

**FEDERAL TAYPAYER IDENTIFICATION NUMBER AND
LEGAL STATUS DISCLOSURE CERTIFICATION REQUIREMENTS**

In order to comply with requirements mandated by Internal Revenue Service Rules and Regulations, the tank owner/operator must complete the section entitled TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS DISCLOSURE CERTIFICATION below.

Enter your taxpayer identification number (TIN) in the appropriate space. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. Federal Employer Identification Numbers (FEINs) must not be used for sole proprietorships.

If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals) from your local office of the Social Security administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local Internal Revenue Service office.

To complete the certification if you do not have a TIN, fill out the certification including that a TIN has been applied for, sign and date the form, and return it to this Agency. As soon as you receive your TIN, fill out another such form including your TIN, sign and date the form, and send it to this Agency.

If you fail to furnish your correct TIN to this Agency, you are subject to an IRS penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

WILLFULLY FALSIFYING CERTIFICATIONS OR AFFIRMATIONS MAY SUBJECT YOU TO CRIMINAL PENALTIES INCLUDING FINES AND/OR IMPRISONMENT.

Please return the completed form to the Bureau of Land, Remedial Projects, LUST Claims Unit, Post Office Box 19276, Springfield, Illinois 62794-9276.

TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS DISCLOSURE CERTIFICATION.
Under penalties of perjury, I certify that the FEIN or Social Security Number indicated below is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Governmental Entity | <input type="checkbox"/> Not-for-Profit Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Tax Exempt Organization | <input type="checkbox"/> Medical & Health Care |
| <input type="checkbox"/> Trust or Estate | <input type="checkbox"/> (IRC 501(a) only) | <input type="checkbox"/> Services Provider Corporation |

Taxpayer Identification Number

Signed

Date

Name of Firm (Please print or type)

Note: Original signature required.

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center.