



# Instructional Equipment Request (IER) Form FY 2022-2023

## Deadlines

Date	Action
October 12, 2022	IER forms due to Division Dean
October 19, 2022	Division review of IER forms (Dean & VP signature)
October 21, 2022	IER forms due to Executive Assistant of Administrative Services (with Dean & VP signature)

## Checklist

- All IER form fields complete (**attach requisition and quote before e-signing IER form**)
- Requisition completed and attached
- Valid quote attached (with extended expiration date) including (1) shipping costs, (2) installation fees, and (3) taxes. **Do not split quotes or submit duplicate quotes.** For assistance with quotes, please contact Bill Pagano at [bpagano@clpccd.org](mailto:bpagano@clpccd.org) or (925) 485-5271.
  - If the quote total (including taxes) ranges from **\$30,000 to \$99,099**:
    - You must submit **three** written quotes with your request.
  - For quotes of **\$99,100 or more**, the request must go out for bid (aka RFP process) and requires Board approval. You will be provided further instruction after your request is approved.
- IER form and requisition signed by Requestor
- IER form, requisition, and quote submitted as one PDF file to Division Dean including:
  - New Vendor Form (if new vendor)
  - Copy of W9 (if new vendor)

\*Note: Mac Users – do not use Apple Preview to complete forms – data will not appear when printed.

## IER Process Flow

1. All paperwork filled out and signed by Requestor
2. Requestor submits to Dean for signature
3. Dean submits to VP for signature
4. VP submits to Executive Assistant of Administrative Services for review
5. EA Admin Svcs submits to M&O and IT for review
6. EA Admin Svcs creates scoring spreadsheet and disseminates to committee
7. RAC scores submissions and returns to EA Admin Svcs
8. EA Admin Svcs combines committee scores for review
9. RAC Chair documents committee scoring in memo
10. College President meets with RAC Chair to review committee recommendations
11. President's Office provides approval memo to RAC
12. RAC submits IER forms to Business Office for processing

## Instructional Equipment Definitions

### Allowable Items

**Allowable Items:** Instructional equipment expenditures are eligible if the equipment, library material, or technology is for classroom instruction, student instruction or demonstration, or in the preparation of learning materials in an instructional program. There are five categories that will be used to classify instructional support. Please note that requests are not limited to the examples shown below.

1. **Equipment and Furniture:** instructional equipment and furniture for primary use by students in instructional programs:
  - a. Classroom/laboratory equipment including whiteboard, screen, projector, etc.
  - b. Instructional furniture including desks, tables, podium, chairs, etc.
2. **Information Technology:** instructional information technology equipment for student use in classrooms and/or laboratories including desktops, laptops, monitors, printers, servers, network/wireless infrastructure, AV/TV, multimedia.
3. **Software:** software licenses are allowed but only the initial year is permitted. Other software that are permitted are those that are used in excess of one year and software modifications that add capacity or efficiency to the software that defers obsolescence and results in an extension of the useful life of the software, including registration, counseling, student services, learning management systems for student use.
4. **Adaptive Equipment:** adaptive equipment for ADA/OCR students are allowed to assist them in a learning environment.
5. **Library Material:** databases, online subscriptions, books, periodicals, videos, etc.

### Non-Allowable Items

**Non-Allowable Items:** Administrative or non-instructional purposes including equipment being used for administrative or non-instructional purposes is not allowed, including photocopiers, file cabinets, bookcases, computers, networking infrastructure, software licenses.

## IE Rubric

RAC evaluates each IE request based on the rubric below. RAC stresses the importance of quality requests. RAC may choose not to rank incomplete IE requests.

Criteria	Strong Evidence	Adequate Evidence	Limited Evidence
<b>LPC Mission &amp; Planning Priorities</b> [Section 2] (5 points) Ranking Scale	Clear and compelling evidence/data that equipment will fully support LPC Mission and Planning Priorities. 4-5	Clear evidence/data that equipment will fully support LPC Mission and Planning Priorities. 2-3	Limited or no evidence/data that equipment will support LPC Mission and Planning Priorities. 0-1
<b>Educational Items: Programmatic Impact and Institutional Support</b> [Section 3] (10 points) Ranking Scale	Clear and compelling evidence/data (as stated in program review) that this equipment will have substantial impact on program curriculum. 8-10	Clear evidence/data (as stated in program review) that this equipment will have substantial impact on program curriculum. 4-7	Limited or no evidence/data (as stated in program review) that this equipment will have an impact on program curriculum. 0-3
<b>Teaching &amp; Learning</b> [Section 4] (10 points) Ranking Scale	Clear and compelling evidence/data that equipment provides much needed or beneficial enhancement to instruction. 8-10	Clear evidence/data that equipment provides enhanced instruction that is not met through current means. 4-7	Limited or no evidence/data that equipment provides enhanced instruction that is not met through current means. 0-3
<b>Outcomes</b> [Section 5] (5 points) Ranking Scale	Clear and compelling evidence/data that equipment will support course and/or program outcomes above and beyond current capability. 4-5	Clear evidence/data that equipment will support course and/or program outcomes beyond current capability. 2-3	Limited or no evidence/data that equipment will support course and/or program outcomes beyond current capability. 0-1

## Instructional Equipment Request Form

Name of Requestor: Paul Sapsford Division: PATH

This Equipment Request is:  A Replacement |  An Upgrade |  New Equipment or Technology

### SECTION 1: Equipment Description

Describe the specific equipment requested and how it will be used to replace, upgrade, or provide new technology to LPC from what is currently in place:

Equipment Location

Building #: Gym (2500) Room #: 101

### Comments:

2 x SI-1 All Carbon Volleyball Pole  
2 x TIU-C CARBON CREDIT Carbon Credit Program 2  
HDNR-B Heavy Duty Net Ratchet w/ Crank Handle - Black (SI-1, AL7)  
HM50 Technora Volleyball Net with NL2/NLC, DR, VSS1, VSM2  
NA2 Volleyball Net Antenna (pair)  
2 x FP1 DESIGN PAD Customized FP1 Pole Padding - Custom Pad Background, Outlined Lettering, Custom Font, Custom Font Colors and Custom Team Logo  
Custom Team Logo

**If applicable, describe the legal requirement, mandate, or safety concern related to the purchase of this equipment, making specific reference to legal requirements or regulations:**

These are replacement volleyball poles. Current equipment is outdated, and may represent a safety hazard due to its weight, and age.

## SECTION 2: LPC Mission Statement and LPC Planning Priorities

### LPC Mission Statement

Las Positas College is an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career- technical goals while promoting lifelong learning.

### LPC Planning Priorities

- Establish a knowledge base and an appreciation for equity; create a sense of urgency about moving toward equity; institutionalize equity in decision-making, assessment, and accountability; and build capacity to resolve inequities.
- Increase student success and completion through change in college practices and processes: coordinating needed academic support, removing barriers, and supporting focused professional development across the campus.

### **Explain how the equipment supports LPC's Mission Statement and Planning Priorities:**

The new equipment allows us to easily adjust the height of the net to encourage student's of all levels and abilities. It will enable us to effectively adjust the equipment to serve our women's varsity volleyball team.

SECTION 3: Educational Items | Program Review

**Specify the educational programs the equipment supports:**

Kinesiology classes; Volleyball 1, 2 & 3  
Also, our women's varsity volleyball team.

**Is the equipment part of an upcoming Program Review? Was it included last year? If not, why? Use language from your Program Review to explain:**

Previously, our women's varsity volleyball team had been cancelled due to the Covid pandemic. Also, the Kinesiology volleyball class for LPC student's has only recently returned following the Covid pandemic.

SECTION 4: Teaching and Learning

**Please use evidence and data that describes how the equipment provides enhancements/benefits to the current level of teaching capabilities:**

This equipment will benefit our student's in terms of physical fitness, health benefits, cognitive development, personal wellbeing, and social integration. It is significantly easier to adjust the height of the net, thereby allowing us to teach more volleyball skills compared to the outdated equipment. This will also benefit student's of all abilities.

**Detail the impact the equipment has on learning:**

Because this equipment is adjustable, it will allow us to provide more repetitions of skills, thereby enhancing skill development. This will also enable us to more effectively teach student's of all abilities, and will aid the development of our women's varsity volleyball team. Furthermore, the following was published by the Harvard medical School:

"Exercise and the brain - Exercise helps memory and thinking through both direct and indirect means. The benefits of exercise come directly from its ability to reduce insulin resistance, reduce inflammation, and stimulate the release of growth factors chemicals in the brain that affect the health of brain cells, the growth of new blood vessels in the brain, and even the abundance and survival of new brain cells. Indirectly, exercise improves mood and sleep, and reduces stress and anxiety. Problems in these areas frequently cause or contribute to cognitive impairment".

Source:

<https://www.health.harvard.edu/blog/regular-exercise-changes-brain-improve-memory-thinking-skills-201404097110>

**Please state the number of classes and students the equipment will impact:**

Classes/Sections: VB1, VB2, VB3 D01      Students: 40+ per semester

SECTION 5: Student Learning Outcomes (SLOs)

**Document how the equipment will enable you to surpass your current Student Learning Outcomes:**

The new equipment is adjustable and lighter, and will therefore allow more repetitions of the SLO's below. Also, the new equipment adjustable to help student's of all levels and abilities in these SLO's...

Demonstrate basic skills associated with volleyball, including passing, setting, serving, attacking (spiking), and blocking.

Demonstrate the ability to perform individual offensive and defensive skills and strategies.

Demonstrate an understanding of the typical game sequencing:

serve, pass, attack, defense, transition, and defense.

Execute the 4 serves, float, top spin, overhead and jump serve, taught in the course.

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability

**Please provide the lifespan of the proposed equipment:**

Approximately 20 years

**What are the requirements and associated costs for the storage of the equipment?**

None.

**Is there a specific location required to store the equipment?**

*Note: include storage costs in Part A: Initial Start-Up Costs (pg. 10)*

Gym at LPC.

**Does the new equipment replace older equipment? If so, will you retire/surplus the old equipment? If not, where will you store the older equipment and what are the associated storage costs?**

Yes, but the old equipment will continue to be stored in the gym, and may be used by outside groups who rent our facility for volleyball practice. This is a revenue generator for the college.



SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)

**What are the maintenance costs associated with the regular upkeep of the equipment?**

None.

**Detail how the equipment meets or exceeds LPC's Sustainability Efforts:**

N/A

**How does the equipment provide renewal resources to the college?**

Local youth groups may rent our volleyball facility, and this is an income generator for our college.

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)


Part A: Initial Start-Up Costs		
Type	Cost	Comments
Equipment or Materials	\$ 5,240.00	
Shipping & Delivery Fees	\$ 330.90	
Installation Costs		
Miscellaneous Costs		
Modification to Facilities		
Operator Training		
Maintenance/Repair Training		
Storage		
Other		
Discounts (enter as negative)		
<b>Sub-Total</b>	<b>\$ 5,570.90</b>	
<b>Taxes</b>	<b>\$ 571.02</b>	
<b>Grand Total</b>	<b>\$ 6,141.92</b>	
Part B: Annual Operating Costs		
Type	Cost	Comments
Service/Maintenance	\$ 0.00	
Part Replacement		
Vendor Calibration or Standardization		
Storage	\$ 0.00	
Supplies		
Maintenance/Repair Labor	\$ 0.00	
Software Licensing		
Other		
<b>Grand Total</b>	<b>\$ 0.00</b>	
<b>Overall Cost:</b>		

SECTION 6: Total Cost of Ownership | Maintenance and Sustainability (cont'd)

Operator	
Primary operator:	Kinesiology Dept.
Does the work align with current position duties?	<input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No
Cost to train primary operator:	None
Approx. # of hours equipment will be used per month:	20
Comments: For Kinesiology classes, women's varsity volleyball team, and outside renters who pay the college to use our facilities/equipment.	
Maintenance and Repairs	
Who will perform maintenance and repairs?	
Estimated hours per month:	0
Does the work align with current position duties?	<input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No
Cost to train for maintenance and repairs:	0

### Approvals and Signature Routing

Before signing below, please confirm all fields are filled out and all information provided is correct. Requests must be fully complete, signed, and submitted to your Division Dean by the deadline (see page 1). **Requisition and quote must be attached to this form before signing. Adobe prevents adding pages once a document has been e-signed.**

Requestor:	Paul Sapsford <small>Digitally signed by Paul Sapsford Date: 2022.10.11 15:30:04 -07'00'</small>	Date:	10/11/2022
Division Dean:		Date:	10/19/22
Vice President:		Date:	
College Technical Service Manager:		Date:	
M&O Director:		Date:	
Vice President, Administrative Services:		Date:	



## Office of Administrative Services Requisition Request Form

(Wait 5-10s)

Reset
Submit
**R** \_\_\_\_\_

Fiscal Year	Vendor ID #	Vendor Name	Date Required		
2023		Sports Imports	10/18/2022		
Deliver To		Room #	Return Copy of Requisition To		
MacKenzie Draper		L2500 131	Ellie Hirstein		
Seq	Item #	Description	Qty	Unit Price	Extended Cost
1	SI-1	All Carbon Volleyball Pole	2	\$ 1,890.00	\$ 3,780.00
2	TIU-C CARBON CREDIT	Carbon Credit Program	2	-\$ 200.00	-\$ 400.00
3	HDNR-B	Heavy Duty Net Ratchet w/Crank Handle - Black (SI-1, ALT7)	1	\$ 355.00	\$ 355.00
4	HM50	Technora Volleyball Net with NL2/NLC, DR, VSS1, VSM2	1	\$ 385.00	\$ 385.00
5	NA2	Volleyball Net Antenna (pair)	1	\$ 130.00	\$ 130.00
6	FP1 DESIGN PAD	Customized FP1 Pole Padding - Custom Pad Background, Outlined Lettering, Custom Font, Custom Font Colors and Custom Team LogoCustom To	2	\$ 495.00	\$ 990.00
7					\$ 0.00
8					\$ 0.00
9					\$ 0.00
10					\$ 0.00
11					\$ 0.00
12					\$ 0.00
13					\$ 0.00
14					\$ 0.00
15					\$ 0.00
Comments				Subtotal	\$ 5,240.00
				10.25% Tax	\$ 571.02
				Shipping	\$ 330.90
				Total Cost	\$ 6,141.92
FOAP to be Charged				%	Amount
				100	
FUND	ORG	ACCOUNT	PROGRAM		
-	-	-	083550		
FUND	ORG	ACCOUNT	PROGRAM		
-	-	-	-		

Ellie Hirstein
10/18/22

10/19/22

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY			
Reviewed: _____	Verified: _____	Approved: _____	
Administrative Services	Administrative Services Officer	VP, Administrative Services	
PO Number: _____	Budget Transfer #: _____	Entered: _____	
TR 4/6/20			

# sports imports

AT THE CENTER OF EVERY VOLLEYBALL CHAMPIONSHIP



Toll Free 800.556.3198  
Phone 614.771.0246  
Fax 614.771.0750  
Email info@sportsimports.com  
Web address www.sportsimports.com  
Mailing Address PO Box 21040  
Columbus, OH 43221

## Quote# QU05933

Date: 10/10/2022  
Valid Until: 12/31/2022

ATTN:  
Kevin Kramer

Bill To:  
Las Positas Community College  
3033 Collier Canyon Road  
Livermore CA 94550-7650  
United States

Ship To:  
Las Positas Community College  
3033 Collier Canyon Road  
Livermore CA 94550-7650  
United States

Sales Rep:  
Bryan Matthews  
bmatthews@sportsimports.com

Item	Description	QTY	Rate	Amount
SI-1	All Carbon Volleyball Pole	2	\$1,890.00	\$3,780.00
TIU-C CARBON CREDIT	Carbon Credit Program	2	(\$200.00)	(\$400.00)
HDNR-B	Heavy Duty Net Ratchet w/ Crank Handle - Black (SI-1, AL7)	1	\$355.00	\$355.00
HM50	Technora Volleyball Net with NL2/NLC, DR, VSS1, VSM2	1	\$385.00	\$385.00
NA2	Volleyball Net Antenna (pair)	1	\$130.00	\$130.00
FP1 DESIGN PAD	Customized FP1 Pole Padding - Custom Pad Background, Outlined Lettering, Custom Font, Custom Font Colors and Custom Team LogoCustom Team Logo	2	\$495.00	\$990.00
<b>Subtotal</b>				\$5,240.00
<b>Shipping &amp; Handling</b>				\$330.90
<b>Tax Total (%)</b>				\$571.02
<b>Total</b>				\$6,141.92

### BEFORE PURCHASING, PLEASE NOTE:

- Must receive method of payment to release order
- Please include the quote number on your Purchase Order
- If you are sales tax exempt, please provide a copy of your tax exemption certificate with your method of payment
- Customers are responsible for customs, duties, and import taxes, if applicable
- Sales tax rates are subject to change and the rate on the invoice may be higher or lower than the rate on the quote
- Sports Imports complies with Payment Card Data Security Standards and notice is hereby given that credit card information is prohibited from being transmitted to Sports Imports via fax or email



Certificate #: 2005126770  
Federal Tax ID#: 31-879428

To make a payment with credit card, please call 800.556.3198



# CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT Vendor Profile Application

Please type or print.

If you have any questions regarding this form or the application process, please contact the Purchasing Division at (925) 485-5233

<b>Part A: Business Questionnaire</b>		Date: 10/18/22
1. Vendor Name: Sports Imports		
2. Primary Contact: Name Drew Kindy Title Regional Associate Phone (800 ) 556 - 3198 Ext. 402 Fax (614 ) 771 - 0750 E-mail Address dkindy@sportsimports.com		
3. Vendor Category  ____ Disabled Veteran ____ Minority Owned x Small Business x Women Owned	4. Type of Business: a. <input checked="" type="checkbox"/> Sole Proprietor (S) <input type="checkbox"/> Joint Venture (J) <input checked="" type="checkbox"/> Partnership (P) <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Corporation (C), State where firm is incorporated _____ b. Is it a Non-Profit Organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes provide Tax-Exempt Form c. Business Start/Incorporation Date 01 / 01 / 1970	
5. Type of Business: Check the one which best describes your company:  <input type="checkbox"/> Broker <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep  Service <input type="checkbox"/> Architect, Engineer, Construction <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Other		
(This information must be supplied. If not, the application will be returned):		
6. Federal ID Number n/a - - or Social Security Number - - -		
7. Sales Tax Collection <input checked="" type="checkbox"/> Collect all Sale/Use Tax for Alameda County <input type="checkbox"/> Collects Selected Taxes <input type="checkbox"/> Does not collect Sales Tax <input type="checkbox"/> Tax Exempt  California Seller or Use Tax Permit Number _____		

Do you supply recycled Products?

Yes

No

**Part B: Address Questionnaire**

1. General Mailing Address:

Address PO Box 21040

City Columbus

State OH Zip 43221

Contact Name Drew Kindy

Title Regional Associate

Phone (800) 556 3198 Ext 402

Fax (614) 771 0750

2. Remittance Address:

Address L-2369 PO Box 600001

City Columbus

State OH Zip 43260

Contact Name Drew Kindy

Title Regional Associate

Phone (800) 556 3198 Ext 402

Fax (614) 771 0750

**Part C: Commodity and Service Codes**

Type of commodities or services that your business provides

Athletic Equipment

**Part D: Completing and Returning Application**

1. Name of Person Completing Form

Name Drew Kindy

Title Regional Associate

Phone (800) 556 3198 Ext 402

Fax (614) 771 0750

Signature *Drew Kindy*

Date 10/18/22

2. Return Completed Application to:

Purchasing Department  
Chabot – Las Positas CCD  
7600 Dublin Blvd, 3<sup>rd</sup> Floor  
Dublin, CA 94568  
Fax: (925) 485-5271

**DO NOT COMPLETE – FOR INTERNAL USE ONLY**

Received      /      /     

Input      /      /     

Vendor No.             

Received      /      /     

Input                     

New  Updated

## 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. <b>Sports Imports, Inc.</b>	
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 checked="" 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) ▶ _____ <small>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.</small>  <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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>4000 Parkway Lane</b>	Requester's name and address (optional) <b>For payments our remit to</b>
6 City, state, and ZIP code <b>Hilliard, OH 43026</b>	address: <b>L-2369 PO Box 00001 Columbus, OH 43260</b>
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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31	-08	79	428						

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>01/15/22</b>
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### 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.*