(Rev. November 2017)

## Request for Taxpayer Identification Number and Certification

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

	Revenue Service	► Go to www.irs.gov/FormW9 fo	r instructions and the late	est inform	tation,									
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
	Hillyard, Inc.													
		lisregarded entity name, if different from above		~~~~~						•				
J	DBA Hillyard Delaware Valley													
භ	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the								4 Exemptions (codes apply only to					
ခိုင္ပ	following seven boxes.						certain entities, not individuals; see instructions on page 3):							
ä		a proprietor or 🗹 C Corporation 🔲 S Corpor	ation D Partnership	☐ Trus	t/oototo	ins	Iructio	ns or	ı page	3):				
Ö	Individual/sole single-membe	anon Co Fatherenip	(	Fv	Exempt payee code (if any)									
8 8				100										
5.6	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 chec													
유동	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						Exemption from FATCA reporting code (if any)							
Print or type. c Instructions							oe (a a	nyj						
Print or type. Specific Instructions on page 3.	is disregarded from the owner should check the appropriate box for the tax classification of its owner.							A						
劉	Under (see instructions) ►  5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name a							(Applies to accounts maintained outside the US)						
							ster's name and address (optional)							
33	P.O. Box 804337													
	6 City, state, and ZIP code													
ļ	Kansas City, MO 64180-4337  7 List account number(s) here (optional)													
- 1	F List account num	oer(s) risre (optional)												
	<del></del>	January and the second												
		ver Identification Number (TIN)		tal	Social s	acuit	, num	ho>						
		propriate box. The TIN provided must match the			3001813		71103111	100			T			
backup withholding. For individuals, this is generally your social security number (SSN). However, is resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other							-		-		,	ļ		
entities, it is your employer identification number (EIN). If you do not have a number, see How to get a						J	L	l	<u>\</u> _	l_				
TIN, later.					Fmolou	ar idar	Hiffool	lon n	umbo					
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.						r Identification number								
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