

Form W-9 (placeholder)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

LEGAL NAME (LINE 1)

Sitework Specialist LLC

BUSINESS NAME / DBA (LINE 2)

Sitework Specialist

FEDERAL TAX CLASSIFICATION

Limited Liability Company (LLC)

TAX CLASSIFICATION — LLC CODE

[CLIENT-CONFIRM] (C / S / P)

ADDRESS

423 Vicky Ln., Alexandria, LA 71303

EMPLOYER IDENTIFICATION NUMBER (EIN)

XX-XXXXXXX [CLIENT-CONFIRM]

BACKUP WITHHOLDING SUBJECT

No

SIGNED

[CLIENT-CONFIRM] Date: [CLIENT-CONFIRM]

PLACEHOLDER DOCUMENT

This is a layout placeholder. The signed, current document is available on request from the prequalification contact below and will replace this file before any award.