



Vendor / Contractor Application

Project: _____ Date of Request: _____

Vendor/ Contractor Information:

Company Name: _____

Business Name (Name to appear on check) _____

Trade: _____ Website Address: _____

Remittance Address: _____

City, State & Zip: _____

Phone #: _____ Fax#: _____

Federal Tax I.D. # or Social Security # _____

Legal name associated with I.D. #: _____

Description of Service(s) Offered: _____

Person Signing Contracts: _____ Title: _____

Is this application for a () a Corporation () Individual () Partnership () Other Please Explain _____

If this application is for a corporation, the corporation must be authorized to do business in the same state as the property where the services are rendered. The Federal identification number must be for the same entity.

Company Contacts:

Primary- Name: _____ Phone #: _____

Email: _____

Accounts Payable- Name: _____ Phone #: _____

Email: _____

Estimating- Name: _____ Phone #: _____

Email: _____

Billing- Name: _____ Phone #: _____

Email: _____

Business Enterprise Type:

MBE SBE VBE DBE WBE SECTION 3

Vendor/Contractor Requirements:

- Vendor/Contractor Application: We are required by the IRS to file a Federal Tax Form 1099 for each business, firm, or person that is paid over \$600.00 for services during the calendar year, with the exception of Corporations, therefore we must have this form completed correctly.
- It is the policy of 4Sight Group, LLC, its affiliates and managed properties, that all vendor/contractors carry general liability and workers compensation insurance (see below for requirements) and provide us with a Certificate of Insurance reflecting "The 4Sight Group, LLC and its affiliates" as additional insured, prior to performing services. The Certificate of Insurance must be kept current as long as you continue to conduct business with 4Sight Group, LLC, its affiliates, or managed properties.

PLEASE BE ADVISED, PAYMENT WILL NOT BE RELEASED PRIOR TO RECEIPT OF THIS FORM, THE W-9 AND PROPER PROOF OF INSURANCE

MINIMUM REQUIREMENTS FOR WORKERS COMPENSATION: \$100,000/\$100,000/\$500,000

MINIMUM REQUIREMENTS FOR GENERAL LIABILITY COVERAGE: \$1,000,000

"THE 4SIGHT GROUP, LLC" MUST BE LISTED AS ADDITIONALLY INSURED

Return this form, The W-9 and Certificate of Insurance to:

4Sight Group, LLC
Office Manager: Monica Brentano 7920 Ward Parkway, Kansas City, MO 64114
Email: mbrentano@4sightconstruction.com

Reset Form

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.		
	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.		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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ 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.		
	5 Address (number, street, and apt. or suite no.) See instructions. Legal Address		Requester's name and address (optional)
	6 City, state, and ZIP code		
7 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 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									

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 ▶
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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.