SUBSTITUTE FORM W-9
REV 05/2024

VENDOR REGISTRATION FORM
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 24% backup withholding on each payment. To avoid this 24% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

NAME ON FORM IS REQUIRED TO BE THE LEGAL ENTITY OR INDIVIDUAL NAME DOING BUSINESS WITH NCDOT:
INDIVIDUAL AND SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD
CORPORATION OR PARTNERSHIP - ENTER YOUR LEGAL BUSINESS NAME

NAME: Watkins Pond, Incorporated
(NAME OF COMPANY OR INDIVIDUAL REGISTERED TO THE PROVIDED TAX ID)

PHYSICAL ADDRESS: STREET/PO BOX: 98 Berkshire Lane

CITY, STATE, ZIP: Hampstead, NC 28443

DBA / TRADE NAME (IF APPLICABLE):

BUSINESS DESIGNATION:
- ☐ INDIVIDUAL (use Social Security No.)
- ☐ SOLE PROPRIETOR (use SS No. or Fed ID No.)
- ☒ CORPORATION (use Federal ID No.)
- ☐ PARTNERSHIP (use Federal ID No.)
- ☐ ESTATE/TRUST (use Federal ID no.)
- ☐ STATE OR LOCAL GOVT. (use Federal ID No.)
- ☐ OTHER / SPECIFY

SOCIAL SECURITY NO. ___ ___ ___ - ___ ___ - ___ ___ ___ ___ (Social Security #)
OR
FED.EMPLOYER IDENTIFICATION NO. ___ ___ - ___ ___ ___ ___ ___ ___ ___ (Employer Identification #)

COMPLETE THIS SECTION WITH **CHECK MAILING ADDRESS AS IT APPEARS ON INVOICES:**
REMIT TO ADDRESS: STREET / PO BOX:
CITY, STATE, ZIP:

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

What is your firm's ethnicity? (☐Prefer Not To Answer, ☐African American, ☐Native American, ☐Caucasian American, ☐Asian American, ☐Hispanic American, ☐Asian-Indian American, ☐Other:)

What is your firm's gender? (☐Prefer Not to Answer, ☐Male, ☐Female) **Disabled-Owned Business?** (☐Prefer Not to Answer, ☐Yes, ☐ No)

IRS Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification 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 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. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at http://www.irs.gov/pub/irs-pdf/fw9.pdf .

Russell Watkins — **NAME (Print or Type)**

President — **TITLE (Print or Type)**

SIGNATURE (Typed, fonted and scripted signatures are not acceptable. DocuSigned signatures are accepted)

DATE **PHONE NUMBER**

Russellwa[redacted]
EMAIL

TIP/Parcel: BR-0198 004

To avoid payment delays, completed forms should be returned promptly to:

NC Department of Transportation
Right of Way Unit
1546 Mail Service Center
Raleigh, North Carolina 27699-1514
FAX (919) 733-1390