

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. American Society for Metabolic and Bariatric Surgery Foundatin, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501c3	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>
5 Address (number, street, and apt. or suite no.) See instructions. 14260 W Newberry Road #418	Requester's name and address (optional)
6 City, state, and ZIP code Newberry, FL 32669	
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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5	9		-	3	5	2	0	0	0	0	6		

Part II 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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Kira Carnichael</i>	Date ▶ <i>9/13/19</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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)

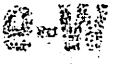
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (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, later.

Give Form to the
person to whom you
are sending it.

Request for Survey Identification Number and Certification



Go to www.geneapex.com for instructions and the latest information.

Form ID: 1000-1000
Version: 10/2000

American Society for Metabolic and Genetic Testing

I am a patient of the laboratory and I am requesting a survey of my laboratory's performance.

I am a physician and I am requesting a survey of my laboratory's performance.

I am a laboratory director and I am requesting a survey of my laboratory's performance.

I am a laboratory employee and I am requesting a survey of my laboratory's performance.

I am a laboratory customer and I am requesting a survey of my laboratory's performance.

I am a laboratory supplier and I am requesting a survey of my laboratory's performance.

Name: **W. Michael Brown**

Address: **1234 Main Street**

City: **Anytown, CA 90001**

Phone: **(555) 123-4567**

Signature: _____

Survey Identification Number (SIN)

Enter your SIN in the appropriate box. The SIN is a unique number assigned to each laboratory. It is used to identify the laboratory in the survey. The SIN is also used to identify the laboratory in the survey results.

1	2	3	4	5	6	7	8	9	0

Enter your SIN in the appropriate box. The SIN is a unique number assigned to each laboratory. It is used to identify the laboratory in the survey. The SIN is also used to identify the laboratory in the survey results.

Certification

I hereby certify that the information provided in this survey is true and accurate to the best of my knowledge and belief. I understand that this certification is a legal document and that I am responsible for its accuracy.

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I understand that this certification is a legal document and that I am responsible for its accuracy.

Signature: _____

Date: _____

General Instructions

- Fill out this form and return it to the laboratory.
- Do not write on this form.
- Do not use a pen or pencil.
- Do not use a calculator.
- Do not use a ruler.
- Do not use a protractor.
- Do not use a compass.
- Do not use a straightedge.
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Purpose of Form

The purpose of this form is to collect information about the laboratory's performance. The information collected will be used to identify areas of strength and weakness and to provide recommendations for improvement.

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