The Seminole Tribe of Florida is engaged in Indian tribal government class III gaming in accordance with the Indian Gaming Regulatory Act and the regulations promulgated by the National Indian Gaming Commission. Thus, the Tribe has adopted a program whereby it will continually review significant transactions involving its gaming activities and the persons or entities involved with those transactions to assure compliance with all applicable laws and regulations pertinent to gaming.

In order to bid on business with the Seminole Tribes gaming operations, the Vendor Registration documents* must be completed, signed, and returned to the Seminole Gaming. Failure to meet requirements will result in the loss of the opportunity to bid on future Tribal goods and services pertaining to its gaming operations. The registration forms can be obtained through the following link: http://www.theseminolecasinos.com/downloads/SeminoleGaming-VendorRegistrationPacket.pdf.

A VENDOR REGISTRATION FEE OF US$250.00 FOR THE INITIAL PROCESSING OF YOUR APPLICATION MUST BE INCLUDED WITH THE SUBMITTAL OF YOUR COMPLETED REGISTRATION FORM. THE US$250.00 VENDOR FEE IS NON-REFUNDABLE REGARDLESS OF THE STATUS OF YOUR APPLICATION.

PLEASE NOTE THAT SUBMISSION OF THE NON-REFUNDABLE FEE AND VENDOR REGISTRATION FORM DOES NOT AUTOMATICALLY REGISTER THE VENDOR NOR ENGAGE THE VENDOR IN SIGNIFICANT TRANSACTIONS OR BUSINESS ACTIVITY WITH THE SEMINOLE TRIBE OF FLORIDA.

ADDITIONALLY, AN ANNUAL NON-REFUNDABLE RENEWAL FEE OF US$250.00 IS REQUIRED TO MAINTAIN YOUR VENDOR REGISTRATION WITH THE SEMINOLE TRIBE OF FLORIDA GAMING OPERATIONS, SUBJECT TO PERIODIC COMPLIANCE INVESTIGATION. THIS RENEWAL FEE IS DUE WITHIN TEN (10) BUSINESS DAYS OF JANUARY 1ST OF EACH SUBSEQUENT YEAR AFTER YOUR INITIAL VENDOR APPROVAL OR UPON RECEIPT OF YOUR RENEWAL INVOICE. YOUR VENDOR STATUS MAY BE DEEMED INACTIVE AND MAY BE CONSIDERED A “NON-QUALIFIED” VENDOR IF THE AMOUNT IS NOT PAID WITHIN THE REQUIRED TIME FRAME.

Fee payments should be made electronically via credit card or electronic check at: (http://www.theseminolecasinos.com/vendor).

Foreign Qualification / Certificate of Authority. A Certificate of Authority to do business in the State of Florida is requested upon filing your Vendor Registration documents with Seminole Gaming.

Florida Certificate of Authority Filing
“Foreign” Corporation in Florida

If you are a corporation located in a state other than Florida and want to do business in Florida, We Request a Certificate of Authority to operate in Florida. You can obtain a Certificate by submitting paperwork as a “foreign” corporation with the Corporations Division of the Florida Secretary of State (http://www.sunbiz.org/). After you submit your paperwork, the state of Florida will return a filed certificate of authority to you. A foreign Florida corporation should not be confused with an out-of-country corporation. Any corporation not actually formed (created) in Florida is considered a “foreign” corporation.
INSTRUCTIONS

PLEASE COMPLETE THE VENDOR REGISTRATION FORM IN ITS ENTIRETY. Respond with "NONE" or "DOES NOT APPLY", where appropriate. All applications must be printed in ink (legibly) or typewritten, other than signatures which must be manually signed.

Section 1. Provide information pertaining to the Vendor/Company or Individual. You are required to provide the precise legal name associated with your taxpayer identification number or government-issued identification number; i.e, FEIN, business number, or social security number if you are registering as an individual.

Section 2. Name, title, date of birth, Social Security or government-issued identification Number, residence address and city where employed of each principal person employed in any company(s) you own holding the title of or performing the functions of: (a) executive officer, (b) operating officer, (c) financial officer, (d) accounting officer, and (e) individuals having a beneficial ownership of 10% or more equity of your company(s). Vendors of international origin or having international principals must provide a copy of the principals’ passport, as well as documentation from their local jurisdiction confirming the authenticity of their company.

Section 3. Name, address and telephone number of company(s) you own, including names under which licensed, identities of subsidiaries and/or parent company, and where incorporated. If the company prepares a 10-K, please furnish the most recent copy.

Section 4. Identity of all creditors and debtors whose individual credit or debt would be equal to 10% of the net worth of your company(s), which credit or debt has been outstanding or is anticipated to be outstanding for a period in excess of one (1) year.

Section 5. List criminal arrest, judgments or litigations entered against the company(ies) and or individuals during the previous ten (10) years. Identify the court in which the judgment was entered.

Section 6. License/Permit and Regulatory Information: List all license(s),permit(s) or authorizations related to Gaming. Provide appropriate information for reference; State/Tribe/Jurisdiction, license/registration number, contact information. A copy of the license(s) issued by the State/Tribal Gaming Authority is required.

RELEASE: Vendor Registration Form must be signed by a duly authorized officer of the company and signature witnessed.

*NOTE: Any unanswered, incomplete or omitted questions may result in rejection of your application*

PLEASE READ, COMPLETE, AND EXECUTE THE VENDOR ETHICS AND PROCEDURE STATEMENT and the VENDOR REGISTRATION FORM.

Please submit your Vendor Registration documents* to SGAVendorRegistration@stofgaming.com. The Vendor fee of $250.00 should be paid electronically via credit card or electronic check at (http://www.theseminolecasinos.com/vendor).

*VENDOR REGISTRATION PACKET:
- Vendor Registration form
- Vendor’s Ethics and Procedure Statement
- W9 Form or W8 Form (includes instructions)
- Insurance Requirements

*ADDITIONAL ITEMS REQUIRED:
- US$250.00 vendor fee
- 10K report, Pink Sheet, or Financial Report {Sec. 3}
- State/Tribal Gaming Authority/Commission License {Sec. 6}
- Certificate of Insurance(s)

For any questions regarding the Registration Form, please contact the Vendor Registration team at SGAVendorRegistration@stofgaming.com. Your cooperation in this matter is appreciated.
THE INFORMATION CONTAINED ON THIS FORM MUST BE COMPLETED FOR ANY VENDOR PROVIDING GOODS OR SERVICES TO A HOTEL AND/OR CASINO. WE RESERVE THE RIGHT TO REQUIRE ADDITIONAL REGISTRATION INFORMATION FROM THE VENDOR AT ANY TIME.

PLEASE PRINT ALL INFORMATION AND ANSWER ALL QUESTIONS COMPLETELY. RESPOND “NONE” OR “DOES NOT APPLY”, IF APPROPRIATE. IF MORE SPACE NEEDED, ATTACH SEPARATE SHEET.

SECTION 1

<table>
<thead>
<tr>
<th>COMPANY NAME / Individual Name*</th>
<th>CORPORATE ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOING BUSINESS AS: (if different from above)</td>
<td>TELEPHONE NUMBER:</td>
</tr>
<tr>
<td>TAX IDENTIFICATION NO.</td>
<td>WEBSITE (URL):</td>
</tr>
<tr>
<td>Attach Form W9 or W8</td>
<td>Remittance address (if different from above): to the attention of</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td>contact person for Purchase orders:</td>
</tr>
<tr>
<td>Name:</td>
<td>Phone/Fax:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

TYPE OF BUSINESS CONDUCTED (provide a brief description of the type of equipment, goods, and/or services that will be provided):

IF PUBLICLY TRADED*, NAME STOCK EXCHANGE AND SYMBOL |
MONTH / YEAR COMPANY ESTABLISHED: |
WHAT STATE WAS THE COMPANY FORMED? |
IS COMPANY AUTHORIZED TO CONDUCT BUSINESS IN FLORIDA* |

* If Publically Traded Please Furnish The Most Recent Financial Report.

** A Certificate of Authority to do business in the State of Florida is requested upon filing your Vendor Registration documents. You can obtain a Certificate by visiting the Corporations Division of the Florida Secretary of State (http://www.sunbiz.org/) website.

GENERAL CONTRACTOR / VENDOR NAME / Individual Name |
PROJECT: |

SECTION 2:

NAME, TITLE, RESIDENCE ADDRESS, TEL#, SSN, DOB and PERCENTAGE OF OWNERSHIP OF EACH PERSON EMPLOYED IN ANY COMPANY(IES) YOU OWN, HOLDING THE TITLE OF OR PERFORMING THE FUNCTIONS OF PRINCIPAL EXECUTIVE OFFICER, PRINCIPAL OPERATING OFFICER, PRINCIPAL FINANCIAL OFFICER, PRINCIPAL ACCOUNTING OFFICER, AND INDIVIDUALS HAVING A BENEFICIAL OWNERSHIP OF 10% OR MORE EQUITY OF YOUR COMPANY(IES). IF MORE SPACE NEEDED, PLEASE ATTACH SEPARATE SHEET. Copy of passport for international principals MUST be provided.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>RESIDENCE ADDRESS</th>
<th>TELEPHONE</th>
<th>SSN: Foreign Nationals Provide COUNTRY ISSUED IDENTIFICATION #</th>
<th>DATE OF BIRTH</th>
<th>PERCENTAGE OF OWNERSHIP</th>
</tr>
</thead>
</table>

Note: Vendor must immediately report and notify Tribe of any material changes in company ownership/structure or if the Vendor has engaged in significant transactions with individuals or entities that because of past or continuing activities, associations or reputation, might bring discredit to the Tribe and its gaming operations.

SECTION 3:

NAME, ADDRESS, AND TELEPHONE NUMBER OF COMPANY(IES) OWNED, INCLUDING NAMES UNDER WHICH LICENSED, IDENTITIES OF SUBSIDIARIES AND/ OR PARENT COMPANY, AND WHERE INCORPORATED. IF COMPANY PREPARES A 10-K, PLEASE FURNISH THE MOST RECENT COPY.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>NAME LICENSED AS</th>
<th>INCORPORATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STGCS-17-10_4/25/17
**SECTION 4**: IDENTIFY ALL CREDITORS AND DEBTORS WHOSE INDIVIDUAL CREDIT OR DEBT WOULD BE EQUAL TO 10% OF THE NET WORTH OF YOUR COMPANY(IES), WHICH CREDIT OR DEBT HAS BEEN OUTSTANDING OR IS ANTICIPATED TO BE OUTSTANDING FOR A PERIOD IN EXCESS OF ONE (1) YEAR.

<table>
<thead>
<tr>
<th>%</th>
<th>NAME / COMPANY</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 5**: LIST CRIMINAL ARREST, JUDGEMENTS or LITIGATIONS ENTERED AGAINST THE COMPANY (IES) AND/OR INDIVIDUALS DURING THE PREVIOUS TEN [10] YEARS. IDENTIFY THE COURT(S) IN WHICH THE JUDGEMENT WAS ENTERED.

<table>
<thead>
<tr>
<th>INDIVIDUAL OR COMPANY NAME</th>
<th>SSN / FEIN</th>
<th>DATE OF CHARGE OR ARREST</th>
<th>NATURE OF CHARGE OR ARREST</th>
<th>FINAL DISPOSITION</th>
<th>NAME OF COURT</th>
<th>LOCATION (CITY, STATE, COUNTRY, ZIP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 6** License / Permit and Regulatory Information: If granted, a copy of license(s) are required.

Has the business ever applied to any licensing or regulatory agency for a license, permit or authorization related to gaming, whether or not such license, permit or authorization was granted? ☐ Yes ☐ No (If yes, please list the Agency, Tribe or State below).

<table>
<thead>
<tr>
<th>JURISDICTION / COMMISSION</th>
<th>CONTACT INFORMATION, IF ANY</th>
<th>TYPE OF LICENSE &amp; LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the business ever had a license, permit or authorization related to gaming denied, suspended or revoked? ☐ Yes ☐ No (if yes, please explain)

**NOTICE and RELEASE**

1. ____________________________________________, proposing to enter into one or more transactions with the Seminole Tribe of Florida, related to one or more of its gaming operations, and desiring it to be informed of the past and current activities and financial responsibility, hereby authorize it to investigate and to ascertain any and all information which may concern any or all of the foregoing information/individual(s), whether same is of record or not and release any Tribal, City, County, State or Federal Law Enforcement and/or regulatory agencies, and all persons whomsoever from any damage because of furnishing said information.

2. All information regarding accounts, contracts, transactions and discussions between you and/or your company and the Seminole Tribe of Florida d/b/a Seminole Gaming, Seminole Indian Casinos, and Seminole Hard Rock Hotels & Casinos shall be considered confidential business information of the Seminole Tribe of Florida. Vendor agrees that Vendor (including its employees, subcontractors, agents or representatives) will not disclose or disseminate the confidential business information to a third party or parties without the prior written consent of the Seminole Tribe of Florida.

3. I hereby certify that the information supplied herein is true and correct.

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRINT NAME &amp; TITLE</th>
<th>DULY AUTHORIZED SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRINT NAME &amp; TITLE</th>
<th>WITNESS SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vendor’s insurance coverage shall include the following minimum limits and coverage:

1. **Commercial General Liability** (including umbrella or excess liability) insurance on an occurrence coverage form, at least as broad as the Insurance Services Office Commercial General Liability Policy form CG 0001 ©, current edition; $1,000,000 per occurrence, bodily injury and property damage liability; $1,000,000 products and completed operations policy aggregate and $2,000,000 policy general aggregate applicable to claims other than products and completed operations. Other than the standard exclusions applicable to pollution, asbestos, mold, employment practices, ERISA and Vendor liability, there shall be no additional limitations or exclusions beyond those contained in the above referenced policy form applicable to products and contractual liability. In addition to procuring and maintaining this insurance during the duration of the contract, vendor agrees to continue to procure and continuously maintain products liability insurance coverage for a minimum of three years after the date the contract is completed or terminated.

2. **Automobile Liability:** $1,000,000 combined bodily injury and property damage liability per accident for bodily injury and property damage insurance covering liability arising from the use or operation of any auto, including those owned, hired or otherwise operated or used by or on behalf of the Vendor. The coverage shall be as broad as the Insurance Services Office Business Automobile Policy, form CA 0001 ©, current edition.

3. **Workers’ Compensation and Employer’s Liability:** $500,000 accident for bodily injury by accident or disease, including $500,000 disease aggregate, as is required by statute or law, or as may be available on a voluntary basis.

   The funding of deductibles and self-insured retentions maintained by Vendor shall be the sole responsibility of Vendor. Self-insured retentions in excess of $50,000 must be declared to and approved by the Tribe.

4. If applicable, the **Professional Consultant (Professional)** shall procure and maintain for the duration of the contract the following required insurance, with insurers’ financially acceptable and lawfully authorized to do business in the states where the Owner, The Seminole Tribe of Florida, hereafter called the Tribe, conducts operations. Such coverage shall protect Professional against claims arising from sickness, disease, death or injury to persons, and/or physical damage to tangible property, including loss of use, which may arise from services performed by or on behalf of the Professional, his agents or representatives.

   Professional’s insurance coverage shall include the following minimum limits and coverage:

   **Professional Liability** insurance covering wrongful acts made by or on behalf of the Professional. Claims-made coverage is permitted, provided the policy retroactive date is continuously maintained prior to the commencement of professional services rendered to The Tribe, plus an additional period of three years after such services have been rendered to The Tribe.

   **Professional** shall maintain the following minimum limits of insurance (unless higher limits required by law or statute):

   **Professional Liability:** $1,000,000 each wrongful act, $2,000,000 policy aggregate. If Professional’s contract with The Tribe exceeds $1,000,000, the each wrongful act limits shall apply separately to the Tribe’s project.

   The funding of deductibles and self-insured retentions maintained by Professional shall be the sole responsibility of Professional. Self-insured retentions in excess of $50,000 must be declared to and approved by the Tribe.

**Other Insurance Provisions:** The required insurance shall contain the following additional provisions:

1. **ADDITIONAL INSURED** – The Tribe must be included as an additional insured, by endorsement, under Vendor’s Commercial General Liability as respects Vendor’s products, goods or services which are sold or distributed to third parties by the Tribe in the course of the Tribe business operations. This requirement does not apply to consumable products, goods or services which are not sold or distributed to third parties by the Tribe.

2. **WAIVERS OF SUBROGATION** – Vendor agrees to waive all rights of subrogation against the Tribe and other tenants of the Tribe, as respects loss, damage, claims, suits or demands, however caused:

   a. To real or personal property, equipment, vehicles, tools, laptops etc. owned, leased or used by Vendor, it’s employees, agents or subcontractors; and

   b. To the extent such loss, damage, claims, suits or demands are covered, or should be covered, by the required insurance or any other insurance maintained by the Vendor. This waiver shall apply to all first party property, equipment, vehicle and workers compensation claims, and all third party liability claims, including deductibles or retentions which may be applicable there to. The Vendor agrees to endorse the required insurance policies to acknowledge the required waivers of subrogation in favor of the Tribe. Vendor further agrees to hold harmless and indemnify the Tribe for any loss or expense incurred as a result of Vendor’s failure to obtain such waivers of subrogation from Vendor’s insurers.

3. **NOTICE OF CANCELLATION** - Each insurance policy shall be endorsed to require Insurer(s) to provide thirty (30) days’ written notice to the Tribe by certified mail, return receipt requested, prior to any suspension, cancellation or non-renewal of the required insurance.

**Acceptability of Insurers:** Insurance is to be placed with insurers with a current A.M. Best’s rating of not less than A- VII, unless otherwise approved by the Tribe.

**Verification of Coverage:** Vendor shall furnish the Tribe with a certificate of insurance evidencing the required coverage prior to the delivery of product, goods or services to the Tribe. The certificates are to be signed by a person authorized by the insurer(s) to bind coverage on their behalf. Renewal certificates are to be provided to the Tribe prior to the expiration of the required insurance policies. As an alternative to a certificate of insurance, Vendor’s broker or insurer may provide complete, certified copies of all required insurance policies, including endorsements necessary to affect coverage required by these specifications.

<table>
<thead>
<tr>
<th>Certificate Holder</th>
<th>db/a</th>
<th>Additional Insured(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole Tribe of Florida</td>
<td>6300 Stirling Road Hollywood, FL 33024</td>
<td>Seminole Gaming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Hard Rock Hotel &amp; Casino – Hollywood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Hard Rock Hotel &amp; Casino – Tampa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Indian Casino – Coconut Creek</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Indian Casino – Brighton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Indian Casino – Immokalee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Seminole Indian Casino – Hollywood Classic</td>
</tr>
</tbody>
</table>

STGC04-17-10_4/25/17 SEMINOLE TRIBE OF FLORIDA, STGC VENDOR REGISTRATION DOCUMENTS Page 5 of 5
Vendor Ethics and Procedure Statement

The Seminole Tribe of Florida, a federally recognized Indian tribe under 25 U.S.C. §476, doing business as SEMINOLE GAMING (operating managers of Seminole Hard Rock Hotel & Casino-Hollywood, Seminole Hard Rock Hotel & Casino-Tampa, Seminole Indian Casino-Big Cypress, Seminole Indian Casino-Brighton, Seminole Indian Casino-Coconut Creek, Seminole Indian Casino-Hollywood, and Seminole Indian Casino-Immokalee) take its responsibility as a community partner very seriously, and we are determined to conduct our business in accordance with the highest ethical standards. For this reason, SEMINOLE GAMING actively seeks and favors suppliers whose standards are compatible with our own, and we do not engage in business with companies or individuals that do not meet these standards. This Vendor Ethics Statement sets forth the standards, which are expected of vendors doing business with SEMINOLE GAMING.

SEMINOLE GAMING believes that the conduct of its Vendor Partners reflects upon SEMINOLE GAMING itself and affects SEMINOLE GAMING reputation, SEMINOLE GAMING requires that its Vendor Partners conform to standards of business practices which are consistent with our practices. More specifically, SEMINOLE GAMING requires conformity from its vendor partners with the following standards.

I. Confidentiality

Vendor Partner shall not at any time, during or after the term of this agreement, disclose to others and will not take or use for its own purposes or the purpose of others any trade secrets, confidential information, knowledge, data, know how, or any other information considered logically as "confidential".

II. Registration

In order to conduct business with any of the Seminole Gaming Properties in the State of Florida, you must be registered and approved by the Tribal Gaming Office. This includes any and all transactions, regardless of dollar value. Unregistered / unapproved vendors are not authorized to conduct any business with any of the Seminole Gaming Properties located in the State of Florida.

III. Purchase Order Required

A Purchase Order (PO) will be issued for all goods, services, samples, donations etc. regardless of dollar value by the property Purchasing Department. All products delivered and/or services provided must be accompanied by the corresponding PO number listed on the PO document sent by Purchasing. If you have not been issued a PO then you are not authorized to deliver product and/or supply services and in turn, we are not authorized to process your invoice for payment.

IV. Contracts and agreements

Any / all agreements, contracts, proposals must be submitted to the Purchasing Department on behalf of the vendor / supplier for submission and consideration to the requesting department.
V. Gifts

Gifts, no matter how well intentioned by the donor, tend to substitute subjective emotions and motives for objective judgment based on service, quality, and price. Your awareness of and compliance with the below will foster the continuation of fair business practices that favor our close association.

a. Purchasing Department: Team members are not authorized to accept gifts, personal loans, entertainment, Inducements or other special considerations from an individual or business organization doing business with the Seminole Tribe of Florida regardless of dollar value.

b. Director Title or Above: Under no circumstances may any team member at a Director or above position accept any form of gratuity, gift, etc. from a vendor for any reason.

c. Team Members shall not directly or indirectly seek or accept any gifts in excess of $50.00. This includes: payments, fees, services, privileges, vacations, trips, loans (other than conventional loans from lending institutions), or other favors of any nature in excess of $50.00 from any person or business that does or seeks to do business with, or is a competitor of the Seminole Tribe of Florida Gaming/Hotel Operations.

d. Gifts/donations that have the opportunity to benefit all employees are acceptable upon approval of the General Manager/President. (ie: items donated for employee picnic etc.)

e. From time to time sponsorship opportunities will be available and these types of sponsorship/functions are acceptable when handled through and approved by the properties Marketing, Purchasing or General Manager/President.

VI. Vendors will be seen in Purchasing by appointment only

VII. All vendors are required to obtain a visitors badge from Security to gain access to back-of-house when performing work, attending meetings, conducting business that will require your presence back-of-house.

Vendor Partners will educate all of their employees, buying agents, subcontractors and any other representative on the Vendor Ethics and Procedure Statement.

Any person with knowledge of a violation of these standards by a Vendor Partner or a SEMINOLE GAMING employee should call the property Director of Security.

A violation of this Vendor Ethic and Policy Statement will constitute a breach of our relationship and may result in:

1. Requirement of vendor to implement a corrective action plan

2. Cancellation of all outstanding orders

3. Termination of our business relationship
As an officer of ____________________________ (Company Name), a Vendor Partner of SEMINOLE GAMING, I have read the terms described in this document and understand my company’s business relationship with SEMINOLE GAMING is based upon said company being in full compliance with these terms. I further understand that failure by a Vendor Partner to abide by any of these terms and conditions stated herein may result in the immediate cancellation by SEMINOLE GAMING of all outstanding orders with that Vendor Partner and refusal by SEMINOLE GAMING to continue to do business with said Vendor Partner. I am signing this statement as a corporate representative of ____________________________ (Company Name) to acknowledge, accept and agree to abide by the standards, terms and conditions set forth in this memo of understanding between my company and SEMINOLE GAMING. I hereby affirm that all actions, legal and corporate, to make this agreement binding and enforceable against ____________________________ (Company Name) have been completed.

______________________________
Signature

______________________________
Printed Name and Title

______________________________
Date
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; check only one of the following seven boxes:
   - Individual/sole proprietor
   - Single-member LLC
   - Limited liability company
   - Corporation
   - S Corporation
   - Partnership
   - Trust/estate

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)

5. Address (number, street, and apt. or suite no.)

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 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 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.
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 *

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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)

* For Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
* For Form 1099-C (canceled debt)
* For 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? on page 2.

By signing the filled-out form, you:
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. See What is FATCA reporting? on page 2 for further information.
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 partner’s 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 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.

In the cases below, the following person must give 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 partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and the entity;
• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected for Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.–China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.–China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support the claim.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nontaxable employee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

• Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

• Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

• Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• Other entities. Enter the name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

• Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.
### Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3
Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

#### Limited Liability Company (LLC)
If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company” box and enter “P” in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided enter “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual/sole proprietor or single-member LLC.”

### Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

#### Exempt payee code.
- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities.
3. A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities.
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities.
5. A corporation.
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession.
7. A futures commission merchant registered with the Commodity Futures Trading Commission.
8. A real estate investment trust.
9. An entity registered at all times during the tax year under the Investment Company Act of 1940.
10. A common trust fund operated by a bank under section 584(a) as a financial institution.
11. A middleman known in the investment community as a nominee or custodian.
12. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt payees 1 through 5</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

1. See Form 1099-MISC, Miscellaneous Income, and its instructions.

### Exemption from FATCA reporting code.
The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A. An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
B. The United States or any of its agencies or instrumentalities.
C. A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities.
D. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).
E. A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).
F. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
G. A real estate investment trust.
H. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
I. A common trust fund as defined in section 584(a) — A bank as defined in section 581.
K. A broker.
L. A trust exempt from tax under section 664 or described in section 4947 as a financial institution.
M. A tax exempt trust under a section 403(b) plan or section 457(g) plan.

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

### Line 6
Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

#### How to get a TIN.
If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and get the “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.
Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the persons identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of a payment card and third party network transactions, and payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account: Give name and SSN of:

1. Individual

2. Two or more individuals (joint account)

3. Custodian account of a minor (Uniform Gift to Minors Act)

4. a. The usual revocable savings trust (grantor is also trustee)
   b. So-called trust account that is not a legal or valid trust under state law

5. Sole proprietorship or disregarded entity owned by an individual

6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(1)(A))

For this type of account: Give name and EIN of:

7. Disregarded entity not owned by an individual

8. A valid trust, estate, or pension trust

9. Corporation or LLC electing corporate status on Form 8832 or Form 2553

10. Association, club, religious, charitable, educational, or other tax-exempt organization

11. Partnership or multi-member LLC

12. A broker or registered nominee

13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments

14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(1)(B))

You must show your individual name and you may also enter your business or DBA name on the “Business name/disregarded entity” name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 2.

Note. Grantor also must provide a Form W-9 to trustee of trust.

If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, TIN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Visitors of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.

Circle the minor’s name and furnish the minor’s SSN.