

**INDIVIDUAL CONSENT & SUBSTITUTE FEDERAL FORM W-9**

I HEREBY CONSENT TO INCLUDE IN MY GROSS INCOME AS NOW OR HEREAFTER PROVIDED IN THE FEDERAL INCOME TAX LAWS THE STATED DOLLAR AMOUNT OF EACH WRITTEN NOTICE OF ALLOCATION WHICH I RECEIVE FROM:

**ROCKY MOUNTAIN SUPPLY, INC. 210 Gallatin Farmers Ave., Belgrade, MT 59714**

WITH RESPECTS TO MY PATRONAGE OCCURRING DURING THE CURRENT AND ALL SUBSEQUENT TAXABLE YEARS OF THIS COOPERATIVE. THIS INDIVIDUAL CONSENT SHALL BE REVOCABLE BY ME ANY TIME IN WRITING.

CHECK THIS BOX IF YOU HAVE BEEN NOTIFIED BY I.R.S. THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING.

INDIVIDUAL / SOLE PROPRIETOR

C CORP

S CORP

PARTNERSHIP

TRUST / ESTATE

LLC

NON PROFIT

EMPLOYEE

NAME AS SHOWN ON TAX RETURN

NAME ON ACCOUNT IF DIFFERENT

ACCOUNT #: \_\_\_\_\_

MAILING ADDRESS

PERSONAL SOCIAL SECURITY NUMBER - *Required*

CITY STATE ZIP

FEDERAL IDENTIFICATION NUMBER - *Required for businesses*

BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STATE ZIP

EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**CERTIFICATION:** UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

**REQUIRED**

**X**

**Signature**

**Date**

DEAR PATRON:

TO COMPLY WITH FEDERAL LAWS IN REPORTING 1099 PATRONAGE DIVIDENDS, WE MUST ALSO REPORT THE SOCIAL SECURITY NUMBERS OF ALL PATRONS RECEIVING DIVIDENDS. IF THIS IS NOT REPORTED, THE INTERNAL REVENUE SERVICE WILL NOW ASSESS YOUR COOPERATIVE A \$100 PENALTY FOR EACH PATRON NOT HAVING A SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER. TO COMPLY WITH FEDERAL LAW AND TO AVOID A \$100 PENALTY FROM THE IRS, WE MUST HAVE YOUR SIGNATURE AND SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER. YOUR CO-OP REFUNDS NEED TO BE INCLUDED AS INCOME ON YOUR TAX RETURN ONLY IF YOU DEDUCT THE CO-OP PURCHASES AS A BUSINESS EXPENSE.

WE APPRECIATE YOUR COOPERATION AND PROMPT RESPONSE.