Print first 6 pages if 2 applicants, all 11 pages if 4 applicants.

SUMMARY

This document SUMMARY is based on NVAR (Northern Virginia Association of Realtors) Form K1008, Rental Application included in subsequent pages.

On page 2 of 4 is summary of NVAR criteria and required documents.

Item 10 and [B] on page 4 of 4 - All adults (18+) need to be listed as applicants.

Item 4 – Proof of current income, employment covered with documents No. 1, 5, 6, 7.

Item 7 – valid photo identification covered with document No. 3

On page 2 of 4 Current street address – covered with documents No. 1, 2, 3, 4.

- NO camera images.
- All horizontal lines need data, information (except property address and rent amount.
- Put application package together >> Fax >> OR scan to 1 BIG PDF file >> email.

***** Please make sure these are included for every adult applicant: *****

- recent 3 pay slips AND all pay slips from December of previous year. If changed / NEW job need offer letter and last 3 paystubs from previous employer. Additional Income proof – letter for retirement / social security / disability; court signed order for child support; bank statements with deposit amounts.
- 2. last 3 rental payment / mortgage payment / rent receipt / processed bank check copies / Account statement / account summary.
- 3. driver license or passport pages copy with photo and date of birth shown for photo identification.
- 4. any one utility (gas, electric, water, cable, telephone) bill copy AND latest bank statement.
- 5. W2 or Form 1099 copy for last 1 year received from employer,
- 6. IRS Tax filing form 1040 for last 1 year, and if applicable business tax return / income documents filed by applicant with IRS.
- 7. Social Security Number card copy / IRS Tax Identification Number (TIN) copy / IRS SS4 letter copy for company / signed W9 for all applicants.
- 8. Only for Section 8 applicants -- include voucher copy; signed RTA copy; last / current PHA Contract or Amendment page; last case worker name, email address, phone number.
- [A] If in past had foreclosure / bankruptcy list reasons, filing date, include Notice of Filing Form 309A.

Earnest Money Deposit (EMD) = amount to show applicants have funds to proceed. After lease signing this is applied towards security deposit and then to initial month's rent OR returned if lease is not signed.

For greater attractiveness to your application you can offer HIGHER security deposit, higher rent amount on page 1 of 4. Leave the address in "offer to rent" blank and you can be considered for all available houses or use this same NVAR application with other owners.

NO waterbeds allowed. NO Smoking. NO pets allowed without pre-approval.

Availability of yard is NOT approval to get pets after moving to the house. If pets are found without signed Pet Addendum the tenant hereby authorizes pets to be removed at tenant's cost. Tenant hereby agrees to pay for repainting, recarpeting and cosmetics for the interior of the house as desired by future tenants due to tenant damages, pets presence on property.

Tenant has to buy tenant's insurance policy for at least value of home about \$200000 a year.

You can get free online report from <u>www.freecreditreport.com</u> and provide a copy. We can also provide personalized / additional upgrades as desired by tenants with one time upfront cost paid by tenants or adjusted monthly rent.

www.VirginiaRS.com Any Qs, doubt call <u>www.7033346247.com</u>

Jatach ment checklist **

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RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status, or handicap. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with occupancy laws.

| | BROKERAGE DISCLOSURE | |
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| | initials that in this real estate lea | ts Landford and that Leasing Broker. |
| cting as a dual or designated represents is Application). | , represents \(\simega\) L ntative, then the appropriate disclosure fo | andford OR L. Tenant. (If Broker is rm is attached to and made a part of |
| pplicant(s) Initials/ | WWW.W | |
| easing Agent must attach a busines | ss card. | |
| pplicant(s) Identification Type & Ex | piration Date: | |
| | OFFER TO RENT | |
| | erty known as | |
| Applicant 2") offer to lease the property of "Premises") for | erty known as | , for the monthly |
| nt of \$ | payable in advance on the first day o | f each month. |
| ecurity deposit offexed is \$_ | years/months beginning payable in advance on the first day of the first da | itleast I month rent, |
| amounts owed to Landlord. If this y additional documented processing business banking days after Applic ccupancy is subject to possession be | eing delivered by the present occupant. T | s signed, the Deposit will be credited will be returned to Applicant(s) less t will be deposited no later than five the Premises are accepted "As-Is" |
| PEANN X TEMBERS IS A TOA | LOSE BOUSES FIFT BENT F | Tenant Rent Portion : \$_ |
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| | Notice data to current owner. APPLICANT 2 | |
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APPLICANTS AGREE AND UNDERSTAND THAT:

This Application, each occupant and each pet are subject to acceptance and approval by Landlord.

2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.

- 3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
- 4. Proof of current income is required. For example:
 - a. Latest Pay Statements/Stubs

NVAR -- K1008 -- rev. 01/17

- Last 2 years' Form W-2 for hourly or weekly pay persons
- c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income

Copy of LES and orders for military

- 5. This Application consists of four (4) pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
- 6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.

Applicant(s) must present valid photo identification or two (2) forms of ID before signing the lease.

- 8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
- 9. Any move-in fees and utility deposits are the responsibility of Applicant(s).

10. Only those persons listed in Application are to live in the Premises.

11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.

I/we agree to the above conditions and authorize the firm processing this Application to verify any information

K?

Tenant:

Remai app

12. Applicant(s) has no leasehold interest until a lease is signed.

| contained herein and to perform any credit or Application, and any renewal. If any information rejected. | · inves n is fo | tigative inquiries und to be false or | necessary to misleading, ti | properly evalua he Application 1 | te this nay be |
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| APPLICANT 1 | | me manadas destinadas. | APPLICAN | T 2 | |
| Full Name | | Full Name | | | |
| Date of Birth SSN/TIN | | Date of Birth | | SSN/TII | 7 |
| Current Street Address | | Current Street Add | lress | жалыныны <u> о</u> | <u></u> |
| City State | Zip | City | | State | Zip |
| From: To: \$ Dates of Occupancy MM/DD Rent Mortgag | gc 🔲 | From: Dates of Occupancy | MM/DD | S Rent Mor | tgage 🔲 |
| Landlord/Management/Mortgage Co. Name | | Landlord/Management | • | ne | |
| Phone # Email | | Phone # | En | nail | |
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| | | , . | | Trittals | |

Page 2 of 4

to use blank sheet to list previous address to cover Stycars duration.

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| City | State | Zip | City | State | Zip |
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| Landlord/Management | /Mortgage Co. Name | | Landford/Management/ | Mortgage Co. Name | A |
| Phone # | Email | РР | Phone # | Email | *************************************** |
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| NVAR - K1008 - rev. 01/17 | • | Page 4 of 4 | | Tenant | Rental app |
| | | | | | waterway office |

| Form W-9 | |
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| (Rev. October 2007) | |
| Department of the Treasu | |

Request for Taxpayer Identification Number and Certification

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

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| e.j | Name (as shown on your boome tax return) | | |
| aðed uo | Business name, if different from above | | |
| or type uctions | Check appropriate box: Individual/Sole proprietor Corporation Parmership Limited hability company, Enter the tax classification (D-disregarded entity, C-corporation, P=partnership) Other (see instructions) > | Exempli payee | 100000000 |
| | Address (number, street, and apt. or suite no.) Hequeste | er's name and address (optional) | |
| Specific | City, state, and 247 code | | |
| ÿ, | List account number(s) here (optional) | WAAAAAA WAAAAA WAAAAAAAAAAAAAAAAAAAAAA | |
| Par | Taxpayer Identification Number (TIN) | | |
| backu allen, | your TtN in the appropriate box. The TtN provided must match the name given on Line 1 to avoid p withholding. For individuals, this is your social security number (SSN). However, for a resident sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is imployer identification number (EIN). It you do not have a number, see How to get a TIN on page 3. | Social security number | |
| | If the account is in more than one name, see the chert on page 4 for guidelines on whose or to enter. | Employer identification number | |

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
- 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.

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| Sign | Signature of | | |
| Here | U.S. parson ► | Date 🟲 | |
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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 find to the person requesting if (the requester) and, when applicable, to:

- †. Certify that the TIM 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 allen.
- 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 pertnership 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,

Needed with a attachments

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RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status, or handicap. It is also unlawful to discriminate against all classes protected by the laws of any applicable local jurisdictions and the REALTOR® Code of Ethics. This application will be processed in accordance with occupancy laws.

| BR | OKERAGE DISCLOSURE |
|---|---|
| | ls that in this real estate leasing transaction Listing Brol |
| acting as a dual or designated representative, this Application). | , represents Landlord OR Tenant. (If Broke then the appropriate disclosure form is attached to and made a part |
| Applicant(s) Initials / | |
| Leasing Agent must attach a business card. | • |
| Applicant(s) Identification Type & Expiration | 1 Date: |
| | OFFER TO RENT |
| ("Applicant 70) offer to leave the property know | ("Applicant 3) and own as ars/months beginning, for the month ayable in advance on the first day of each month. CONDITIONS must be at least 1 month rent |
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| security deposit offered is a | _ CONDITIONS must be at least I month bent |
| A NON-REFUNDABLE PROCESSING FR | EE OF \$ ner Applicant is included w |
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| this Application. Processing may take up to fir of \$ (the "Deposi | EE OF \$ per Applicant is included w ve (5) business days to complete. AN EARNEST MONEY DEPOS it") is included and will be held by |
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| to amounts owed to Landlord. If this Application and additional documented processing charge (5) business banking days after Application has | pplication is accepted and a lease is signed, the Deposit will be credit ation is accepted and a lease is signed, the Deposit will be credit ation is not accepted, the Deposit will be returned to Applicant(s) less. Funds held by an escrow agent will be deposited no later than finds been approved. |
| to amounts owed to Landlord. If this Applica any additional documented processing charge (5) business banking days after Application has | pplication is accepted and a lease is signed, the Deposit will be creditation is not accepted, the Deposit will be returned to Applicant(s) less. Funds held by an escrow agent will be deposited no later than fras been approved. |
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d. Copy of LES and orders for military

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- 12. Applicant(s) has no leasehold interest until a lease is signed.

| Applicant ZSignature | Date | Applicant 4 Signature | | Date |
|--|--------------|---|---------------------------|--|
| API | PLICANT3 | | APPLICANI4 | · ···································· |
| Full Name | | Fuli Name | ······ | · · · · · · · · · · · · · · · · · · · |
| Date of Birth | SSN/TIN | Date of Birth | | SSN/TIN |
| Current Street Address | | Current Street Add | ress | ······································ |
| City | State Zip | City | State | Zip |
| Prom: To: Dates of Occupancy MM/ | \$ Nortgage | From: Dates of Occupancy | To: \$ MM/DD Rei | nt Mortgage |
| Landlord/Management/Mortgap | « Co. Name | Landiord/Management/ | Mortgage Co. Name | |
| Phone # | Email | Phone # | Email | |
| Reason for Moving for all Realter name (if used) Realter Phone No: Security Deposit: \$ | ove address: | Reason for Moving Realtos name (in Realtos Phone) Security Depost | for above address to . \$ | Σ. |

Rental app

R: use blank sheet to list previous street addressy to cover Styeans duration.

| City State Zp From: To: \$ Dates of Occupancy MM/DD Rent Mortgage D Landlord/Management/Mortgage Co. Name Phone # Email Reason for Moving Real for Name EMPLOYMENT 1. Current Company Name From: To: Alexed Dates of Employment Income Supervisor Name 2. Previous Company Name Protition/Rank Income Location Address Dates of Employment Location Address Dates of Employment Supervisor Name Coffice Phone ADDITIONAL INCOME Source Amount DEBTS (List major loans or credit card debt) chill support, Judgments etc. Type of Loan Creditor Supporting documentation if necessary for qualification) Type of Asset Value City State 2 City State 7 Comment To: State 7 City State 1 Comment To: State 7 City State 7 Comment State | APPLICANT 13 | APPLICANT 4 |
|---|--|--|
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| Work Address | | |
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Page 3 of

Initials
Tenant

Rental app

| ADDITIONAL INFOR Do you plan to bring a w Do you intend to smoke | aterbed or large aquar | ium into the he Premises: | Premises' | ? | | | | | |
|--|---|------------------------------|--|---|--|--|--|--|--|
| PLEASE ANSWER 12. Do you have Crimina 1. Have you ever filed for 2. Have you ever been ev 3. Do you have any judge | r bankruptcy? icted? | ☐ Yes | M Z | □ Yes (□) / Applicant 14 □ Yes □ N □ Yes □ N | Explanation* to | use sheet if necessary | | | |
| 4. Have you had a forecis | | | □No [□No [|] Yes □ N | 7 | *************************************** | | | |
| 5. Are you party to a laws | | | | □ Yes □ N □ Yes □ N | | | | | |
| 6. Do you pay alimony or | | | | 1_111 | | | | | |
| · · | a loan or another lease? | | | ☐ Yes ☐ N | | | | | |
| " | ntal application rejected | | | JYes □ N | - | | | | |
| 9. Will you require a visu | al smoke detector? teng | nt Yes | | □ Yes □ N □ Yes □ N | | | | | |
| 10. Are you entitled to dipl | omatic immunity | Ves | | Jies □ N JYes □ N | | neet if necessary. | | | |
| 11. How would you rate you Attach Sheet to expla | our credit? | ****** | | | easons & date. | | | | |
| Do you have any animals | ? LIABILITY COV | ERAGE IS RI | EQUIRED | FOR DOGS | | | | | |
| ТҮРЕ | BREED | AC | ······································ | EIGHT M/ | | ECLAWED | | | |
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| Do you have any vehicles? | | | | | | | | | |
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| | *************************************** | | | | | | | | |
| | (Occupants over 1 | | | | | | | | |
| LAST NAME | FIRST NAME A | ND M.I. M | T I |).O.B. | RELATIO | VSHIP | | | |
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| DESIGNATED CONTAC | TS (Someone who kno | ows how to re | each you) | OR NEXT | OF-KIN (not st | chind eagh han) | | | |
| Name | Re | lationship | | Email | . , reminimentalis | 7777 III II I | | | |
| Telephone | Address | | | City | State | Zip | | | |
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| Telephone | Address | | | City | State | Zip | | | |
| R | ©2017 Nothern Virgi | nia Association | n of REAL | FORS®, Inc. | ······································ | | | | |

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InHals,



Form W-9
Ritery, October 2007)
Constituent to the Treasury

Request for Taxpayer Identification Number and Certification

er e gerage

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

| 55 40-e + Luc | di Flant Mille Flat virile | | A-4-14-4 | |
|--------------------------|--|---|--|--|
| evi | hane (as ahawa en your income can return) | *************************************** | | |
| 8. 3. 3 | Eusmoss name, il different from above | | | |
| Specific Instructions of | Check appropriate took: Probytouring Sofe proprietor Corporation Partnership Limited Retailty company. Enter the tax classification (D-disrepanded unitly. Componistion, Papartnership Other (see associous) | p) • | C Exempt | |
| | Address (number, strem, and apt or sure no.) | lequester's name and address (options) | | |
| 7 | City, state, and IP citie | | | |
| 8 | List account number(a) forcitocol | | der de la company de la compan | |
| T. | Texpayer Identification Number (TIN) | | | |
| akk P | your TIN in the appropriate toos. The TIN provided must match the name given on Line 1 to ever up withodding. For Individuals, this is your social accurity number (SSN), However, for a realdent sole proprietor, or disregarded entity, see the Part Linstructions on page 3. For other entities, it is employer identification number (ISN), if you do not have a number, see Flow to get a 17N on page | | at security manber | |
| לה. נאני | A SHARE WATER TO SHARE THE PARTY OF THE PART | idantification number | | |
| ar | t II Certification | | | |
| des | r peculties of purpay, I certify that: | | | |
| T | he number shows on this form is my correct taxpayer identification number for I am waiting for a | number to be f | studed to me), and | |
| 1 ; P(| am not subject to backup withnoking because: (a) I am exempt from backup withholding, or (b) I evenus Service (IRS) that I am subject to backup withholding as a result of a failure to report all is utilied rije than I am no longer subject to backup withholding, and | have not been | actified by the Internal | |
| | arn a U.S. citizan or other U.S. paraon (definad below). | | | |
| ert. | ficultion instructions. You must cross out item 2 above if you have been notified by the IRS that | you are comen | ty author to backup | |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withroiding because you have talked to report as interest and dividends on your tax return. For real estate transactions, tem 2 does not apply. For mortigage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement entangument (IFA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your corroct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person >

Dain 🗲

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 extate transactions, mortalized 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. parson finefulling a resident alian), to provide your correct TiN to the person requesting it (the requester) and, when applicable, to:

- 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 payer. 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 tex on foreign partners' share of effectively ponnected 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 it it is aubstantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person it you are:

- An individual who is a U.S. citizen or U.S. resident ellen.
- * A partnership, corporation, company, or easociation 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. Furtner, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a cartner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership concluding a trade or business in the United States, provide Form W-9 to the partnership to estatish your U.S. status and avoid withholding on your share of partnership income.

The person who gives form W-9 to the parmership for purposes of establishing its U.S. status and avoiding withholding on its allocable states 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.