



EASTON UTILITIES COMMISSION - ACCOUNTING DEPARTMENT
P.O. Box 1189
EASTON MD 21601
accounting@eucmail.com

RESPONSE NEEDED IMMEDIATELY

Fax to 410-822-1661

**Please complete BOTH sections of this
Form if bottom section does not apply
Please indicate with a N/A on LINE D.**

To Whom It May Concern:

We are required by law to obtain the information outlined in the attached form as ***REQUIRED*** when making a reportable payment to you. If you do not provide this information, your payments may be subject to federal income tax backup withholding. **ANY DISBURSEMENT(S) WILL BE HELD UNTIL THIS INFORMATION IS RECEIVED BY OUR OFFICE.** Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723. **PLEASE RETURN THE REVERSE SIDE OF THIS LETTER AS SOON AS POSSIBLE SO THAT WE MAY ISSUE PAYMENT TO YOU IN A TIMELY MANNER.**

Easton Utilities has signed a Memorandum of Understanding (MOU) with the Maryland Public Service Commission (PSC) which encourages us to seek products and services from **Diverse Suppliers**. Per this MOU, in addition to including not for profit entities that are organized to promote the interests of physically or mentally disabled individuals, a "Diverse Supplier" is defined as any legal entity that is:

- (i) organized to engage in commercial transactions;
- (ii) at least 51% owned and controlled by one or more individuals who are Socially and Economically Disadvantaged; and
- (iii) managed by, and the daily business operations of which are controlled by, one or more of the Socially and Economically Disadvantaged Individuals who own it.

A "Socially and Economically Disadvantaged Individual" means a citizen or lawfully admitted permanent resident of the United States who is in any of the following minority groups:

1. **African-American** – an individual having origins in any of the black racial groups of Africa: or
2. **American Indian/Native American** – an individual having origins in any of the original peoples of North America and who is a documented member of a North American tribe, band, or otherwise has a special relationship with the United States or a state through treaty, agreement, or some other form of recognition. This includes an individual who claims to be an American Indian/Native American and who is regarded as such by the American Indian/Native American community of which the individual claims to be a part, but does not include an individual of Eskimo and Aleutian origin; or
3. **Asian** – an individual having origins in the Far East, Southeast Asia, or the Indian subcontinent, and who is regarded as such by the community of which the person claims to be a part; or
4. **Hispanic** – an individual of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race, and who is regarded as such by the community of which the person claims to be a part; or
5. **Service Disabled Veteran**: A veteran who possesses a disability rating letter issued by the Department of Veterans Affairs, establishing a service-connected rating between 0 and 100% or a disability determination from the Department of Defense; or
6. **Physically or mentally disabled** – an individual who has an impairment that substantially limits one or more major life activity, who is regarded generally by the community as having such a disability, and whose disability has substantially limited his or her ability to engage in competitive business; or
7. **Women** – a woman, regardless of race or ethnicity.

If we are purchasing goods or services from you, we need your help in identifying if you qualify. Please complete the attached form and return it to Easton Utilities Accounting Department either by fax to 410-822-1661 or via email to accounting@eucmail.com as soon as possible. Should you have any questions about Supplier Diversity, please contact John Hines at 410-763-9415 or at the e-mail address listed above. Should you have any questions about Accounts Payable or the required substitute IRS Form W-9, please use the e-mail address listed above or call Mary Spicher at 410-763-9466.

Thank you in advance for your assistance,
Tracie A. Thomas
Tracie A. Thomas, CPA
Controller



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Please complete BOTH sections of this Form if bottom section does not apply
Please indicate with a N/A on LINE D.

REQUIRED – SUBSTITUTE W-9

A. Legal Name of payment recipient (as it appears on your tax return): _____
 If a business, Doing Business As (DBA) name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact person for questions: _____
 Contact phone: _____ Contact e-mail: _____
 Contact fax #: _____

B. Payee Information:
Legal Name _____ FEIN or SSN _____

Circle One: Individual Sole Proprietor Corporation Partnership LLC - **Type:** _____ Other _____

C. Qualifying Exemptions – If you are exempt from Form 1099 Reporting, please check one of the following:
 Tax Exempt Charity under 501(a) includes 501 (c)(3) or IRA
 The United States or any of its agencies or instrumentalities
 A State, the District of Columbia, a possession of the U.S., or any of their political subdivisions
 A foreign government or any of its political subdivisions
 Corporation – **EXCEPT there is NO EXEMPTION for medical and healthcare payments or payments for legal services**

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 notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including U.S. resident alien).

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:

Person completing this form: _____ Phone: _____

Signature _____ Date: _____

SUPPLIER DIVERSITY INFORMATION
****BELOW ONLY APPLIES TO YOU IF EUC IS MAKING A PURCHASE FROM YOU****

D. Service(s) or Product(s) you provide to Easton Utilities: _____

E. Classification (check all that applies): EUC will follow up with a request for additional data if items in this section are checked. For more information on the definitions associated with Supplier Diversity, please see Easton Utilities website at www.eastonutilities.com or the MD Public Service Commission’s Supplier Diversity page at <https://www.psc.state.md.us/supplier-diversity/>.

Not for Profit entity organized to promote the interests of physically or mentally disable individuals

African-American owned business (≥ 51% ownership)

American Indian/Native American owned business (≥ 51% ownership)

Asian owned business (≥ 51% ownership)

Hispanic owned business (≥ 51% ownership)

Veteran owned business (≥ 51% ownership)

Service Disabled Veteran owned business (≥ 51% ownership)

Physically or mentally disabled owned business (≥ 51% ownership)

LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) owned business (≥ 51% ownership)

Women owned business (≥ 51% ownership)

None of the above, no need to answer any further questions.

F. Are you certified by a Third Party Certifying Agent? Yes, **if yes please include copies of applicable certificates**
 No

G. What North American Industry System (NAICS) 3-digit number do your service(s) and product(s) fall under (see www.naics.com/search.htm for a search engine for NAICS codes)?

Service or Product: _____ NAICS 3-digit code: _____

Service or Product: _____ NAICS 3-digit code: _____

H. Contact name and contact information regarding your company’s supplier diversity qualifications:

Name: _____ Contact Info: _____