



The following is a list of various requirements by Bette & Cring that will allow your contract, once signed by both parties, to go smoothly and not cause any delay in payment:

- Page 2 of 9 Payment requirements
- Page 4 of 9 Insurance Information
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- Page 6 of 9 Explanation for filling out payment requisitions
- Page 7 of 9 Request for vendor's Taxpayers ID Number
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Please review the enclosed copies of the requirements very carefully.

If you have any questions, please contact our Bette & Cring Contract Administrator, Mary Reilly at (518) 213-1010.

Sincerely,

BETTE & CRING, L.L.C.


Mary Reilly
Contract Administrator

To: All Subcontractors

Subject: **Requirements for Payments**

The policy of this company in regards to payment is as follows:

1. Contract is to be reviewed, signed and returned prior to commencement of work.
2. **Original** Certificate of Insurance is to be submitted to this company as soon as agreement has been made. **There must be a Certificate of Insurance for each job** that you have with Bette & Cring. This **MUST** be received prior to commencement of any work.
3. Bette & Cring supplies you with three (3) copies of our payment requisition forms. This is to be submitted in conjunction with any other agreed upon format. If you **Signed (NO Stamped Signatures accepted)** and **notarized** the requisition upon submission, your check will automatically be sent to you upon release. If you choose not to sign prior to receipt of check, you must come into our office to pick up your check and sign the waiver at that time. NO check will be mailed unless the waiver has been signed and notarized. Let it also be noted that the above won't be released unless items #1, 2 and 3 have been satisfied.
 - a. Subcontractor must sign an interim waiver of lien form each time the Subcontractor receives payment from Bette & Cring. This interim waiver must be on file prior to release of Subcontractors next payment.
 - b. If requested by Bette & Cring, as a condition to making an interim payment to the Subcontractor, the Subcontractor shall obtain, and deliver to Bette & Cring, interim waivers from the Subcontractors' sub-contractors and materialmen in a form prepared by Bette & Cring. In addition, for union subcontractors, if requested by Bette & Cring, as a condition to making an interim payment to the Subcontractor, the Subcontractor shall obtain, and deliver to Bette & Cring, affidavits acknowledging receipt of all fringe benefits payments due for the period from any or all trustees of union fringe benefit funds.
 - c. Subcontractor shall sign a final release and waiver of lien and claims form before being entitled to final payment. If requested by Bette & Cring, as a condition to making a final payment to the Subcontractor, the Subcontractor shall obtain, and deliver to Bette & Cring, final waivers from the Subcontractors' sub-subcontractors and materialmen in a form prepared by Bette and Cring. In addition, for union subcontractors, if requested by Bette & Cring, as a condition to making a final payment to the Subcontractor, the Subcontractor shall obtain, and deliver to Bette & Cring, affidavits acknowledging receipt of payments of all fringe benefits due on the project from any or all trustees of union fringe benefit funds.

4. Contract work must have been completed and accepted by Bette & Cring Field Superintendent. If you request more, your requisition will be corrected and a copy will be returned for your records and adjustments thereof.
5. The "Request for Vendor Taxpayer ID Number", page 6 of this package, is to be filled out and returned to this office regardless if you a Corp. or Inc.

Your cooperation in completing and returning this required paperwork will assist in expediting your payments. If you have any questions regarding this matter, please do not hesitate to contact the Project Manager. We look forward to a harmonious working relationship.

SAMPLE CERTIFICATE OF INSURANCE

Date: _____

| | |
|---|---|
| Producer (Name and Address) Name: PRODUCER NAME Address: ADDRESS Phone No. PHONE NUMBER AND FAX | This certificate is issued as a matter of information only and confers no rights upon the certificate holder The certificate does not alter amend, extend or alter the coverage afforded by the policies below. INSURERS AFFORDING COVERAGE INSURER A: Carrier A INSURER B: Carrier B INSURER C: Carrier C INSURER D: Carrier D INSURER E: Carrier E |
| Insured: (Name and Address) Name: SUBCONTRACTORS NAME AND ADDRESS Address: Phone No. | |

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

| INSR NO. | TYPE OF INSURANCE | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | LIMITS | |
|----------|--|---------------|----------------|-----------------|--|--------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | POLICY NUMBER | ANNUAL | TERM | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> FIRE DAMAGE (Any one fire) | | | | \$50,000 | |
| | <input type="checkbox"/> MED EXPENSE | | | | \$5,000 | |
| | <input type="checkbox"/> PERSONAL & ADV INJURY | | | | \$1,000,000 | |
| | <input type="checkbox"/> GENERAL AGGREGATE | | | | \$2,000,000 | |
| | <input type="checkbox"/> PRODUCTS-COMP/OP AGG | | | | \$2,000,000 | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____ | POLICY NUMBER | ANNUAL | TERM | COMBINED SINGLE LIMIT (each accident) | \$1,000,000 |
| | <input type="checkbox"/> BODILY INJURY (Per Person) | | | | | |
| | <input type="checkbox"/> PROPERTY DAMAGE (Per Accident) | | | | | |
| | <input type="checkbox"/> _____ | | | | | |
| C | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | POLICY NUMBER | ANNUAL | TERM | AUTO ONLY -EA ACCIDENT | \$1,000,000 |
| | <input type="checkbox"/> OTHER THAN EA ACC | | | | | |
| | <input type="checkbox"/> AUTO ONLY _____ AGG | | | | | |
| C | EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | POLICY NUMBER | ANNUAL | TERM | EACH OCCURRENCE | \$2,000,000 |
| | <input type="checkbox"/> AGGREGATE | | | | \$2,000,000 | |
| | <input type="checkbox"/> _____ | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | POLICY NUMBER | ANNUAL | TERM | <input checked="" type="checkbox"/> WC STATU <input type="checkbox"/> OTHER TORY LIMIT | |
| | <input type="checkbox"/> E.L. EACH ACCIDENT | | | | \$500,000 | |
| | <input type="checkbox"/> E.L. DISEASE-EA EMPLOYEE | | | | \$500,000 | |
| | <input type="checkbox"/> E.L. DISEASE-POLICY LIMIT | | | | \$500,000 | |
| D | OTHER NYS Disability | POLICY NUMBER | ANNUAL | TERM | Statutory | |

DESCRIPTION OF OPERATIONS/ LOCATIONS/VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Please see Exhibit 5 of your Subcontract Agreement for Full Description and Additional Insured Information

General Liability, Automobile Liability & Excess Liability As Required by Contract- Additional Insureds on a Primary and Non Contributing Bases (Attach Form) (30) Day Notification Included for any policy change or Non Renewal to Certificate Holder via Certified Mail/ Registered Mail.

CERTIFICATE HOLDER ADDITIONAL INSURED: INSURER LETTER CANCELLATION

| | |
|---|---|
| BETTE & CRING, LLC 22 CENTURY HILL DRIVE SUITE 201 LATHAM, NY 12110-2128 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAITON DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|---|---|

To: All Subcontractors

Subject: **Change Orders/Certificate of Insurance**

In order to eliminate any confusion that may develop, an explanation of the company's policy on Change Orders and Certificate of Insurance follows.

In order for you, the Subcontractor, to be paid for any extra work performed, a Change Order must be issued and signed by both you and Bette & Cring's Project Manager. Your submission of an invoice for an extra only alerts the Project Manager of a possible change order. Therefore, it is treated as a Change Order request and not as a normal requisition.

Once the Change Order has been signed (providing the work has been satisfactorily completed), you can submit for it in your monthly requisition.

A Certificate of Insurance must be submitted for each job awarded and to remain in effect until that job has been completed. This company will not accept Certificates of Insurance that are blanketed. We wish to reiterate the fact that the Certificate of Insurance must be received prior to commencement of work.

To: All Subcontractors

Subject: **Payment Requisition Forms**

Below are examples of Bette & Cring's Payment Requisition which will help eliminate any problems as to filling the requisition out.

Contract Amount: \$20,000
Approved Change Order: 0
Adjusted Contract Amount: \$20,000

| <u>Requisition #1</u> | Gross Amt. Submit to Date | Gross Amt. Prev. Submitted | Gross Amt. this Req. |
|-----------------------|------------------------------|-------------------------------|-------------------------|
| Cont. Wk. Perf. | \$10,000 | -0- | \$10,000 |
| Less 10% Ret. | 1,000 | -0- | 1,000 |
| Cont. Wk. Less Ret. | 9,000 | -0- | 9,000 |
| Less Prior Req. | -0- | XXXX | XXXX |
| Net Due | \$9,000 | XXXX | \$9,000 |

| <u>Requisition #2</u> | Gross Amt. Submit to Date | Gross Amt. Prev. Submitted | Gross Amt. this Req. |
|-----------------------|------------------------------|-------------------------------|-------------------------|
| Cont. Wk. Perf. | \$30,000 | \$10,000 | \$20,000 |
| Less 10% Ret. | 3,000 | 1,000 | 2,000 |
| Cont. Wk. Less Ret. | 27,000 | 9,000 | 18,000 |
| Less Prior Req. | 9,000 | XXXXX | XXXXX |
| Net Due | 18,000 | XXXXX | 18,000 |

Contract Amount \$20,000
Approved Change Order 10,000
Adjusted Contract Amount 30,000

| <u>Requisition #3</u> | Gross Amt. Submit to Date | Gross Amt. Prev. Submitted | Gross Amt. this Req. |
|-----------------------|------------------------------|-------------------------------|-------------------------|
| Cont. Wk. Perf. | \$30,000 | \$30,000 | -0- |
| Less 0% Ret. | -0- | 3,000 | 3,000 |
| Cont. Wk. Less Ret. | 30,000 | 27,000 | 3,000 |
| Less Prior Req. | 27,000 | XXXXX | XXXXX |
| Net Due | 3,000 | XXXXX | 3,000 |

The above will give you a good idea how our payment requisition works. There may be a different problem arising from time to time, but we will handle them on a one on one basis.

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. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| | 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 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.

| | |
|--|----|
| Social security number : : : : | or |
| Employer identification number : : | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

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, nonemployee pay, 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

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

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

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 page 2), 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 Social Security Administration 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 www.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, write "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 domestic 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, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 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 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 program 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.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), 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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims 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 personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ³ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ³ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Disregarded entity not owned by an individual | The owner |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. 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 | The public entity |

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ 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 1.

Note. 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.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

WHAT NAME & NUMBER TO GIVE THE REQUESTER

FOR AN INDIVIDUAL, PLEASE GIVE THE NAME & SOCIAL SECURITY NUMBER OF THE INDIVIDUAL.

FOR TWO OR MORE INDIVIDUALS, PLEASE GIVE THE NAME & SOCIAL SECURITY NUMBER OF THE FIRST INDIVIDUAL ON THE ACCOUNT.

FOR A SOLE PROPRIETORSHIP, PLEASE GIVE THE NAME OF THE OWNER AND THE EMPLOYER IDENTIFICATION / SOCIAL SECURITY NUMBER OF THE OWNER.

FOR A PARTNERSHIP, PLEASE GIVE THE EMPLOYER IDENTIFICATION NUMBER OF THE PARTNERSHIP.

FOR A CORPORATION, PLEASE GIVE THE EMPLOYER IDENTIFICATION NUMBER OF THE CORPORATION.

**** IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT MARY REILLY AT (518) 213-1010. ****

If a joint check agreement is needed on the project for which you are contracted, the following is required:

1. Request a Bette & Cring Joint Check Agreement from the Project Manager.
2. Fill out entirely as both of you, Subcontractor and Material Supplier, must sign and date.
3. Original MUST be returned to Bette & Cring's Contract Administrator. Copies or faxes will NOT be accepted. Bette & Cring's Project manager must initial the agreement before it is valid.
4. The dollar amount of material is to be fixed. If not, it is requested a not-to-exceed figure be noted stated NTE.
5. When submitting for payment, copies of invoices must be attached to the Bette & Cring Payment Requisition Form. Please call Mary Reilly, Contract Administrator, prior to your billing and we will explain the procedure on a one-on-one basis.