the following documents are required when submitting your application:
					1. IRS form <i>W-9</i> completed (use firm Tax ID number ONLY) and signed
S	P	L	C	<input type="checkbox"/>	2. Drivers License (preferred) or state issued photo ID for ALL owners
S	P	L	C	<input type="checkbox"/>	3. Proof of citizenship for ALL owners: Birth Certificate, Voter's Registration Card, Permanent Resident Alien Status, Passport, or Naturalization Papers
S	P	L	C	<input type="checkbox"/>	4. If applicable - when requesting MBE status: Proof of Ethnicity for ALL owners: Voters Card, Birth Certificate, or Tribal Registration
S	P	L	C	<input type="checkbox"/>	5. Proof of residency for ALL owners: Homestead Exemption, Ad Valorem tax notification OR for non-homeowners a "Domicile Document" available at their county courthouse
S	P	L	C	<input type="checkbox"/>	6. Last three years of complete Personal Federal Tax Returns (1040) for ALL owners
S	P	L	C	<input type="checkbox"/>	7. Current Business Tax Receipt; plus other counties issued
S	P	L	C	<input type="checkbox"/>	8. Current Professional and Special License(s) are REQUIRED for qualifying owners
S	P	L	C	<input type="checkbox"/>	9. Dept. of Business & Professional Regulation "Certificate of License Status" form
S	P	L	C	<input type="checkbox"/>	10. Resume for each owner: to include education, employment history, training, experience, day-to-day duties and appropriate business skills
S	P	L	C	<input type="checkbox"/>	11. Copies of other current minority, woman or small business enterprise certification letters
S	P	L	C	<input type="checkbox"/>	12. Last three years of complete company federal tax returns (include affiliates)
S	P	L	C	<input type="checkbox"/>	13. Last three years of financial statements (aka: book value) prepared by independent CPA or accountant
S	P	L	C	<input type="checkbox"/>	14. Company check writing "signature" card (obtained from company's bank)
S	P	L	C	<input type="checkbox"/>	15. Company "Line of Credit" bank documents
S	P	L	C	<input type="checkbox"/>	16. List of assets, equipment, inventory and approximate value, owned by firm
S	P	L	C	<input type="checkbox"/>	17. Proof of capital investment for assets, equipment and/or inventory which may include purchase of a business. Include receipts or have the list notarized.
S	P	L	C	<input type="checkbox"/>	18. Equipment purchase or rental agreements
S	P	L	C	<input type="checkbox"/>	19. Building / office lease / rental agreement for business site (if applicable)
S	P	L	C	<input type="checkbox"/>	20. Receipt for lease / rental payment for business site (latest month only)

S	P	L	C	<input type="checkbox"/>	21. Promissory notes (and satisfaction documents) for the firm
S	P	L	C	<input type="checkbox"/>	22. Supplier/Distributor agreements
S	P	L	C	<input type="checkbox"/>	23. Current Florida Department of Revenue Forms DR-11 and DR-13
S	P	L	C	<input type="checkbox"/>	24. Franchise agreements
S	P	L	C	<input type="checkbox"/>	25. Names of two business client references
S	P	L	C	<input type="checkbox"/>	26. Four executed contracts, purchase orders or relevant invoices
S	P	L	C	<input type="checkbox"/>	27. Employment agreements
S	P	L	C	<input type="checkbox"/>	28. Third party agreements
S	P	L	C	<input type="checkbox"/>	29. Current insurance and / or bonding certification
	P	L	C	<input type="checkbox"/>	30. State issued business certificate
			C	<input type="checkbox"/>	31. Articles of Incorporation from State of Florida or (other) and any amendments
			C	<input type="checkbox"/>	32. Corporation bylaws and any amendments
		L	C	<input type="checkbox"/>	33. Stock (unit) certificates: required if more than one owner; optional for Limited Liability Company
		L	C	<input type="checkbox"/>	34. Proof of stock (unit) purchase (if issued): cancelled check, etc.
		L	C	<input type="checkbox"/>	35. Stock (unit) Transfer Log (if stock is issued)
		L	C	<input type="checkbox"/>	36. Stockholder agreements
		L	C	<input type="checkbox"/>	37. Organizational meeting of the corporation minutes
		L	C	<input type="checkbox"/>	38. Annual stockholder / director meeting minutes (at least two years, if available)
		L		<input type="checkbox"/>	39. Articles of Organization from State of Florida
		L		<input type="checkbox"/>	40. Operating agreement with partnership agreement and buy out rights
	P			<input type="checkbox"/>	41. Profit sharing agreements and any amendments
S	P			<input type="checkbox"/>	42. Fictitious Name Certificate from State of Florida (unless your first and last name are used in the company name)
				<input type="checkbox"/>	43. List other relevant documents:



**CITY OF JACKSONVILLE (FL)
CENTRAL OPERATIONS DEPARTMENT
EQUAL BUSINESS OPPORTUNITY / CONTRACT COMPLIANCE DIVISION
JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)**

**Certification Application
214 N. Hogan Street, 8th FL Jacksonville, FL 32202
(904) 255-8840**

Complete name of business: _____

Address of business: _____

Business's tax ID number: _____

Telephone number: _____

Fax number: _____

Cell number: _____

Company website: _____

Date established _____

(month) (day) (year)

Owner's name: _____

Title: _____

Address of owner: _____

Email address: _____

1. Type of business:
- Corporation / S Corp
 - Partnership
 - Limited Liability Company
 - Sole Proprietorship
 - Joint Venture

2. List any previous names of the business and their Tax ID numbers:

3. List ALL commodities provided by the business, listing PRIMARY services FIRST. Commodity codes can be found on www.coj.net/jaxpro

Code	Description	Code	Description

4. List all licenses (or collectively held "licenses") required to legally perform all work and/or services listed herein?

License	Name of License Holder	Expiration
<i>Occupational License</i>		

5. Number of employees: self only or self plus: full-time _____; part-time _____

6. Geographical areas the business has served and is currently serving:

States: _____

Florida counties: _____

7. Has the business filed bankruptcy within the past seven years? Yes No

If "yes," attach documentation of the current status of the proceedings.

8. The business has _____ Shares of Stock at \$_____ Par Value.

9. Identify all owners of the business:

NAME	RACE	GENDER	YEARS OF OWNERSHIP	% OWNED	VOTING %	ANNUAL COMPENSATION

10. Identify each officer of the business:

TITLE	NAME	ALSO EMPLOYED BY
PRESIDENT		
VICE-PRES.		
SECRETARY		
TREASURER		
DIRECTOR		

11. Are any current owners, officers, directors, management officials, or employees related to, or have they previously been owners, officers, directors, management officials, or employees of any business with whom you transact business or rely upon for financial or technical assistance?

Yes No

If yes, list the business(s) and explain the relationship:

12. Identify those individuals who make and have control of the following management and policy decisions on a **DAY-TO-DAY** basis:

Responsibility	Name	Title
Policy Making		
Financial Decisions		
Personnel Decisions		
Signs Payroll		
Contractual Decisions		
Signs for Surety Bonds and Insurance		

13. To participate in the JSEB program, the annual gross receipts of the applicant business and its "affiliates" must be below limits established by Jacksonville Ordinance. The following questions, as well as the criteria found in CFR Part 121, will be used to determine if your business has any affiliates:

- | | |
|--|---|
| a. Does the owner(s) having control of the applicant business own, control or have the power to control 51 percent or more of the voting stock of another business? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| b. Do the bylaws of the applicant business allow a stockholder with less than 51 percent of the voting stock (who is also the controlling owner of another business) to block any action taken by other stockholders? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| c. Does the owner(s) having control of the applicant business have the ability to control another business through stock options, articles of incorporation, bylaws, voting trusts, convertible debentures, agreements to merge, or other third party agreements? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| d. Do other individuals or businesses have the ability to control the applicant business for the same reasons as listed in the proceeding question? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| e. Does the applicant business share common officers, directors, or key employees / managers with any other business, such that either business has the ability to control the board of directors and / or management of the other? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| f. Is the applicant business dependent upon another business for contracts, financial, or other business assistance; or is any other business dependent upon the applicant business for the same reason(s)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| g. Does the owner(s) having control of the applicant business have a family member who has a controlling interest in another business and the two businesses share employees, facilities, officers, directors, owners or engage in inter-business transactions | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

14. If any item in question 14 is answered YES, an affiliate relationship exists. List the parties / companies involved and explain the relationships between the applicant and affiliate businesses.

15. List the GROSS RECEIPTS (as shown on your business tax forms) of the applicant business (and all affiliates identified in question 15) for the past three years.

	(A) APPLICANT BUSINESS	(B) AFFILIATE'S NAME:	(C) AFFILIATE'S NAME:
(1) YEAR ENDING 20____	\$ _____	_____ _____	_____ _____
(2) YEAR ENDING 20____	\$ _____	\$ _____	\$ _____
(3) YEAR ENDING 20____	\$ _____	\$ _____	\$ _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

16. Specify the applicant business' bonding company and limits (if applicable):

\$ _____

17. Source of *Letters of Credit* for the firm (if any); and the company checking account institution.

18. To ensure your ability to perform the services listed herein, identify AT LEAST FOUR of the largest projects in dollar amount, executed (signed) by the applicant business during the last two years. Attach copies of relevant pages from contracts for each project identified to indicate the contract/project number, price, scope of work and parties / signatories (if you utilize invoices, please supply them).

AMOUNT	SCOPE OF WORK	DATE	CITY/STATE	CONTRACTOR

AFFIDAVIT AND AUTHORIZATION

The undersigned swears that the initial and any supplemental information, statements and documents provided are: (i) provided in an effort to induce the grant of JSEB and/or MBE certification with the City of Jacksonville; and (i) true and correct and include all material information necessary to identify and explain the operations of the undersigned's business, as well as the ownership thereof. Subsequent to receiving certification as a JSEB, the undersigned agrees to abide by all applicable federal, state and local laws, statutes, ordinances, rules and regulations, to abide by the requirements contained herein and to provide to the City of Jacksonville current, complete and accurate information regarding actual work performed on any City of Jacksonville project, the payment therefore and any proposed changes, if any, and to permit the audit and examination of books, records and files of the undersigned business upon the City of Jacksonville's reasonable notice and/or request for the same.

The undersigned hereby authorize(s) and request(s) any person, business or corporation to furnish any pertinent information requested by the City of Jacksonville deemed necessary to verify the statement made in this application or regarding the ability, standing and general reputation of the applicant.

I understand according to § 337.135, F.S., as may be amended from time to time, it is unlawful for any individual to fraudulently represent an entity as a small or socially and economically disadvantaged business enterprise for the purposes of qualifying for certification designed to assist small or socially and economically disadvantaged business enterprises in the receipt of contracts for the provision of goods and services. Any person who violated this section is guilty of a felony of the second degree, punishable in §§ 775.082, 775.083, or 775.084, F.S., as may be amended from time to time.

Furthermore, I understand that I may not:

- (a) Fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain small or socially disadvantaged business enterprise certification.
- (b) Violate the requirements of the City of Jacksonville Ordinance Code, particularly Chapter 126, or willfully make a false statement, whether by affidavit, report, or other representation for any purpose, particularly for the purpose of securing a contract for the provision of goods and services, or of influencing the certification or denial of certification of any entity as a small or socially disadvantaged business enterprise; or
- (c) Willfully obstruct, impede, or attempt to obstruct or impede the investigation of the qualifications of a business entity that has requested certification as a small or socially disadvantaged business enterprise.

Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of action under Federal, state or local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

Signature of Applicant

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____ by
_____ (Name of affiant). He / She is personally known to me or has
produced _____ (type of identification) as identification.

(Notary's printed name) Commission expires (Notary's Signature)

Information provided to the COJ for JSEB Program

City of Jacksonville (FL)
CENTRAL OPERATIONS DEPARTMENT
EQUAL BUSINESS OPPORTUNITY / CONTRACT COMPLIANCE DIVISION
JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)

Ordinance 2004 – 602 E

OWNERS NET WORTH

Complete this form for: (1) each general partner whose combined interest totals 51% or more; or (2) each stockholder making up 51% or more of voting stock.

Applicant Name:	Cell Phone:
Residence Address:	Residence Phone:
City, State and Zip Code:	
Business Name:	Business Phone:

PERSONAL FINANCIAL STATEMENT As of _____, 20____

ASSETS	(Omit Cents)	TOTAL LIABILITIES	(Omit Cents)
Cash on hand and in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks and others (describe in section 1)	\$
IRA or other retirement account	\$	Unpaid / overdue taxes (describe in section 5)	\$
Accounts and notes receivable	\$	Installment account current balance (other)	\$
Life insurance - cash surrender value only (complete section 7)	\$	Loans against life insurance	\$
Stocks and bonds (describe in sec. 2)	\$		
Real estate OTHER THAN primary residence (describe in section 3)	\$	Total mortgages on OTHER real estate (describe in section 3)	\$
Automobile(s) - present value	\$	Auto loan current balance	\$
Other personal property and assets (describe in section 4)	\$	Other liabilities (describe in section 6)	\$
Business value and assets or "Book Value"	\$		
Total Assets	\$	Total Liabilities	\$

NET WORTH (Total Assets minus Total Liabilities) = \$ _____

Source of Income		Contingent Liabilities	
Salary	\$	As endorser or co-maker	\$
Net investment income	\$	Legal claims and judgments	\$
Real estate income	\$	Provision for federal income tax	\$
Other income	\$	Other special debt	\$

DETAILS OF PREVIOUS PAGE

Section 1. Notes Payable to Bank / Others		
Name and Address of Note holder(s)	Original Balance	Current Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Section 2. Stocks and Bonds		
Number of Shares	Name of Securities	Total Value
		\$
		\$
		\$
		\$
		\$

Section 3. Real Estate Owned (List each parcel separately.)			
	Property A	Property B	Property C
Type of property			
Address			
Date purchased			
Original cost	\$	\$	\$
Present market value	\$	\$	\$
Mortgage balance	\$	\$	\$

Section 4. Other Personal Property and Other Assets - Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and describe if delinquent.

Section 5. Unpaid Taxes - Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.

Section 6. Other Liabilities - Describe in detail.

Section 7. Life Insurance Held - Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

I authorize the City of Jacksonville to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the JSEB Program at the City of Jacksonville.
PROVIDE COPIES OF YOUR IRS FORM 1040 FOR THE LAST THREE YEARS TO SUPPORT THIS STATEMENT.
 These statements are true and correct to the best of my belief.

SIGNATURE: TITLE: SSN: DATE:

AFFIDAVIT

Owners Net Worth Statement

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JSEB and/or MBE certification with the COJ; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

Signature of Applicant

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

by _____ (Name of affiant). He / She is personally known to me

or has produced _____ (type of identification) as identification.

(Notary's printed name)

Commission Expiration

(Notary's Signature)

TO BE COMPLETED ONLY IF BUSINESS IS SEEKING MBE CERTIFICATION FOR THE JSEB PROGRAM

Business Name: _____

Owner: _____

DETERMINATION OF SOCIAL DISADVANTAGE

In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for JSEB status shall take into account whether the owner has held himself or herself out to be a member of a socially disadvantaged group, has acted as a member of a community of socially disadvantaged persons, and would be identified by persons in the population at large as belonging to the socially disadvantaged group.

I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply) (This statement is valid only when signed by the individual claiming social disadvantage)

race
 ethnicity
 gender
 other

SIGNATURE:

TITLE:

1. Specify the total percentage of business ownership possessed by the following groups (include minority females within the minority groups):

- African American _____%
- Asian American _____%
- Hispanic American _____%
- Native American _____%
- Non-Minority Women _____%

2. If the female / minority groups referenced in the preceding question own equal shares of the business, circle one group to designate the business' classification for participation with MBE status in the City of Jacksonville's Small and Emerging Business:

- African American
- Asian American
- Hispanic American
- Native American
- Non-Minority Women

The groups listed above consist of those individuals who are citizens of the United States or lawfully admitted permanent residents, who meet the following criteria:

- a. Blacks / African-Americans: Persons having origins in any of the Black Racial Groups of Africa;
- b. Hispanic-Americans: Persons of Mexican, Puerto Rican, Cuban, Dominican, Central and South American or other Spanish or Portuguese culture or origin, regardless of race;
- c. Native-Americans: which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;
- d. Asian-Americans: (persons whose origins are in any of the original peoples of the Far East, Southeast Asia, the islands of the Pacific or Northern Marianas, or the Indian Sub-Continent.
- e. Women.

Information provided to the COJ for JSEB Program

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If 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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,