

Lender Approval Information Packet

eTitle's mission is to provide exceptional service to all its clients. If you have any suggestions or concerns regarding our services we would greatly appreciate your input. We offer comprehensive title insurance services in every county of the state of Utah. In most cases, our title insurance reports are completed within three working days from the date an order is placed.

Underwriters

First American Title Insurance Company
 Fidelity National Title Group
 Old Republic National Title Insurance Company

Financial

Year	Revenue	# of Orders
2017	\$933,265	1223

Services

Many services are available with unprecedented quality.

- Realtor services include full closing services
- Mortgage lenders and broker services include refinance premium rates, full closing services, second mortgage and home equity line products as well as a complete reconveyance-servicing department.
- Attorney services include a statewide foreclosure department, on staff foreclosure attorney, trustee sale guarantee policy, foreclosure report and recorded document images.

Office Locations

3269 South Main Street, #100
 Salt Lake City, Utah 84115
 Telephone: (801) 263-3400

165 East 6100 South, #100
 Murray, Utah 84107
 Telephone: (801) 262-1722

382 South Bluff Street, #100
 St. George, Utah 84770
 Telephone: (435) 688-8808

Attachments

- Certificate of errors and omissions liability insurance.
- Certificate of dishonesty bond.
- State of Utah insurance department agent license

Items Available Upon Request

- Insured closing letter.
- Schedule of title insurance rates.
- Schedule of non-title insurance fees.



ETITINS-01

DMARCHANT

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 07/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: Danielle Marchant PHONE (A/C, No, Ext): 6858 FAX (A/C, No): E-MAIL ADDRESS: dmarchant@beehiveinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Lloyds of London	
NAIC #	
15792	
INSURED Etitle Insurance Agency, LLC 165 East 6100 South, Ste 100 Murray, UT 84107	
INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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PRODUCER Beehive Insurance Agency 302 West 5400 South #101 Salt Lake City, UT 84107-8225	CONTACT NAME: Danielle Marchant
	PHONE (A/C, No, Ext): 6858 FAX (A/C, No):
	E-MAIL ADDRESS: dmarchant@beehiveinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Lloyds of London NAIC # 15792
INSURED Etitle Insurance Agency, LLC 382 S. Bluff Street Ste 100 Saint George, UT 84770	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liab- Per Claim			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000
A	Prof Liab- Aggregate			B1115N174503	08/01/2017	08/01/2018	\$4,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>L. Kay Howland</i>

ACORD 25 (2016/03)

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**TITLE AGENT, ABTRACTOR & ESCROW AGENT
PROFESSIONAL LIABILITY INSURANCE POLICY
DECLARATIONS PAGE**

This Policy Covers Claims that are Made and Reported During the Policy Period

Policy Number: B1115N174503

1. Policy Period:

Inception date: 1st August 2017
Expiration date: 1st August 2018

Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the **Named Insured**.

2. Named Insured:

eTitle Insurance Agency, LLC

3. Named Insured Address:

165 East 6100 South, Suite 100,
Murray, UT 84107

4. Limits of Liability:

- | | | |
|--------------|---------------|--|
| A. | USD 1,000,000 | Each Claim |
| B. 1. | USD 10,000 | Disciplinary Proceedings Aggregate |
| 2. | USD 5,000 | Loss of Earnings and Expense Reimbursement Aggregate |
| 3. | USD 5,000 | Subpoena Compliance Aggregate |
| 4. | USD 25,000 | Privacy Incident Response Expense |
| C. | USD 1,000,000 | Policy Aggregate |

5. Deductible:

With respect to A., B.1., B.2., and B.3. the Limit of Liability afforded under the policy shall be subject to a deductible amount of:-

USD 4,500 Each Claim for Damages and Claim Expenses

With respect to B.4. the Limit of Liability afforded under the policy shall be subject to an annual aggregate deductible amount of:-

USD 2,500

6. Retroactive Date:

1st August 2007

If a date is indicated, this insurance will not apply to any **Wrongful Act** which occurred before such date.

7. Annual Premium:

USD 9,077

8. Forms and Endorsements:

Tenant Risk Services Title Agent, Abstractor & Escrow Agent 2012
Privacy Incident Response Expense Reimbursement Endorsement
Diminishing Deductible Endorsement
LMA 3100 Sanction Limitation and Exclusion Clause
USA Complaints for Policyholder Endorsement

9. Extended Reporting Period:

Upon written notice to Underwriters, one **Extended Reporting Period** as specified in **SECTION VIII – EXTENDED REPORTING PERIOD** of the Policy may be purchased in accordance with the terms of the Policy for a period of 12 months at 100% of the full annual policy premium

10. Underwriters Representative: Oxford Insurance Brokers Ltd

11. Application Date:
21st July 2017

THESE DECLARATIONS TOGETHER WITH THE TITLE AGENT, ABSTRACTOR & ESCROW AGENT PROFESSIONAL LIABILITY INSURANCE COVERAGE FORM AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Dated: 2nd August 2017 **By:** Oxford Insurance Brokers, Ltd

M. P. Mitchell
Correspondent

SECURITY

Declaration off Oxford Insurance Brokers Ltd, Binding Authority, Certificate No: B1115N174503

Risk: eTitle Insurance Agency, LLC

Effected With:

100.0000 Underwriters at Lloyd's attaching to Binding Authority Ref:
B1115N162741

Underwriters at Lloyd's

37.500%	Syndicate No. 2488
20.830%	Syndicate No. 435
12.500%	Syndicate No. 2001
20.830%	Syndicate No. 1084
8.340%	Consortium 9972
	split 6.255% Syndicate 1225
	1.668% Syndicate 4444
	0.417% Syndicate 958

100.000%

It is understood and agreed that any reference in the attached wording to "Policy" shall be deemed to read Certificate



State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

Licenses must submit address changes to the Utah Insurance Department within 30 day of the change. All such changes should be submitted online at www.sircon.com/utah or www.iupr.com.

Individual producers cannot solicit, sell or negotiate insurance until appointed by an insurer or designated to act by an insurance agency.

Insurance Agencies cannot solicit, sell or negotiate insurance until contracted and appointed by an insurer.

Resident Producer Organization

Title Escrow, Title Examination

eTITLE INSURANCE AGENCY LLC

165 EAST 6100 SOUTH
STE 100
MURRAY, UT 84107


is authorized to transact business as described above

License No: 104994

Issue Date: 07-07-2011

Expiration Date: 06-30-2019

Generated by Siron 149210729

<p>State of Utah Insurance Department</p> <p>THIS IS TO CERTIFY THAT</p> <p>eTITLE INSURANCE AGENCY LLC 165 EAST 6100 SOUTH, STE 100, MURRAY, UT 84107</p> <p>LICENSE NUMBER: 104994</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p>Resident Producer Organization Title Escrow, Title Examination</p> <p>Issue Date: 07-07-2011 Expiration Date: 06-30-2019</p> <p>Generated by Siron 149210729</p>
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This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No. SUA FESB10306-1602	Authority Ref. No. B0621PFDO16216	Certificate No. SUA FESB10306-1703
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1. Name and address of the Assured:
eTitle Insurance Agency, LLC
165 East 6100 South #100
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receive no protection from any of the guaranty association created under Chapter 28, Title 31A.

2. Effective from 08/11/2017 to 08/11/2018
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON**
Percentage: 100%

4. Amount	Coverage	Rate	Premium	other tax	
\$ 500,000	ESCROW SECURITY BOND		\$ 4,130.00	admin fee	\$ 0.
				surplus lines tax	\$ 178.
				stamp fee	\$ 6.
				filing fee	\$ 75.
				hurricane fund (FL only)	\$ 0.
				Gross Total	\$ 4,390.

5. Forms attached hereto and special conditions:
NMA 2918 08/10/2001, LMA 5090, NMA 1256, NMA 1477, LMA 5020, LMA 5021, BEJ&H DISCOVERY LIMITATION CLAUSE, NMA 358, LSW 1001, PCS1 SEC1, AGG1, SLC-3 (USA) NMA 2868 (24/08/2000), LMA5217, SETTLEMENT 1, FNTG LPAY, NMA1168, C250, H88

6. Service of Suit may be made upon:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

7. In the event of a claim, please notify the following:
David L. Koury, BATES CAREY LLP, 191 North Wacker Drive, Suite 2400, Chicago, IL 60606
Telephone: 312-762-3226, Facsimile: 312-762-3200, dkoury@batescarey.com

Dated 08/01/2017

By 

Correspondent

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No.
SUA 1343CYB-T-1602

Authority Ref. No.
B0621PFDO17516

Certificate No.
SUA 1343CYB-T-1703

1. Name and address of the Assured:

eTitle Insurance Agency, LLC
165 East 6100 South #100
Murray, UT 84107

The insurer issuing this policy does not hold a certificate of authority to do business in this state and thus is not fully subject to regulation by the Utah Insurance commissioner. This policy receives no protection from any of the guaranty associations created under Chapter 28, Title 31A.

2. Effective from 08/11/2017 to 08/11/2018
both days at 12:01 a.m. standard time.

3. Insurance is effective with certain **UNDERWRITERS AT LLOYD'S, LONDON.**
Percentage: 100%

4	Amount	Coverage	Rate	Premium		
	\$ 500,000	Cyber Liability		Premium included within the package premium shown on policy number SUA FESB10306-1703	surplus lines tax	\$ 0.0
					stamp fee	\$ 0.0
					filing fee	\$ 0.0
					hurricane fund (FL only)	\$ 0.0
					other tax	\$ 0.0
					administration fee	\$ 0.0
					fire marshal tax	\$ 0.0
					Gross Total	\$ 0.0

5. Forms attached hereto and special conditions:
E1, E2, E7, E9, E14, E15, E56, E57, E94, SLC-3 (USA) NMA 2868 (24/08/2000), E87, E54, SUA 1, E43, E3, E58

6. Service of Suit may be made upon:
Mendes and Mount, LLP
750 Seventh Avenue, New York, NY 10019 USA

7. In the event of a claim, please notify the following:

Kari A. Timm
Bates Carey LLP
191 North Wacker, Suite 2400
Chicago, Illinois 60606

Via: Stateside Underwriting Agency
265 Exchange Drive, Suite 101
Crystal Lake, Illinois 60014, USA

Dated 08/01/2017

By 
Correspondent

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

eTitle Insurance Agency LLC

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.

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P
- 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.
- 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

165 East 6100 South, # 100

6 City, state, and ZIP code

Murray, Utah 84107

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

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									

or

Employer identification number									
2	0	-	2	6	0	2	1	4	9

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); and
- 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 ▶ Treasurer

Date ▶ 2-13-18

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.