



IMPORTANT! ACTION REQUIRED!

Dear Shop Owner,

Safelite Solutions is currently processing your invoice for payment. **The Internal Revenue Service requires that we have your W-9 form on file before we can legally release payments to you.**

Please complete the attached W-9 form and Information Sheet.

When filling out the W-9 please remember to:

- Legibly complete the W-9, then sign the document.
- Be sure to list your REPORTING NAME as filed with the IRS on the first line of the W-9 and then a DBA name (if applicable), on the second line.
- Provide your Employer Identification Number (EIN) -or- Social Security Number (SSN), whichever is listed with the IRS. If unsure call the IRS 800-829-4933.
- List the mailing address you want your payments and communications sent to.

If any of this information is incomplete or incorrect, we will not be able to release payments to you.

Please mail, fax or email the W-9 and Information Sheet to:

Safelite Solutions - Attn: W9 Processing Dept.
PO Box 182277
Columbus, OH 43218

Fax: 614-210-9152

Email: SGCNetworkW9@Safelite.com

Sincerely,

-Safelite Solutions/SGC Network Team

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.	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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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) ▶ _____		<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	5 Address (number, street, and apt. or suite no.) Mailing Address		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	6 City, state, and ZIP code		Requester's name and address (optional) Safelite Solutions PO Box 182277 Columbus, OH 43218-2277
	7 List account number(s) here (optional) Business Phone # For Identification		
			Printed Name:

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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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. 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)

- 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:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - 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
 - 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.

SHOP INFORMATION FORM

PRIMARY STORE INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Manager _____

Phone: (_____) _____

Fax #: (_____) _____

MAILING ADDRESS FOR PAYMENTS

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Federal Tax ID # _____

E-Mail: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Do you have any other locations? _____ Yes / No (Attach store list if more than one)

Do you have other auto glass businesses under a different name? _____ Yes / No

Do you work: In-Shop Only _____ Mobile Work Only _____ In-Shop & Mobile _____

- Repair Only _____ Replace Only _____ Full Service _____ (repair & replace)

- If you offer Mobile Service, what is your general mobile range / radius _____ *Miles?

Do you offer glass service for Mobile Homes? _____ Yes / No

Hours of Operation: Mon-Fri ____am ____pm Sat ____am ____pm Sun ____am ____pm

Managing Member(s) Name and Address

Owners Name: _____

Address (If different from above): _____

City / State: _____ ZIP code: _____

Completed By: _____ Title: _____

Signature: _____ Date: _____

PLEASE RETURN WITH COMPLETED W-9 TO:
SAFELITE SOLUTIONS DATABASE, PO BOX 182277, COLUMBUS, OHIO 43218-2277
OR FAX TO: 614-210-9152