

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> Social Security Number (SSN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <div style="text-align: center; margin-top: 10px;"> 8 6 3 2 4 4 6 5 4 </div>	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) _____	Legal Name:	Stewart Tool East Inc
	Business Name:	Stewart Tool East Inc

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input checked="" type="checkbox"/> C-Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> VA Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> VA State Agency
	<input type="checkbox"/> Medical Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Joint Venture <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> OTH Government <input checked="" type="checkbox"/> Other	Exempt payee code (if any): (from backup withholding) _____ Exemption from FATCA reporting code (if any): _____

Contact Information		
Legal Address: 3647 Omec Cir	Name:	Amber Stewart
	Email Address:	amber@stewarttool.com
City: Rancho Cordova State : CA Zip Code: 95742	Business Phone:	(916) 635-8321
Remittance Address: 3647 Omec Cir	Fax Number:	(916) 635-9487
	Mobile Phone:	
City: Rancho Cordova State : CA Zip Code: 95742	Alternate Phone:	

Section 2 - 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 later in general instructions), 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 instructions titled Certification

Printed Name:	Amber Stewart	
Authorized U.S. Signature:		Date: 08/09/2022