

**GASOLINE AND DIESEL FUEL SPECIFICATIONS**

**SUPPLIER INFORMATION:** The product offered should conform to the basic requirements listed below. These requirements establish minimum performance levels and describe features deemed necessary to accomplish specific functions. Bidders are to indicate exactly what they are offering in the blank lines below. If the product meets a required item exactly as written, "COMPLY" may be used the space provided. If additional space is needed, please attach additional sheets. Any deviation that either exceeds or does not meet the minimum requirement should be noted as an exception and the exact offering described on the blank lines below the specification.

**REQUIREMENTS**

1. Low Sulfur Gasoline Ethanol. Minimum octane for regular grade is 87. State the minimum octane being bid. 87 octane
2. Diesel fuel shall be ultra-low sulfur, #2 and shall meet ASTM specifications for #2 fuel.  
COMPLY
3. All products shall conform to State of Georgia specifications and comply with all federal, state, and local laws and regulations. COMPLY
4. Upon the completion of the contract period (which includes each subsequent renewal period), the supplier shall furnish NGFC participants an executed GUST 36 Product Supplier Confirmation for all products delivered during the contract period (sample page enclosed – Page 21 ) COMPLY
5. NGFC participants are responsible for the following taxes: Federal Excise LUST (Local Underground Storage Tank) Government Tax, Georgia Motor Fuel Tax, Georgia Prepaid State Tax, Georgia Environmental Assurance Fee (Georgia Underground Storage Tank), and Federal Environmental Recovery Fee unless otherwise specified.

**BID PRICE SHALL NOT INCLUDE TAXES**

REQUIREMENTS

6. Supplier(s) shall make deliveries as indicated by each participating NGFC agency.

COMPLY

7. Transport truck deliveries should be made to locations indicated by participating agencies. Delivery shall be made by transport truck(s) for Diesel Fuel with a maximum delivery of 7,500 gallons minimum 7,200 gallons; and Unleaded Gasoline Fuel with a maximum delivery of 8,600 gallons minimum 8,000 gallons. COMPLY

8. Tank wagon or split trailer load deliveries shall be made to the locations as indicated by the agencies. COMPLY

9. All deliveries shall be made Monday through Friday, excluding holidays, within 24 hours after receipt of individual orders. Each NGFC agency may modify these conditions in the information section. COMPLY

REQUIREMENTS

10. Bid price shall be bid based on a cost "plus" basis, specifying the lowest available price to be used, "plus" shall include all delivery costs and other fees. The discount or premium shall remain fixed during the term of the contract. The referenced price on the OPIS Rack is a variable base price that will be determined by each future edition of the OPIS Rack Report. The real price shall be recomputed upon issuance of each edition of the OPIS Rack Report. The recomputed price will become effective on orders made on or after issuance date of the edition. However, undelivered orders will not be affected. Weekly price shall be modified according to the rack average posting OPIS Rack Report. Daily OPIS Rack rate shall be calculated the same. Including the code references on the OPIS Rack Report, the applicable price shall include the lump sum of the cost of the product and delivery to the destinations listed in the information sections. The lump sum shall be subject to applicable taxes.(OPIS Rack Report is a Gasoline and Distillate Reseller Price Report prepared by Oil Price Information Service, 8701 Georgia Avenue, and Suite 800, Silver Springs, MD 20910.) COMPLY
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11. In the times of fuel shortages, this contract must take precedence over all non-governmental contracts where the shortage is not a danger to the general public. The gasoline and diesel fuel purchased by a NGFC agency will be used for emergency and public safety vehicles. \_\_\_\_\_

COMPLY

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REQUIREMENTS

12. The risk of loss remains with the successful supplier in the following situations: (a) until the product is delivered pursuant to the requirements and conditions stated herein; and (b) where the tender or delivery of the products so fails to conform to the contract as to give a right of rejection until the nonconformity is cured or accepted. COMPLY
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- 

13. The successful supplier(s) warrant that:

(a) quality of product(s) delivered will be equal to or greater than quality specified;

(b) The product(s) delivered to the NGFC shall conform to any affirmation of fact or promise by the successful supplier(s), or description of the product(s); and (c) the product(s) delivered to the NGFC shall be fit for the particular purpose for which the product(s) are required.

COMPLY

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14. **MATERIAL SAFETY DATA SHEETS:** MSDS should be included in duplicate with your bid.

**NOTE:** All invoices shall have the bill of lading (BOL) attached.



Failure To Return This Page As Part Of Your Bid Document May Result In Rejection Of Bid.

### BID SCHEDULE

**\*\*Total price will be based on (Weekly Discount/Mark-Up + price per gallon) x Estimated Annual Quantity not including taxes\*\***

ITEM #	EST. ANNUAL QTY.	UNIT	DESCRIPTION	WEEKLY DISCOUNT/ MARK-UP	DAILY DISCOUNT/ MARK-UP	PRICE PER GALLON (OPIS)*	TOTAL**
1	15,799,062	Gal.	Diesel Fuel, ultra-low sulfur, #2 Full Transport Load Quantity		.0088	\$1.22	19,413,887.40
2	3,629,094	Gal.	Diesel Fuel, ultra-low sulfur, #2 Tank Wagon Load Quantity		.0788	\$1.22	4,713,467.29
3	11,686,222	Gal.	Low Sulfur Gasoline Ethanol Full Transport Load Quantity		.0044	\$1.30	15,243,508
4	2,981,274	Gal.	Low Sulfur Gasoline Ethanol Tank Wagon Load Quantity		.0788	\$1.30	4,110,580.59
5	40,000	Gal.	Diesel Exhaust Fluid		.21	\$1.79	2.00
BID TOTAL							\$43,481,445.30

\* For evaluation purpose only

State cost of split deliveries \$ 0 This is for different location sites and does not apply to multiple tanks at one site. Primary site cannot be charged in fee.)

State pump fee \$ 60 State short load fee \$ 0 (less than 7,200 gallons – Diesel; less than 8,000 gallons – Unleaded))

North Georgia Fuel Cooperative requires pricing to remain firm for the duration of the initial term of the contract. Failure to hold firm pricing for the initial term of the contract will be sufficient cause for the NGFC to declare bid non-responsive. Contract to begin on August 31, 2017.

Unless otherwise noted, quoted prices will remain firm for four (4) additional years. NGFC reserves the right to negotiate pricing/discounts for the additional renewal periods based on increased volumes from increased participation.

If a percentage decrease will be part of this bid, please note this in the space provided.

1<sup>st</sup> renewal period \_\_\_\_\_

2<sup>nd</sup> renewal period \_\_\_\_\_

3<sup>rd</sup> renewal period \_\_\_\_\_

4<sup>th</sup> renewal period \_\_\_\_\_

COMPANY NAME BOSWELL OIL COMPANY

opened @ 3pm 6/15/23  
CB

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### BID SCHEDULE (CONTINUED)

If a percentage increase will be a part of this bid, please note this in the space provided.

1<sup>st</sup> renewal period \_\_\_\_\_

2<sup>nd</sup> renewal period \_\_\_\_\_

3<sup>rd</sup> renewal period \_\_\_\_\_

4<sup>th</sup> renewal period \_\_\_\_\_

#### TERMINATION FOR CAUSE:

The NGFC and any of its participants may terminate this agreement for cause upon ten (10) days prior written notice to the Service Provider of the Service Provider's default in the performance of any term of this Agreement. Such termination shall be without prejudice to any of the NGFC and its participant's rights or remedies provided by law.

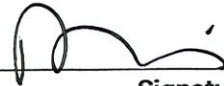
#### TERMINATION FOR CONVENIENCE:

The NGFC and its participants may terminate this Agreement for its convenience at any time upon 30 days written notice to the Service Provider. In the event of the NGFC and any of its participant's termination of this Agreement for convenience, the Service Provider will be paid for those services actually performed. Partially completed performance of the Agreement will be compensated based upon a signed statement of completion to be submitted by the Service Provider who shall itemize each element of performance.

#### TERMINATION FOR FUND APPROPRIATION

The NGFC and any of its participants may unilaterally terminate this Agreement due to a lack of funding at any time by written notice to the Supplier(s). In the event of the NGFC and its participant's termination of this Agreement for fund appropriation, the Supplier(s) will be paid for those services actually performed. Partially completed performance of the Agreement will be compensated based upon a signed statement of completion to be submitted by the Contractor which shall itemize each element of performance.

Certification of Non-Collusion in Bid Preparation \_\_\_\_\_



Signature

4/14/23  
Date

In compliance with the attached specifications, the undersigned offers and agrees, if this bid is accepted by the Board of Commissioners within 90 days of the date of bid opening, to furnish any or all of the items upon which prices are bid, at the price set opposite each item, delivered to the designated point(s) within the time specified in the bid schedule.

Legal Business Name BOSWELL OIL COMPANY Federal Tax ID 58-1593407

(If your company is an LLC, you must identify all principals to include addresses and phone numbers in your submittal)

Address 150 FLOYD DRIVE ATHENS, GA 30607

Does your company currently have a location within Gwinnett County? Yes ☐ No ☒

Representative Signature 

Printed Name BRITTANY HENDERSON

Telephone Number 706-286-0061

Fax Number 706-548-6977

E-mail address bhenderson@boswelloil.com



## PRODUCT SUPPLIER CONFIRMATION

State of GEORGIACounty of Athens ClarkePersonally came Brittany Henderson, who being first sworn, on oath deposes and says as follows:

1) My name is Brittany Henderson and that I am the Sales Rep  
 of Sales Rep. Boswell Oil, Product Supplier (Supplier)  
 (Title)

to the USTs located at Boswell Oil Company 150 Floyd Dr. Athens  
 (Facility Name and Address)

2) That in my capacity of Sales Representative of Supplier, I am familiar  
 (Title)

with the books and records maintained in the regular course of Supplier's business, especially concerning the sale of petroleum and the collection of and payment by Supplier of Environmental Assurance Fees (EAFs) for participants in the Georgia Underground Storage Tank (GUST) Trust Fund to the State of Georgia.

3) That the records of Supplier show that EAFs were collected on all petroleum product delivered to

Boswell Oil Company 150 Floyd Dr. Athens  
 (Facility Name and Address)

and that all EAFs so collected were properly and timely remitted to its distributor, Boswell Oil  
 for payment to the GUST Trust Fund or directly to the GUST Trust Fund as provided by the Underground Storage Tank Act and The Rules for Underground Storage Tank Management.

4) That I am aware that the Environmental Protection Division will rely on the representations made and information provided herein in determining whether Boswell Oil is a participant in the GUST Trust Fund for the facility located at 150 Floyd Dr., and I further warrant and represent that Supplier's records of EAF collection and payment are available for inspection and audit by the employees or authorized agents of the Georgia Environmental Protection Division or State of Georgia.

[Signature]

(Signature)

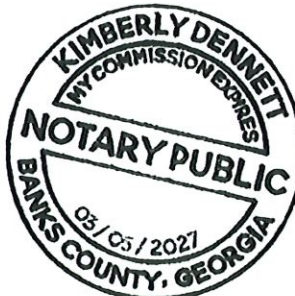
Sworn to and subscribe before me this

11<sup>th</sup> Day of April, 2023[Signature]

Notary Public

My Commission Expires March 05, 2027

(Seal)



Failure to return this page as part of your bid document may result in rejection of bid

## REFERENCES

Gwinnett County requests a minimum of three, (3) references where work of a similar size and scope has been completed.

1. Company Name ATHENS-CLARKE CO.  
Brief Description of Project DENVER/ SUPPLY PETROLEUM & LUBRICANTS  
Completion Date CURRENT  
Contact Person RITA SHELNUTT  
Telephone 706.613.3447 Facsimile \_\_\_\_\_  
E-Mail Address rita.shelnutt@acgov.com
  
2. Company Name FULTON COUNTY SCHOOLS  
Brief Description of Project DELIVER PETROLEUM  
Completion Date CURRENT  
Contact Person SABRINA SHURNS  
Telephone 770.969.6091 Facsimile \_\_\_\_\_  
E-Mail Address \_\_\_\_\_
  
3. Company Name GEORGIA DEPT. OF ADMIN SERVICES  
Brief Description of Project DENVER PETROLEUM  
Completion Date CURRENT - STATEWIDE CONTRACT  
Contact Person CARL HALL  
Telephone 404.657.4254 Facsimile \_\_\_\_\_  
E-Mail Address carl.hall@doas.ga.gov

COMPANY NAME BOSWELL OIL COMPANY





BL051-23 Purchase of Gasoline and Diesel Fuel on an Annual Contract

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## CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. BOSWELL OIL COMPANY  
Company Submitting Bid/Proposal

2. Please select one of the following:  
☒ No information to disclose (complete only section 4 below)  
☐ Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name


\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY:   
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Brittany Henderson  
Printed Name of Authorized Officer or Agent  
Sales Representative  
Title of Authorized Officer or Agent of Contractor

11<sup>th</sup> day of April, 2023  
  
Notary Public

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33.  
The ordinance will be available to view in its' entirety at  
[GwinnettCounty.com](http://GwinnettCounty.com)





**CONTRACTOR AFFIDAVIT AND AGREEMENT**  
**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL)**

By executing this affidavit, the undersigned contractor verifies its compliance with The Illegal Reform Enhancements for 2013, stating affirmatively that the individual, firm, or corporation which is contracting with the Gwinnett County Board of Commissioners has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act, in accordance with the applicability provisions and deadlines established therein.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services or the performance of labor pursuant to this contract with the Gwinnett County Board of Commissioners, contractor will secure from such subcontractor(s) similar verification of compliance with the Illegal Immigration Reform and Enforcement Act on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Gwinnett County Board of Commissioners at the time the subcontractor(s) is retained to perform such service.

58-1593407

E-Verify \* User Identification Number

\_\_\_\_\_  
Date Registered

BOSWELL OIL COMPANY  
Legal Company Name

150 FLOYDDR. ATHENS, GA  
Company Address

[Signature]  
BY: Authorized Officer or Agent  
(Contractor Signature)

4/14/23  
Date

Sales Representative  
Title of Authorized Officer or Agent of Contractor

Brittany Henderson  
Printed Name of Authorized Officer or Agent

**For Gwinnett County Use Only:**

**Document ID #** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

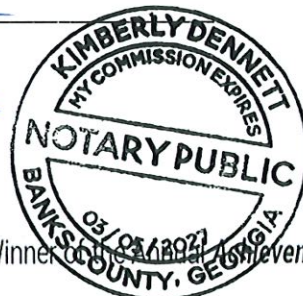
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

11<sup>th</sup> DAY OF April, 2023

[Signature]

Notary Public  
My Commission Expires:

March 05, 2027



\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is "E-Verify" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Denise M Poole	
Marsh & McLennan Agency LLC		PHONE (A/C, No, Ext): 229-883-2424	FAX (A/C, No): 229-436-7788
611 Pointe North Blvd		E-MAIL ADDRESS: Denise.Poole@MarshMMA.com	
Albany, GA 31721		INSURER(S) AFFORDING COVERAGE	
229 883-2424		INSURER A : Nationwide Mutual Insurance Company	NAIC # 23787
INSURED		INSURER B : Lloyds of London	555555
Boswell Oil Company		INSURER C : RSUI Indemnity Company	22314
150 Floyd Drive		INSURER D : Liberty Surplus Insurance Corporation	10725
Athens, GA 30607		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPP120283A	04/05/2023	04/05/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> CA9948 1013 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	CPP120283A	04/05/2023	04/05/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y	Y	CU120283A	04/05/2023	04/05/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liab	Y	Y	23UKPCB23000259037	04/05/2023	04/05/2024	\$3,000,000/\$3,000,000
C	Excess Liab	Y	Y	NHA101848	04/05/2023	04/05/2024	\$5,000,000/\$5,000,000
D	Pollution			IRONTX009044533	01/01/2023	01/01/2024	\$1,000,000/\$1,000,000

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

(GL) Additional Insured per form: CGLB303 0413 Blanket Additional Insured - Required by Contract.

(GL) Waiver of Subrogation per form: CGLB304 0310 Blanket Waiver of Transfer of Rights of Recovery Against Others To Us.

(GL) Primary & Non-Contributory per form: CG2001 0413 Primary and Noncontributory - Other Insurance Condition.

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

Gwinnett County Board of Commissioners  
75 Langley Drive  
Lawrenceville, GA 30046

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

PETER J. KRAUSE



## DESCRIPTIONS (Continued from Page 1)

(GL) Cancellation Notice per form: CG0224 1093 Earlier Notice of Cancellation Provided by Us.  
(Auto) Additional Insured per form: CCAB191 1013 Commercial Auto Plus Endorsement.  
(Auto) Waiver of Subrogation per form: CCAB191 1013 Commercial Auto Plus Endorsement.  
(Auto) Primary and Noncontributory per form: CCAB250 1013 Primary and Noncontributory - Other Insurance Condition.  
(Auto) Cancellation Notice per form: CCAB237 0910 Earlier Notice of Cancellation Provided By Us.  
(Auto) Pollution Liability per form: CA9948 1013 Pollution Liability - Broadened Coverage for Covered Autos - Business Auto and Motor Carrier Coverage Forms.  
(Auto) MCS - 90 Endorsement for Motor Carrier Policies of Insurance for Public Liability.  
(UM) Follow Form over General Liability, Automobile Liability and Employee Benefits.

# 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.

Boswell Oil Company

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) ►

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.

150 Floyd Dr.

6 City, state, and ZIP code

Athens, GA 30607

7 List account number(s) here (optional)

Requester's name and address (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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

5 8 - 1 5 9 3 4 0 7

## Part II Certification

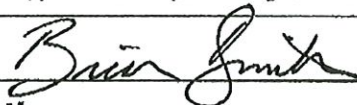
Under penalties of perjury, I certify that:

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 ► 1/1/23

## 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.