

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

| | | | | | |
|--|--------------------|---------------------------------------|---|-----------------------------|-------------------------|
| 1a. Current name | | | 2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) | | |
| i. First name | ii. Middle initial | iii. Last name/BMF company name | i. Spouse's first name | ii. Middle initial | iii. Spouse's last name |
| 1b. First taxpayer identification number (see instructions) | | | 2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) | | |
| 1c. Previous name shown on the last return filed if different from line 1a | | | 2c. Spouse's previous name shown on the last return filed if different from line 2a | | |
| i. First name | ii. Middle initial | iii. Last name | i. First name | ii. Middle initial | iii. Last name |
| 3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 4. Previous address shown on the last return filed if different from line 3 (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 5a. IVES participant name, ID number, SOR mailbox ID, and address | | | | | |
| i. IVES participant name | | ii. IVES participant ID number | iii. SOR mailbox ID | | |
| iv. Street address (including apt., room, or suite no.) | | v. City | vi. State | vii. ZIP code | |
| 5b. Customer file number (if applicable) (see instructions) | | | 5c. Unique identifier (if applicable) (see instructions) | | |
| 5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) | | | | | |
| i. Client name | | | | ii. Telephone number | |
| iii. Street address (including apt., room, or suite no.) | | iv. City | v. State | vi. ZIP code | |

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/ / / / / / / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

| | | | | | |
|---|---|--|--|---|------|
| Sign Here | Signature for Line 1a (see instructions) | | Date | Phone number of taxpayer on line 1a or 2a | |
| | <i>Jane Doe</i> | | | | |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | |
| | Print/Type name | | | | |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | |
| | Spouse's signature (required if listed on Line 2a) | | | | Date |
| <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | | |
| Print/Type name | | | | | |



If at any time a new Loan Estimate (LE) or Closing Disclosure (CD) is required per the TILA-RESPA Integrated Disclosure Rule, a completed Change of Circumstance Form is required for each time that results in an LE/CD re-disclosure. The re-disclosure will be issued by ClearEdge Lending upon receipt of this form.

Loan Information

Borrower Name: John Doe; Loan Number: 123456; Date Change Identified: 01/16/2026; Loan Officer/Broker: Jane Smith; CEL Account Manager: Tom Jones; LE/CD: 01/15/2026

Valid Changes of Circumstance

Table with 2 columns for change categories and checkboxes. Checked items include Loan amount changes, Property value changes, and Borrower request to change the lock/interest rate.

Other: []

Enter only revised information associated with the change of circumstance below. All fees must be exact. Any changes prior to or after approval may result in closing delays or lender credits back to the borrower:

Table with 3 columns: Fee/Term Description, Old Value, New Value. Rows include Interest Rate, Loan Amount, Appraisal, etc.

Email form to scenario@clearedgelending.com



FEBRUARY 7, 2014

TILA RESPA Integrated Disclosure

H-25(B) Mortgage Loan Transaction Closing Disclosure – Fixed Rate Loan Sample

This is a sample of a completed Closing Disclosure for the fixed rate loan illustrated by form H-24(B). The purpose, product, sale price, loan amount, loan term, and interest rate have not changed from the estimates provided on the Loan Estimate. The creditor requires an escrow account and that the consumer pay for private mortgage insurance for the transaction.



Consumer Financial
Protection Bureau

Closing Disclosure

This form is a statement of final loan terms and closing costs. Compare this document with your Loan Estimate.

Closing Information

Date Issued 4/15/2013
Closing Date 4/15/2013
Disbursement Date 4/15/2013
Settlement Agent Epsilon Title Co.
File # 12-3456
Property 456 Somewhere Ave
 Anytown, ST 12345
Sale Price \$180,000

Transaction Information

Borrower Michael Jones and Mary Stone
 123 Anywhere Street
 Anytown, ST 12345
Seller Steve Cole and Amy Doe
 321 Somewhere Drive
 Anytown, ST 12345
Lender Ficus Bank

Loan Information

Loan Term 30 years
Purpose Purchase
Product Fixed Rate
Loan Type Conventional FHA
 VA _____
Loan ID # 123456789
MIC # 000654321

| Loan Terms | Can this amount increase after closing? | |
|---|--|-----------|
| Loan Amount | \$162,000 | NO |
| Interest Rate | 3.875% | NO |
| Monthly Principal & Interest <i>See Projected Payments below for your Estimated Total Monthly Payment</i> | \$761.78 | NO |
| Prepayment Penalty | YES • As high as \$3,240 if you pay off the loan during the first 2 years | |
| Balloon Payment | NO | |

| Projected Payments | Years 1-7 | Years 8-30 |
|--|---------------------|---|
| Payment Calculation | | |
| Principal & Interest | \$761.78 | \$761.78 |
| Mortgage Insurance | + 82.35 | + — |
| Estimated Escrow <i>Amount can increase over time</i> | + 206.13 | + 206.13 |
| Estimated Total Monthly Payment | \$1,050.26 | \$967.91 |
| Estimated Taxes, Insurance & Assessments <i>Amount can increase over time See page 4 for details</i> | \$356.13 a month | This estimate includes <input checked="" type="checkbox"/> Property Taxes <input checked="" type="checkbox"/> Homeowner's Insurance <input checked="" type="checkbox"/> Other: Homeowner's Association Dues <i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i> |
| | | In escrow? YES YES NO |

| Costs at Closing | |
|----------------------|---|
| Closing Costs | \$9,712.10 Includes \$4,694.05 in Loan Costs + \$5,018.05 in Other Costs – \$0 in Lender Credits. See page 2 for details. |
| Cash to Close | \$14,147.26 Includes Closing Costs. See Calculating Cash to Close on page 3 for details. |

Closing Cost Details

| Loan Costs | Borrower-Paid | | Seller-Paid | | Paid by Others |
|--|-------------------|----------------|-------------|----------------|----------------|
| | At Closing | Before Closing | At Closing | Before Closing | |
| A. Origination Charges | \$1,802.00 | | | | |
| 01 0.25 % of Loan Amount (Points) | \$405.00 | | | | |
| 02 Application Fee | \$300.00 | | | | |
| 03 Underwriting Fee | \$1,097.00 | | | | |
| 04 | | | | | |
| 05 | | | | | |
| 06 | | | | | |
| 07 | | | | | |
| 08 | | | | | |
| B. Services Borrower Did Not Shop For | \$236.55 | | | | |
| 01 Appraisal Fee to John Smith Appraisers Inc. | | | | | \$405.00 |
| 02 Credit Report Fee to Information Inc. | | \$29.80 | | | |
| 03 Flood Determination Fee to Info Co. | \$20.00 | | | | |
| 04 Flood Monitoring Fee to Info Co. | \$31.75 | | | | |
| 05 Tax Monitoring Fee to Info Co. | \$75.00 | | | | |
| 06 Tax Status Research Fee to Info Co. | \$80.00 | | | | |
| 07 | | | | | |
| 08 | | | | | |
| 09 | | | | | |
| 10 | | | | | |
| C. Services Borrower Did Shop For | \$2,655.50 | | | | |
| 01 Pest Inspection Fee to Pests Co. | \$120.50 | | | | |
| 02 Survey Fee to Surveys Co. | \$85.00 | | | | |
| 03 Title – Insurance Binder to Epsilon Title Co. | \$650.00 | | | | |
| 04 Title – Lender’s Title Insurance to Epsilon Title Co. | \$500.00 | | | | |
| 05 Title – Settlement Agent Fee to Epsilon Title Co. | \$500.00 | | | | |
| 06 Title – Title Search to Epsilon Title Co. | \$800.00 | | | | |
| 07 | | | | | |
| 08 | | | | | |
| D. TOTAL LOAN COSTS (Borrower-Paid) | \$4,694.05 | | | | |
| Loan Costs Subtotals (A + B + C) | \$4,664.25 | \$29.80 | | | |
| Other Costs | | | | | |
| E. Taxes and Other Government Fees | \$85.00 | | | | |
| 01 Recording Fees Deed: \$40.00 Mortgage: \$45.00 | \$85.00 | | | | |
| 02 Transfer Tax to Any State | | | \$950.00 | | |
| F. Prepays | \$2,120.80 | | | | |
| 01 Homeowner’s Insurance Premium (12 mo.) to Insurance Co. | \$1,209.96 | | | | |
| 02 Mortgage Insurance Premium (mo.) | | | | | |
| 03 Prepaid Interest (\$17.44 per day from 4/15/13 to 5/1/13) | \$279.04 | | | | |
| 04 Property Taxes (6 mo.) to Any County USA | \$631.80 | | | | |
| 05 | | | | | |
| G. Initial Escrow Payment at Closing | \$412.25 | | | | |
| 01 Homeowner’s Insurance \$100.83 per month for 2 mo. | \$201.66 | | | | |
| 02 Mortgage Insurance per month for mo. | | | | | |
| 03 Property Taxes \$105.30 per month for 2 mo. | \$210.60 | | | | |
| 04 | | | | | |
| 05 | | | | | |
| 06 | | | | | |
| 07 | | | | | |
| 08 Aggregate Adjustment | - 0.01 | | | | |
| H. Other | \$2,400.00 | | | | |
| 01 HOA Capital Contribution to HOA Acre Inc. | \$500.00 | | | | |
| 02 HOA Processing Fee to HOA Acre Inc. | \$150.00 | | | | |
| 03 Home Inspection Fee to Engineers Inc. | \$750.00 | | | \$750.00 | |
| 04 Home Warranty Fee to XYZ Warranty Inc. | | | \$450.00 | | |
| 05 Real Estate Commission to Alpha Real Estate Broker | | | \$5,700.00 | | |
| 06 Real Estate Commission to Omega Real Estate Broker | | | \$5,700.00 | | |
| 07 Title – Owner’s Title Insurance (optional) to Epsilon Title Co. | \$1,000.00 | | | | |
| 08 | | | | | |
| I. TOTAL OTHER COSTS (Borrower-Paid) | \$5,018.05 | | | | |
| Other Costs Subtotals (E + F + G + H) | \$5,018.05 | | | | |
| J. TOTAL CLOSING COSTS (Borrower-Paid) | \$9,712.10 | | | | |
| Closing Costs Subtotals (D + I) | \$9,682.30 | \$29.80 | \$12,800.00 | \$750.00 | \$405.00 |
| Lender Credits | | | | | |

Calculating Cash to Close

Use this table to see what has changed from your Loan Estimate.

| | Loan Estimate | Final | Did this change? |
|--|---------------|---------------|---|
| Total Closing Costs (J) | \$8,054.00 | \$9,712.10 | YES • See Total Loan Costs (D) and Total Other Costs (I) |
| Closing Costs Paid Before Closing | \$0 | – \$29.80 | YES • You paid these Closing Costs before closing |
| Closing Costs Financed (Paid from your Loan Amount) | \$0 | \$0 | NO |
| Down Payment/Funds from Borrower | \$18,000.00 | \$18,000.00 | NO |
| Deposit | – \$10,000.00 | – \$10,000.00 | NO |
| Funds for Borrower | \$0 | \$0 | NO |
| Seller Credits | \$0 | – \$2,500.00 | YES • See Seller Credits in Section L |
| Adjustments and Other Credits | \$0 | – \$1,035.04 | YES • See details in Sections K and L |
| Cash to Close | \$16,054.00 | \$14,147.26 | |

Summaries of Transactions

Use this table to see a summary of your transaction.

BORROWER'S TRANSACTION

K. Due from Borrower at Closing **\$189,762.30**

01 Sale Price of Property \$180,000.00

02 Sale Price of Any Personal Property Included in Sale

03 Closing Costs Paid at Closing (J) \$9,682.30

04

Adjustments

05

06

07

Adjustments for Items Paid by Seller in Advance

08 City/Town Taxes to

09 County Taxes to

10 Assessments to

11 HOA Dues 4/15/13 to 4/30/13 \$80.00

12

13

14

15

L. Paid Already by or on Behalf of Borrower at Closing **\$175,615.04**

01 Deposit \$10,000.00

02 Loan Amount \$162,000.00

03 Existing Loan(s) Assumed or Taken Subject to

04

05 Seller Credit \$2,500.00

Other Credits

06 Rebate from Epsilon Title Co. \$750.00

07

Adjustments

08

09

10

11

Adjustments for Items Unpaid by Seller

12 City/Town Taxes 1/1/13 to 4/14/13 \$365.04

13 County Taxes to

14 Assessments to

15

16

17

CALCULATION

Total Due from Borrower at Closing (K) \$189,762.30

Total Paid Already by or on Behalf of Borrower at Closing (L) – \$175,615.04

Cash to Close **From** **To Borrower** **\$14,147.26**

SELLER'S TRANSACTION

M. Due to Seller at Closing **\$180,080.00**

01 Sale Price of Property \$180,000.00

02 Sale Price of Any Personal Property Included in Sale

03

04

05

06

07

08

Adjustments for Items Paid by Seller in Advance

09 City/Town Taxes to

10 County Taxes to

11 Assessments to

12 HOA Dues 4/15/13 to 4/30/13 \$80.00

13

14

15

16

N. Due from Seller at Closing **\$115,665.04**

01 Excess Deposit

02 Closing Costs Paid at Closing (J) \$12,800.00

03 Existing Loan(s) Assumed or Taken Subject to

04 Payoff of First Mortgage Loan \$100,000.00

05 Payoff of Second Mortgage Loan

06

07

08 Seller Credit \$2,500.00

09

10

11

12

13

Adjustments for Items Unpaid by Seller

14 City/Town Taxes 1/1/13 to 4/14/13 \$365.04

15 County Taxes to

16 Assessments to

17

18

19

CALCULATION

Total Due to Seller at Closing (M) \$180,080.00

Total Due from Seller at Closing (N) – \$115,665.04

Cash **From** **To Seller** **\$64,414.96**

Additional Information About This Loan

Loan Disclosures

Assumption

- If you sell or transfer this property to another person, your lender
- will allow, under certain conditions, this person to assume this loan on the original terms.
 - will not allow assumption of this loan on the original terms.

Demand Feature

Your loan

- has a demand feature, which permits your lender to require early repayment of the loan. You should review your note for details.
- does not have a demand feature.

Late Payment

If your payment is more than 15 days late, your lender will charge a late fee of 5% of the monthly principal and interest payment.

Negative Amortization (Increase in Loan Amount)

Under your loan terms, you

- are scheduled to make monthly payments that do not pay all of the interest due that month. As a result, your loan amount will increase (negatively amortize), and your loan amount will likely become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- may have monthly payments that do not pay all of the interest due that month. If you do, your loan amount will increase (negatively amortize), and, as a result, your loan amount may become larger than your original loan amount. Increases in your loan amount lower the equity you have in this property.
- do not have a negative amortization feature.

Partial Payments

Your lender

- may accept payments that are less than the full amount due (partial payments) and apply them to your loan.
- may hold them in a separate account until you pay the rest of the payment, and then apply the full payment to your loan.
- does not accept any partial payments.

If this loan is sold, your new lender may have a different policy.

Security Interest

You are granting a security interest in
456 Somewhere Ave., Anytown, ST 12345

You may lose this property if you do not make your payments or satisfy other obligations for this loan.

Escrow Account

For now, your loan

- will have an escrow account (also called an "impound" or "trust" account) to pay the property costs listed below. Without an escrow account, you would pay them directly, possibly in one or two large payments a year. Your lender may be liable for penalties and interest for failing to make a payment.

| Escrow | | |
|---|------------|---|
| Escrowed Property Costs over Year 1 | \$2,473.56 | Estimated total amount over year 1 for your escrowed property costs: <i>Homeowner's Insurance</i> <i>Property Taxes</i> |
| Non-Escrowed Property Costs over Year 1 | \$1,800.00 | Estimated total amount over year 1 for your non-escrowed property costs: <i>Homeowner's Association Dues</i> You may have other property costs. |
| Initial Escrow Payment | \$412.25 | A cushion for the escrow account you pay at closing. See Section G on page 2. |
| Monthly Escrow Payment | \$206.13 | The amount included in your total monthly payment. |

- will not have an escrow account because you declined it your lender does not offer one. You must directly pay your property costs, such as taxes and homeowner's insurance. Contact your lender to ask if your loan can have an escrow account.

| No Escrow | | |
|--------------------------------------|--|--|
| Estimated Property Costs over Year 1 | | Estimated total amount over year 1. You must pay these costs directly, possibly in one or two large payments a year. |
| Escrow Waiver Fee | | |

In the future,

Your property costs may change and, as a result, your escrow payment may change. You may be able to cancel your escrow account, but if you do, you must pay your property costs directly. If you fail to pay your property taxes, your state or local government may (1) impose fines and penalties or (2) place a tax lien on this property. If you fail to pay any of your property costs, your lender may (1) add the amounts to your loan balance, (2) add an escrow account to your loan, or (3) require you to pay for property insurance that the lender buys on your behalf, which likely would cost more and provide fewer benefits than what you could buy on your own.

Loan Calculations

| | |
|--|--------------|
| Total of Payments. Total you will have paid after you make all payments of principal, interest, mortgage insurance, and loan costs, as scheduled. | \$285,803.36 |
| Finance Charge. The dollar amount the loan will cost you. | \$118,830.27 |
| Amount Financed. The loan amount available after paying your upfront finance charge. | \$162,000.00 |
| Annual Percentage Rate (APR). Your costs over the loan term expressed as a rate. This is not your interest rate. | 4.174% |
| Total Interest Percentage (TIP). The total amount of interest that you will pay over the loan term as a percentage of your loan amount. | 69.46% |



Questions? If you have questions about the loan terms or costs on this form, use the contact information below. To get more information or make a complaint, contact the Consumer Financial Protection Bureau at www.consumerfinance.gov/mortgage-closing

Other Disclosures

Appraisal

If the property was appraised for your loan, your lender is required to give you a copy at no additional cost at least 3 days before closing. If you have not yet received it, please contact your lender at the information listed below.

Contract Details

See your note and security instrument for information about

- what happens if you fail to make your payments,
- what is a default on the loan,
- situations in which your lender can require early repayment of the loan, and
- the rules for making payments before they are due.

Liability after Foreclosure

If your lender forecloses on this property and the foreclosure does not cover the amount of unpaid balance on this loan,

- state law may protect you from liability for the unpaid balance. If you refinance or take on any additional debt on this property, you may lose this protection and have to pay any debt remaining even after foreclosure. You may want to consult a lawyer for more information.
- state law does not protect you from liability for the unpaid balance.

Refinance

Refinancing this loan will depend on your future financial situation, the property value, and market conditions. You may not be able to refinance this loan.

Tax Deductions

If you borrow more than this property is worth, the interest on the loan amount above this property's fair market value is not deductible from your federal income taxes. You should consult a tax advisor for more information.

Contact Information

| | Lender | Mortgage Broker | Real Estate Broker (B) | Real Estate Broker (S) | Settlement Agent |
|------------------------------|---|-----------------|--------------------------------------|---------------------------------------|--|
| Name | Ficus Bank | | Omega Real Estate Broker Inc. | Alpha Real Estate Broker Co. | Epsilon Title Co. |
| Address | 4321 Random Blvd. Somecity, ST 12340 | | 789 Local Lane Sometown, ST 12345 | 987 Suburb Ct. Someplace, ST 12340 | 123 Commerce Pl. Somecity, ST 12344 |
| NMLS ID | | | | | |
| ST License ID | | | Z765416 | Z61456 | Z61616 |
| Contact | Joe Smith | | Samuel Green | Joseph Cain | Sarah Arnold |
| Contact NMLS ID | 12345 | | | | |
| Contact ST License ID | | | P16415 | P51461 | PT1234 |
| Email | joesmith@ ficusbank.com | | sam@omegare.biz | joe@alphare.biz | sarah@ epsilontitle.com |
| Phone | 123-456-7890 | | 123-555-1717 | 321-555-7171 | 987-555-4321 |

Confirm Receipt

By signing, you are only confirming that you have received this form. You do not have to accept this loan because you have signed or received this form.

Applicant Signature

Date

Co-Applicant Signature

Date

2025 W-2 and EARNINGS SUMMARY

| | | | | | |
|---|---------------------------------|-----------------------------------|-------------------|--------------------|--|
| Employee Reference Copy | | W-2 Wage and Tax Statement | | 2025 | |
| Copy C for employee's records. | | OMB No. 1545-0008 | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000005712 UUQ | | CKR5 | 16260 | | |
| c Employer's name, address, and ZIP code | | | | | |
| UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 | | | | | |
| e/f Employee's name, address, and ZIP code | | | | | |
| ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15237 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| 25-0965591 | | XXX-XX-1234 | | | |
| 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | |
| 44629.35 | 7631.62 | | | | |
| 3 Social security wages | 4 Social security tax withheld | | | | |
| 48736.35 | 3021.65 | | | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | | | |
| 48736.35 | 706.68 | | | | |
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| | 1000.00 | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| | E | | 4107.00 | | |
| 14 Other | 1600.00 14H | 12b W | 1500.00 | | |
| | 52.00 14X | 12c | | | |
| | | 12d | | | |
| | | 13 Stat emp | Ret. plan | 3rd party sick pay | |
| | | | X | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| PA | 15985369 | 47808.35 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 1467.72 | 47808.35 | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| 478.08 | 700102 | | | | |

ELIZABETH A DARLING
2001 CAMPUS DRIVE
PITTSBURGH, PA 15237

Social Security Number: XXX-XX-0000

PAGE 01 OF 01

| | | | | | |
|---|----------------------------|---|-------------------|-----------|--------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 44629.35 | | 7631.62 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 48736.35 | | 3021.65 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 48736.35 | | 706.68 | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000005712 UUQ | | CKR5 | 16260 | | |
| c Employer's name, address, and ZIP code | | | | | |
| UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| 25-0965591 | | XXX-XX-1234 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| | | | | | |
| 9 | | 10 Dependent care benefits | | | |
| | | 1000.00 | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | E | | | |
| | | 4107.00 | | | |
| 14 Other | | 1600.00 14H | 12b W | | 1500.00 |
| | | 52.00 14X | 12c | | |
| | | | 12d | | |
| | | | 13 Stat emp | Ret. plan | 3rd party sick pay |
| | | | X | | |
| e/f Employee's name, address and ZIP code | | | | | |
| ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15237 | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| PA | 15985369 | 47808.35 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 1467.72 | 47808.35 | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| 478.08 | 700102 | | | | |
| Federal Filing Copy | | PA. State Filing Copy | | | |
| W-2 Wage and Tax Statement | | W-2 Wage and Tax Statement | | | |
| 2025 | | 2025 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. | | Copy 2 to be filed with employee's State Income Tax Return. | | | |

| | | | | | |
|---|----------------------------|---|-------------------|-----------|--------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 44629.35 | | 7631.62 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 48736.35 | | 3021.65 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 48736.35 | | 706.68 | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000005712 UUQ | | CKR5 | 16260 | | |
| c Employer's name, address, and ZIP code | | | | | |
| UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| 25-0965591 | | XXX-XX-1234 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| | | | | | |
| 9 | | 10 Dependent care benefits | | | |
| | | 1000.00 | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | E | | | |
| | | 4107.00 | | | |
| 14 Other | | 1600.00 14H | 12b W | | 1500.00 |
| | | 52.00 14X | 12c | | |
| | | | 12d | | |
| | | | 13 Stat emp | Ret. plan | 3rd party sick pay |
| | | | X | | |
| e/f Employee's name, address and ZIP code | | | | | |
| ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15237 | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| PA | 15985369 | 47808.35 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 1467.72 | 47808.35 | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| 478.08 | 700102 | | | | |
| Federal Filing Copy | | PA. State Filing Copy | | | |
| W-2 Wage and Tax Statement | | W-2 Wage and Tax Statement | | | |
| 2025 | | 2025 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. | | Copy 2 to be filed with employee's State Income Tax Return. | | | |

| | | | | | |
|---|----------------------------|---|-------------------|-----------|--------------------|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 44629.35 | | 7631.62 | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 48736.35 | | 3021.65 | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 48736.35 | | 706.68 | | | |
| d Control number | Dept. | Corp. | Employer use only | | |
| 0000005712 UUQ | | CKR5 | 16260 | | |
| c Employer's name, address, and ZIP code | | | | | |
| UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260 | | | | | |
| b Employer's FED ID number | | a Employee's SSA number | | | |
| 25-0965591 | | XXX-XX-1234 | | | |
| 7 Social security tips | | 8 Allocated tips | | | |
| | | | | | |
| 9 | | 10 Dependent care benefits | | | |
| | | 1000.00 | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| | | E | | | |
| | | 4107.00 | | | |
| 14 Other | | 1600.00 14H | 12b W | | 1500.00 |
| | | 52.00 14X | 12c | | |
| | | | 12d | | |
| | | | 13 Stat emp | Ret. plan | 3rd party sick pay |
| | | | X | | |
| e/f Employee's name, address and ZIP code | | | | | |
| ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15237 | | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc. | | | |
| PA | 15985369 | 47808.35 | | | |
| 17 State income tax | 18 Local wages, tips, etc. | | | | |
| 1467.72 | 47808.35 | | | | |
| 19 Local income tax | 20 Locality name | | | | |
| 478.08 | 700102 | | | | |
| Federal Filing Copy | | City or Local Filing Copy | | | |
| W-2 Wage and Tax Statement | | W-2 Wage and Tax Statement | | | |
| 2025 | | 2025 | | | |
| Copy B to be filed with employee's Federal Income Tax Return. | | Copy 2 to be filed with employee's City or Local Income Tax Return. | | | |

INDIVIDUAL

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
 123 Main Street

6 City, state, and ZIP code
 Anytown, Indiana 46000

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 1 2 3 - 4 5 - 6 7 8 9

OR
 Employer identification number

Sign Here Signature of U.S. person: *John A Doe* Date: *1-1-16*

JOHN & JANE DOE LIVING TRUST OR REVOCABLE TRUST (PAYING THE TRUST, USING A PERSONS SSN)

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

2 Business name/disregarded entity name, if different from above
 John & Jane Doe Living Trust

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
 123 Main St

6 City, state, and ZIP code
 Anytown, Indiana 46000

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 1 2 3 - 4 5 - 6 7 8 9

OR
 Employer identification number

Sign Here Signature of U.S. person: *John A Doe* Date: *1-1-16*

JOHN & JANE DOE TRUST (PAYING TRUST..IF JOHN & JANE ARE DECEASED, MUST HAVE AN E.I.N.)

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
123 Main St

6 City, state, and ZIP code
Anytown, Indiana 46000

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|------------------------|--|--|--|---|--|--|--|--|
| Social security number | | | | | | | | |
| | | | | - | | | | |

or

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Employer identification number | | | | | | | | | |
| 0 | 1 | - | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Part II Certification

Sign Here Signature of U.S. person *Jack Smith* Date *1-1-16*

NOTE: Jack Smith can be: anyone who has P.O.A or personal a representative

INDIVIDUALS SPOUSE

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
123 Main St

6 City, state, and ZIP code
Anytown, Indiana 46000

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | |
| 2 | 3 | 4 | - | 5 | 6 | - | 7 | 8 | 9 | 0 |

or

| | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Sign Here Signature of U.S. person *Jane A Doe* Date *1-1-16*

PAYABLE TO A TRUST-TAX REPORTABLE TO AN INDIVIDUALS S.S.N

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

2 Business name/disregarded entity name, if different from above
John R Ford Revocable Trust

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
2552 E SR 56

6 City, state, and ZIP code
Hazleton, IN 47640

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | |
|----|----|---|----|---|----|----|----|
| XX | XX | - | XX | - | XX | XX | XX |
|----|----|---|----|---|----|----|----|

or

Employer identification number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Sign Here Signature of U.S. person ▶ Signature Date ▶ date

CORPORATION USING A DIFFERENT BUSINESS NAME

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

2 Business name/disregarded entity name, if different from above
Good Sense Snacks

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
123 Main St

6 City, state, and ZIP code
Snackville, PA

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | |
|----|---|----|----|----|----|----|----|
| XX | - | XX | XX | XX | XX | XX | XX |
|----|---|----|----|----|----|----|----|

Sign Here Signature of U.S. person ▶ John A. Noe Date ▶ 6-1-15

E.I.N. belongs to entity named on line #1

BUSINESS USING THEIR OWN BUSINESS NAME AND E.I.N.

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
123 Main St

6 City, state, and ZIP code
Snackville, PA

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| | | | - | | | | | | |
|--|--|--|---|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | |
|----|---|----|----|----|----|----|----|
| XX | - | XX | XX | XX | XX | XX | XX |
|----|---|----|----|----|----|----|----|

Sign Here Signature of U.S. person ▶ **John A Doe** Date ▶ **2-29-16**

PAY A CITY (CALL INDOT FINANCE FOR HELP 317-232-5002)

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
PO Box 1415

6 City, state, and ZIP code
Martinsville, IN

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| | | | - | | | | | | |
|--|--|--|---|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | |
|----|---|----|----|----|----|----|----|
| XX | - | XX | XX | XX | XX | XX | XX |
|----|---|----|----|----|----|----|----|

Sign Here Signature of U.S. person ▶ **John A Doe** Date ▶ **2-29-16**

PAY A COUNTY (CALL INDOT FINANCE FOR HELP 317-232-5002)

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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) ▶
 Other (see instructions) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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.)
108 Main St. Ste 104

6 City, state, and ZIP code
Martinsville, IN

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| | | | - | | | | |
|--|--|--|---|--|--|--|--|

or

Employer identification number

| | | | | | | |
|----|---|----|---|---|---|---|
| XA | - | XA | 0 | 1 | 7 | 8 |
|----|---|----|---|---|---|---|

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Sign Here Signature of U.S. person ▶ John A. Doe Date ▶ 2-29-16

USING POWER OF ATTORNEY-USING "LISA'S" S.S.N.

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

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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) ▶
 Other (see instructions) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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.)
123 Main St.

6 City, state, and ZIP code
Anytown, IN

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | - | 4 | 5 | - | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

or

Employer identification number

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | - | | | | | |
|--|--|---|--|--|--|--|--|

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

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 on page 3.

Sign Here Signature of U.S. person ▶ Lisa Deckard, by Carol Wagner POA Date ▶ 1-1-16

LLC USING AN S.S.N.-CORRECT

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

2 Business name/disregarded entity name, if different from above
Jeffrey D Amick Enterprises, LLC

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
595 W. McClain Ave

6 City, state, and ZIP code
Sometown, IN

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | |
| 1 | 2 | 3 | - | 4 | 5 | - | 6 | 7 | 8 | 9 |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| | | | - | | | | | | | |

Sign Here Signature of U.S. person ▶ *Jeffrey D Amick* Date ▶ *2-29-16*

LLC USING AN S.S.N.-INCORRECT

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Jeffrey D. Amick Enterprises, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
595 W. McClain Ave

6 City, state, and ZIP code
Sometown, IN

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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| | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | |
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| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| | | | - | | | | | | | |

Sign Here Signature of U.S. person ▶ *Jeffrey D Amick* Date ▶ *2-29-16*