



PLEASE READ BELOW VERY CAREFULLY AND INITIAL EACH LINE.

You will be required to send us your general Liability and worker's compensation certificate to us listing us as **ADDITIONALLY INSURED**. Be aware that some insurance companies charge for this. It will **ONLY** be required if you are awarded a job, but we will need in prior to any work commencing. _____

You will be required to **RESPOND** to bidding a project **VIA Email** within 24 hours of receiving the scope of work with **YES(I am bidding)** or **NO(We decline at this time)**. This will save us many phone calls on whether you received the information.

You will be required to turn your bids around in **ONE WEEK** depending on the size and scope of project.
Bigger projects you will have **TWO-THREE WEEKS**. _____

We understand you can be backlogged due to times of the year, etc., please just communicate **via email** the earliest you can get bid to us. _____

Failure to comply to these few line items more than two times means you are no longer available to bid jobs with us.

We are giving your company opportunity for business, but we **EXPECT YOUR COMPLETE COOPERATION SO WE CAN DO OUR JOBS TO BRING IN THE BUSINESS.**

Thank you,

Debbie Marzano
Vice President

EMAIL FORMS BACK TO ME AT: info@jemstoneconstruction.com or
FAX TO (561)742-5503

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	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 the "Name" line 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									
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number																	
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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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



Subcontractor / Supplier Pre - Qualification

Email completed form to Info@JemstoneConstruction.com or fax to (561) 880-6930

Company Name: _____ Main Contact: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Years in Business Corporation Partnership

Number of Employee's

Small Business Certified Yes No

Minority Business Certified Yes No

Counties Serviced Areas: (Check) Palm Beach Broward Dade

Describe type of work Performed: _____

Type of Work: (check) Residential Commercial Inter - Build out New Construct Remodel

Do you have a written Safety Program? Yes No
Do you have a Drug- Free Workplace Program? Yes No

Bid request Contact Information

Contact for Bid request: _____ Phone: _____

E - Mail Address: _____ Fax: _____

Companies Principals / Officers

Name / Title: _____ Cell Number: _____

Name / Title: _____ Cell Number: _____

Licenses

Contractor's License #: _____

Signature: _____ Title _____

Print: _____ Date _____

Approved By: _____	Date _____
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Entered By: _____	Date _____
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