

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> Social Security Number (SSN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">ENTER YOUR EIN#</div> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">9</td> </tr> </table>	1	2	3	4	5	6	7	8	9	<p>Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.</p>			
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Unique Entity Identifier (UEI) (see instructions) <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">A</td> <td style="border: 1px solid black; width: 20px;">A</td> <td style="border: 1px solid black; width: 20px;">V</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">U</td> <td style="border: 1px solid black; width: 20px;">E</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">6</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">ENTER YOUR UEI IN ALL CAPS</div>	A	A	V	0	0	U	E	1	2	0	2	6	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party. <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;">ENTER YOUR LEGAL NAME</div> Legal Name: Arts Across Virginia Business Name: AAV <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">ENTER YOUR BUSINESS NAME</div>
A	A	V	0	0	U	E	1	2	0	2	6		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Entity Type</th> <th style="width: 30%;">Entity Classification</th> <th style="width: 30%;">Exemptions (see instructions)</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation </td> <td> <input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input checked="" type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other </td> <td> Exempt payee code (if any): _____ (from backup withholding) Exemption from FATCA reporting code (if any): _____ </td> </tr> </tbody> </table>	Entity Type	Entity Classification	Exemptions (see instructions)	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input checked="" type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): _____ (from backup withholding) Exemption from FATCA reporting code (if any): _____	SELECT AN ENTITY TYPE SELECT AN ENTITY CLASSIFICATION						
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INCLUDE BOTH A LEGAL & REMITTANCE ADDRESS	Contact Information	INCLUDE CONTACT INFO BELOW
Legal Address: 1234 Main Street Suite #200 City: Richmond State : VA Zip Code: 23219	Name: Jane Smith Email Address: jane.smith@artsscrossva.org Business Phone: (123) 444-5555	Remittance Address: 1234 Main Street Suite #200 City: Richmond State : VA Zip Code: 23219
Remittance Address: 1234 Main Street Suite #200 City: Richmond State : VA Zip Code: 23219	Fax Number: Mobile Phone: (888) 666-1234 Alternate Phone:	

Section 2 - 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 later in general instructions), 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 instructions titled Certification

INCLUDE A PRINTED NAME

Printed Name:	Jane Smith		
Authorized U.S. Signature:			Date: 12/01/2025

INCLUDE A HANDWRITTEN SIGNATURE

INCLUDE A DATE