

Please make copies of this form, using one for each of your locations

## **Shop Change Form**

***Safelite Solutions***

You have been sent this form because you have recently changed your shop profile. Please complete this form and return it to the fax number or address listed below.

Revised 2017

### **Old Shop Details**

Shop Name - \_\_\_\_\_  
Shop Address - \_\_\_\_\_  
City / State - \_\_\_\_\_ Zip Code - \_\_\_\_\_  
Tax ID # \_\_\_\_\_  
Primary ( non-800 ) Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

### **New Shop Details**

(Also if shop has relocated or needs updated)

Shop Name - \_\_\_\_\_  
New Address - \_\_\_\_\_  
New City / State - \_\_\_\_\_ Zip Code - \_\_\_\_\_  
New Tax ID # (if different from above) \_\_\_\_\_  
Primary ( non-800 ) Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_  
Email Address - \_\_\_\_\_ FAX # \_\_\_\_\_

**Has the ownership of this shop changed ?** Yes / No (if yes, completed W9 required)

**Has the Federal Tax ID # changed ?** Yes / No (if yes, completed W9 required)

Does this shop offer -

Repair Only \_\_\_\_\_ Replacement Only \_\_\_\_\_ Repair & Replacement \_\_\_\_\_

Do you offer: Mobile service \_\_\_\_\_ In Shop service \_\_\_\_\_ Both \_\_\_\_\_

If yes to mobile, what is your Mobile Range (approx.) \_\_\_\_\_ in Miles \*

If yes to mobile, what Primary Cities do you service? \_\_\_\_\_

Do you offer glass service for Motor Homes ? Yes / No

### **MAILING ADDRESS ( IMPORTANT ! )**

Address - \_\_\_\_\_  
City / State - \_\_\_\_\_ Zip Code - \_\_\_\_\_

**Please provide your State Registration/License if your business resides in AK, CA, CT, FL, MA, NY, OH, or RI.**

License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have any other locations ? \_\_\_\_\_ Yes / No

Do you have any Auto Glass Businesses under a different name ? \_\_\_\_\_ Yes / No

If yes, please provide a separate list with name, address, phone and fax #

Completed by: (**print**) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ (**owner or corp member**) Date: \_\_\_\_\_

\* By signing, I verify the information provided above is accurate, to the best of my knowledge.

### **Return Form / W9 if applicable to:**

Safelite Solutions Attention - Database Department  
PO Box 18227 Columbus, Ohio 43218-2277  
FAX - 614-932-3222 Email - shopchanges@safelite.com

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) <b>Mailing Address</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	<b>Safelite Solutions</b> <b>PO Box 182277</b> <b>Columbus, OH 43218-2277</b>
	<b>7</b> List account number(s) here (optional)	
	<b>Business Phone # For Identification</b>	<b>Printed Name:</b>

### 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.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**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.

### 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.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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### 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](http://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)

- 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?* 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.