DO NOT SEND TO IRS

# STATE OF ARIZONA SUBSTITUTE W-9 FORM
# REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION

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*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****

**Part I** Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.

Social Security Number (SSN): 2 ___ - ___ - ___ 0

OR

Employer Identification Number (EIN): 1 8 6 - 0 1 4 7 9 9 6 0

Name (is using SSN) or Business Name (if using EIN) – as reported with Social Security Administration or IRS

MILUM TEXTILE SERVICES

DBA, Business, Subsidiary, Trade Name, Other (circle one)

Remittance Address (if different from main address)

Name

Address

PO BOX 1231

Main Address (where tax information and general correspondence is to be mailed)

City, State and ZIP code

City, State, and ZIP code

PHOENIX, AZ 85001

Contact Name EDWARD PETRILLO

Telephone number ( )602-253-5173

Fax number ( )602-253-3819

**Part II** For Payees Exempt From Backup Withholding (See instructions on page 2)

Check the appropriate box:

- [ ] (1)(E) State Employee
- [ ] (2)(G) Federal Agency
- [ ] (3)(3) Arizona State Agency
- [ ] (4)(G) Other Governmental Agency

[ ] (5) Business (check one of the following)

- X (A) Arizona Corp.-including Non-Profit
- ___ (C) PC, PLLC, or LLC
- ___ (F) Financial Institution
- ___ (H) Benefits Provider
- ___ (M) Medical Corp.
- ___ (O) Out of State Corp.-including Non-Profit
- ___ (P) Professional Assoc.
- ___ (S) Sole Owner (using EIN)
- ___ (T) Partnership, LLP, or LTD
- ___ (U) Public Utility Co.

[ ] (6) Individual (check one of the following)

- ___ (I) U.S. Citizen/Permanent Resident
- ___ (S) Sole Owner of a Business (using SSN)

[ ] (7) Other (Non-corporate including, but not limited to conferences, trust funds, receiverships) --PLEASE BRIEFLY DESCRIBE

[ ] (8)(B) Board Member

**Minority Business Indicator:** (check one of the following that best describes your business)

- X 01 – Small Business
- ___ 02 – Minority Owner Business
- ___ 03 - Woman Owner Business
- ___ 05 – Small Business/Minority Owner
- ___ 06 – Small Business/Women Owner
- ___ 07 – Small Business/Disabled Owner
- ___ 08 – Minority Woman Owner Business
- ___ 09 – Disabled Minority Owner Business
- ___ 10 – Disabled Women Owner Business
- ___ 11 – Small Business/Minority Woman Owner
- ___ 12 – Small Business/Disabled Minority Owner
- ___ 13 – Small Business/Disabled Minority Woman Owner
- ___ 00 – None of these apply

**Part III** 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 Services (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. person (including a U.S. resident alien).

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 account (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 on page 2.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here: Edward Petrillo, GM Date: 2-27-06

RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH

FOR STATE AGENCY USE ONLY — DO NOT WRITE BELOW THIS LINE

VENDOR # ___ MC(s) ___ (main address) MC(s) ___ (remittance address)

[ ] NEW VENDOR [ ] TIN CHANGE [ ] NAME CHANGE

AGY ___ AGENCY CONTACT ___ AGENCY CONTACT PHONE # ( ) ___ EXT ___

APPROVED BY (PRINT) ___ (SIGNATURE) ___ Date ___



RFQ POD FORMAT (6/21/04)