



19 S LaSalle Street, Suite 200, Chicago. IL 60603  
 Tel: 312-621-1200; Fax: 312-701-0232

**STEP BY STEP GUIDE TO OPENING A NEW ACCOUNT**

<b>Step 1 - Complete the Identification Requirement</b>								
1	0 Complete the Customer Identification Form (DEP-1).							
2	0 U.S. citizens and U.S. residents: Submit form W-9 (all applicants should fill separate forms). 0 Non-U.S. residents: Submit form W-8 BEN (all applicants should fill separate forms).							
3	<b>Identification Documents:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Primary Photo ID <i>(Must not have expired)</i></th> <th colspan="2" style="text-align: center;">Secondary ID</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">           0 Photo bearing State Driving License / State ID Card            0 Passport / Military ID Card            0 US Alien Registration Card         </td> <td style="vertical-align: top;">           0 Utility Bill            0 Bank Statement            0 Social Security Card            0 U.S. Visa Page (in Passport)         </td> <td style="vertical-align: top;">           0 Voter Registration Card            0 Student ID Card            0 Insurance/Credit Card            0 Birth Certificate         </td> </tr> </tbody> </table> <p><b>If you come in person</b>, bring with you in <i>original</i> any two of the above identification documents, at least one of which must be a Primary Photo ID and any one of the ID should contain the current residential address of the persons mentioned in account opening form.  <b>If you are applying by mail</b>, submit at least original or copy of any two of the above identification documents, one of which must be a Primary Photo ID and any one of the ID should contain the current residential address of the persons mentioned in account opening forms. <b>Copy of the Primary Photo ID and signature on Form DEP-1 must be verified by Notary Public OR an Official of Indian Embassy / Indian consulate</b></p> <p><b>Important: Enclose your Personal Check for the Minimum Balance Requirements (Minimum Balance Requirements are \$500 for US Savings/Checking account and \$5000 for US Based Money Based Market Account)</b></p>		Primary Photo ID <i>(Must not have expired)</i>	Secondary ID		0 Photo bearing State Driving License / State ID Card 0 Passport / Military ID Card 0 US Alien Registration Card	0 Utility Bill 0 Bank Statement 0 Social Security Card 0 U.S. Visa Page (in Passport)	0 Voter Registration Card 0 Student ID Card 0 Insurance/Credit Card 0 Birth Certificate
Primary Photo ID <i>(Must not have expired)</i>	Secondary ID							
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<b>Step 2 - Complete The Account Opening Form</b>								
For This Type of Account	Use The Following Account Opening Form							
Certificate of Deposit	<a href="#"><b>DEP-CD</b></a>							
MMD / Checking / Savings Account	<a href="#"><b>DEP-MCS</b></a>							
International Debit Card (Issued only with Checking Account)	<a href="#"><b>DEP-IDC</b></a>							
<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</b>								
<p><i>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.</i></p> <p><b>What this means for you?</b> <i>When you open an account, we will ask for your name, address, date of birth, and other information that will allow other us to identify you. We may also ask to see your driver's license or identifying documents. We may also ask you for source or proof for your funds.</i></p>								
<p>To ensure the security and confidentiality of your information please do not e-mail any sensitive non-public personal information (i.e. account numbers, social security numbers, etc.) to us.</p>								



19SLaSalle Street, Suite 200, Chicago. IL 60603  
 Tel: 312-621-1200; Fax: 312-701-0232

Member (FDIC)

Form DEP -1

**For Office Use**

Customer No: \_\_\_\_\_

Approved: \_\_\_\_\_

**Customer Identification Form for Deposit Accounts**

	1st Applicant	2nd Applicant	3 Applicant
<b>First Name</b>			
<b>Middle Name</b>			
<b>Last Name</b>			
<b>Social Security No.</b> <small>For non US resident, Passport No</small>			
<b>Date of Birth</b> (mm/dd/yyyy)			
<b>Nature of Photo ID</b> <small>(U.S. Driver License /State ID/ Passport)</small>			
<b>Photo ID Number</b>			
<b>Issue Date</b> (mm/dd/yyyy)			
<b>Expiration Date</b> (mm/dd/yyyy)			
<b>Place of Issue</b>			
<b>Place of Birth</b>			
<b>Country of Residence</b>	<b>USA</b>	<b>USA</b>	<b>USA</b>
<b>Residence Status</b> <small>(If US Residential status Check any One)</small>	U. S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Resident Alien <input type="checkbox"/>	U. S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Resident Alien <input type="checkbox"/>	U. S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Resident Alien <input type="checkbox"/>
<b>Resident Since</b> (mm/yyyy) <small>(If US Citizen mention NA)</small>			
<b>Occupation</b>			
<b>Name of the Employer</b>			
<b>Address of the Employer</b> <small>(With Zip Code)</small>			
<b>Work Phone No.</b>			
<b>Home Address</b> <small>(P.O. Box No is not acceptable)</small>			
<b>Home Phone No.</b>			
<b>Fax Number</b>			
<b>E-mail Address</b>			
<b>Annual Family Income</b> <small>(in U.S. \$)</small>	< 25,000    25,000 – 50,000 150,000 – 250,000	50,000 – 100,000 250,000 – 500,000	100,000 – 150,000 > 500,000
<b>Mode of Operation</b>	Any one or Self	Jointly with Right of Survivorship	

**LETTER / FAX AGREEMENT FOR FUNDS TRANSFER**

I/We, the applicants/account holder(s), acknowledge that, State Bank of India, Chicago Branch (the "Bank") has made available a variety of procedures for the transmission of instruction to the Bank. I/We are fully aware of the risks associated with transmitting instructions via letter or facsimile machine ("fax") and hereby authorize the Bank to act upon each written payment order (funds transfer instruction or communication) sent to it by me/us by mail or fax if the signatures(s) on such payment order match, in the Bank's judgment, with my/our signature(s) provided on this form, or provided subsequently, and to debit or credit, as the case may be, accounts which I/We may hold with the same customer number. The Bank's understanding of any oral notice, instruction or other communication in regards to the payment order sent by person(s) mentioned above or their representatives shall be final and binding. This authorization applies to all accounts opened with the same customer number as for the current application.

Prior to the executing of the instruction, the Bank may, at its discretion and only if it considers it necessary, reasonable and practicable, verify the payment order by telephone call to a person and telephone number given in this application or recorded later by me/us with the Bank, following which the Bank shall have no further duty to verify the identity or authority of the person giving or confirming the contents of any payment order or instruction. Notwithstanding any provision hereof, the Bank shall have the right in its sole discretion to refuse to execute any payment order or instruction.

I/We understand that the Bank may not act upon a payment order or instruction on the same business if the order or instruction is received by it after 2 p.m EST. I/We agree to be bound by a payment order or instruction whether or not authorized, issued in its name and accepted by the Bank in compliance with these procedures and further agree to indemnify and hold the Bank harmless for any loss, liability, claim, damage or expenses (including legal fees), collectively referred to herein as "claims", attributable to executing and accepting the payment order or instruction in accordance with these procedures or action omitted to be taken, whether such claims are brought by me/us or our representative or by a third party. I/We shall notify the Bank if a payment order or instruction was not authorized by me/us, within a reasonable time not exceeding 90 day after the date, I/We received the notification from the Bank that the order was accepted or my/our account was debited with respect to the order.

The procedure established by this agreement may be varied only by a written agreement signed by both parties, and supersedes all prior agreements or practices, if any, in respect to instruction and may not be changed by an oral agreement or by a course of dealing or custom. This agreement shall be governed by the laws of the State of Illinois and any dispute in connection herewith shall be adjudicated in a federal or Illinois State Court located in the City of Chicago.

I/We execute the above agreement:      0  YES      0  NO

**ACKNOWLEDGEMENTS**

1. I/We undertake to abide by the usual terms and conditions governing accounts in the U.S. as well as the terms, rules and regulations in the State Bank of India's Customer Manual, receipt of which is hereby acknowledged. I declare that funds offered by me/us to the Bank represent/ shall represent my/our own funds, earned through legitimate means and complying with all U.S. laws.
2. I/We understand that on no occasion my/our account will be permitted by the Bank to go into overdraft.
3. I/We understand that the Bank may not act upon my/our funds transfer instructions conveyed through a letter/fax, unless I/We execute a Letter/Fax agreement for funds transfer or attach a check to the instruction letter.
4. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Bank to obtain information about my/our identity, credit history and other banking history from consumer reporting agency (ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our-signing authority on the account or disallow opening the account, the Bank will communicate this fact to the owners and/or authorized signers of the (proposed) account. I/We further authorize the Bank to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/We am/are (an) authorized signer(s) on the account.

**VERIFICATION OF SIGNATURE AND IDENTITY**

(If you send your application by mail, please get your signature verified below by an SBI Official **OR** Notary Public **OR** and Indian Embassy **OR** Consulate)

-: Identity should be verified from the ORIGINAL of the photo ID mentioned on Page 1 above :-  
**-:PLEASE NOTE THAT IN ADDITION THE VERIFIER MUST ATTEST THE COPY OF THE PRIMARY PHOTO-ID:-**

<b>1st Applicant</b>	<b>2nd Applicant</b>	<b>3rd Applicant</b>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Signature and Seal of the Verifier:	Signature and Seal of the Verifier:	Signature and Seal of the Verifier:
Date of Verification: Place of Verification: Telephone # of the Verifier: (If Applicable)	Date of Verification: Place of Verification: Telephone # of the Verifier: (If Applicable)	Date of Verification: Place of Verification: Telephone # of the Verifier: (If Applicable)



19 S La Salle Street Suite – 200  
Chicago IL 60603  
Tel: 312-621-1200; Fax: 312-701-0232

Form DEP-MCS

Account No \_\_\_\_\_

Member FDIC

<b>APPLICATION FOR MMD/ CHECKING / SAVINGS ACCOUNT</b> (New customers should fill this form along with Form DEP-1)			
<b>Application for</b> <i>(Please select one)</i>	<input type="checkbox"/> Money Market Deposit Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <i>(If you want to open more than one account, submit separate DEP-MCS Form and separate Personal Check for the Minimum Balance requirements)</i>		
<b>Customer Name</b>	<b>1<sup>st</sup> Applicant</b>	<b>2<sup>nd</sup> Applicant</b>	<b>3<sup>rd</sup> Applicant</b>
<b>First Name</b>			
<b>Middle Name</b>			
<b>Last Name</b>			
<b>Customer Number</b> <i>For already existing Customers</i>			
I / We request you to open the account(s) as mentioned above with your branch. I /We have read and understood the terms and conditions governing the account(s). I/We acknowledge the receipt of the account disclosures applicable for Deposits Account.			
<b>Purpose of the Account</b> <i>(Check all that are applicable)</i>	<input type="checkbox"/> Savings and Salary <input type="checkbox"/> Sending remittances to India <input type="checkbox"/> Receiving Social Security benefits <input type="checkbox"/> Cash receipts / payments <input type="checkbox"/> Collection / Issue of checks <input type="checkbox"/> Others (specify):		
<b>Expected Annual Volume of Transactions</b>	<input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$10,000 – 25,000 <input type="checkbox"/> \$25,000 – 50,000 <input type="checkbox"/> \$50,000 – 100,000 <input type="checkbox"/> \$100,000 – 150,000 <input type="checkbox"/> > \$150,000		
<b>Source of Funds</b> <i>(Check all that are applicable)</i>	<input type="checkbox"/> Current Income/wages <input type="checkbox"/> Past savings <input type="checkbox"/> Liquidation of investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Pension/S.S. Benefits <input type="checkbox"/> Others (specify):		
<b>End use of Funds for Remittance Transactions</b>	<b>End use of Funds</b>		<b>Expected Annual Volume</b>
	<input type="checkbox"/> Loan Accounts ( Home Loan / Education Loan)		
	<input type="checkbox"/> NRI Accounts ( Savings / Fixed Deposits)		
	<input type="checkbox"/> House Construction		
	<input type="checkbox"/> Others ( Personal Expenses/ Family Maintenance/ Education Expenses)		
<b>Mode of Deposit (Funding) &amp; Amount</b>	<input type="checkbox"/> Debit my/our Checking / MMD /Savings Acct. No. _____ with you, OR <input type="checkbox"/> Check No. _____ attached for the Amount: USD _____		
<b>Mode of operation of the Account</b>	<input type="checkbox"/> Any one or Self <input type="checkbox"/> Jointly with Right of Survivorship		
<b>Do you want check book on your Checking/MMD account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check books are charged and not issued for savings accounts. No temporary checks are issued)</i>			
<b>Do you want International Debit Card on your Checking Account?</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>(Debit card is issued only to Checking account)</i> I/We acknowledge the receipt of terms and conditions governing the Debit Card Policy & Procedure			
<b>If you prefer to have online banking access to your Account</b> Visit our website ( <a href="http://www.sbichicago.com">www.sbichicago.com</a> ) for self enrollment under the link "Enroll - Retail Banking" after opening of the account.			
* (If your choice is YES, kindly fill out the relevant application attached below)			
<b>Signature of the Applicants</b>	Signature	Signature	Signature
<b>Date:</b>	<b>Place:</b>		
<b>(For Office use only) Account Opened by _____ Verified by _____</b>			



## Application for issue of Debit Card

Member FDIC

To  
Vice-President (PB), State Bank of India, Chicago.

I wish to avail the debit card services offered by State Bank of India, Chicago. Please arrange to issue me debit card.

**Name of Customer: (In the order of First, Middle and Last Name)\*\* (27 Characters)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Name as I would like to appear on the card:\*\* (21 Characters)**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**My Account Numbers\*\* Single/ Joint Accounts\***

Account Type	Account Number
Primary – Checking Account	7 7 7
	7 7 7

\*Joint account holders with mode of operation as anyone or survivor need to submit separate application forms

**Address:\*\***

Street Address	
Apt #	City
State	Zip
Phone*** (Eve)	Phone*** (Day)

\*\*\* Phone number provided in the application should be used to activate / reset the PIN – Use Cell/Landline Numbers only

**Validation Data (This data will be used for identification when you call the customer service centre for all purposes):**

Mother's maiden name **	
Social Security(Last 4-Digit)**	XXX-XX-
Date of Birth ( mm-dd-yyyy)**	- -
Driver's License/State ID**	

\*\* Mandatory Columns to be filled up.

1. Charges are waived for transactions performed at any ATM with any bank within USA up to Dec 2017.
2. The bank has decided to waive the charges levied by the service provider for transactions done at State Bank Group ATMs in India/USA up to Dec 2017.
3. For transaction done at ATMs / POS terminals outside USA, cross country (0.2% of transaction amount) and crossborder (0.9% of transaction amount) fees are levied by Master Card. In addition to these the respective ATM network service provider might also charge a fee for each transaction.
4. I have received, read and understood the provisions contained in the terms and conditions letter of "State Bank of India, Chicago Debit Card Agreement" and I accept these. I agree that the transactions executed using my debit card will be binding on me.

**Customer's Signature**

**Date:**

Encls: Debit Card Agreement

<b>For Office Use only</b>	<b>Account and Signature Verified Supervisor PB</b>	<b>Application Processed Manager</b>
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<b>Card Number</b>	
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19, S La Salle Street, STE 200  
Chicago IL 60603  
Tel 312-621-1200 Ext 253, 255; Fax 312-701-0232  
Member FDIC

**APPLICATION FOR CERTIFICATE(S) OF DEPOSIT**

(New customers should fill this form along with Form DEP-1)

<b>CUSTOMER NAME</b>	
<b>CUSTOMER NUMBER</b>	

I / We request you to open the following CDs with your branch. I/We have read and understood the terms and conditions on which CDs are offered. I/We acknowledge the receipt of the interest rate chart applicable for Certificates of Deposit.

Amount (\$)	Months	Interest Option		
		Cumulative	Non-cumulative	In case of non-cumulative interest
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Credit my/our <input type="checkbox"/> Checking <input type="checkbox"/> MMD account with your Branch.  <input type="checkbox"/> Mail interest check to the home address of the first account holder.
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

<b>Source of Funds</b> <i>(Check All That Are Applicable)</i>	<input type="checkbox"/> Current Income/wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension/S.S. Benefits <input type="checkbox"/> Rent <input type="checkbox"/> Liquidation of investments <input type="checkbox"/> Sale of property <input type="checkbox"/> Others (specify):
--	---

<b>Mode of Deposit (Funding) &amp; Amount</b>	<input type="checkbox"/> Debit my/our Checking / MMD /Savings Acct. No. _____ with you, OR <input type="checkbox"/> Check No. _____ attached for the Amount: USD _____
---	--

<b>Mode of operation of the Account</b>	<input type="checkbox"/> Any one or Self <input type="checkbox"/> Jointly with Right of Survivorship
---	--

<b>Purpose of the Account</b> <i>(Check all that are applicable)</i>	<input type="checkbox"/> Savings and Salary <input type="checkbox"/> Sending remittances to India <input type="checkbox"/> Receiving Social Security benefits <input type="checkbox"/> Cash receipts / payments <input type="checkbox"/> Collection / Issue of checks <input type="checkbox"/> Others (specify):
---	--

1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Place:	

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://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.	
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 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 type="checkbox"/> Other (see instructions) ▶ _____	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.	Requester's name and address (optional)
6 City, state, and ZIP code	
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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or																					
Employer identification number																					
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### 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 ▶

Date ▶

## 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](http://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.*