► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

m.	2 Business name/disregarded entity name, if different from above	
	<ul> <li>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only of following seven boxes.</li> <li>Individual/sole proprietor or</li> <li>C Corporation</li> <li>S Corporation</li> <li>Partnership</li> <li>Trust</li> </ul>	<b>ne</b> of the <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): st/estate
e.	single-member LLC	Exempt payee code (if any)
ty b	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►	
rint or type. Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes.	ne LLC is code (if any)
P Specific	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
ec	Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
See <b>Sp</b>	5 Address (number, street, and apt. or suite no.) See instructions. Request	er's name and address (optional)
57	6 City, state, and ZIP code	
	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 <i>How to get a</i>	Social security number       -       -				
<i>TIN,</i> later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and</i>	Or Employer identification number				
Number To Give the Requester for guidelines on whose number to enter.	-				
Part II Certification					

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of
Here	U.S. person ►

#### **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*.

#### **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-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)

Date 🕨

- 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.

<sup>•</sup> Form 1099-INT (interest earned or paid)

	Department of the Treasury U.S. Individua	I Income Tax	Retu		20	and the second second second	1545-0074			ite or staple in this s	space.
Filing status:			ried filing		ely 🔲 H	lead of household	Qualify	ing widow(er)	the second s		-
Your first name an			Last name	-						al security num	
Sha	T nor		ન	igh	LOWO	257				03 326.	5
Your standard dec	duction: Someon	e can claim you as a de				born before Januar	y 2, 1954	Vou a	re blind		
lf joint return, spou	use's first name and initi	al	Last name	8					Spouse's	social security n	umber
Spouse standard de		can claim your spouse i nizes on a separate retu				ouse was born befo lien	ore January	2, 1954		ear health care cov mpt (see inst.)	verage
Home address (nu	umber and street). If you		struction	<b>S.</b>				Apt. no. 49J	Presidenti (see inst.)	al Election Campai	
City, town or post	office, state, and ZIP co	A 30736	n addres:	s, attach	n Schedul	e 6.				an four depender and ✓ here ►	nts,
Dependents (se (1) First name		Last name	(2) Soc	cial securi	ity number	(3) Relationship	to you	(4) Child tax c		for (see inst.): Credit for other depen	ndents
Des	9c 8	Hightower	114	06	+213	Son					
	aine	Hightower	577		265	Daugh	ter				
¥.13											
Sign Ur Here Joint return? See instructions.	Inder penalties of perjury, I declare that I have examined this return correct, and complete. Declaration of preparer (other than taxpaye Your signature				on all inform	formation of which preparer has any knowledge. Your occupation			If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 4 1 0 2 8 3		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign			Date		Spouse's occupation			f the IRS sent PIN, enter it here (see inst.)	you an Identity Pro	Itection
Paid Preparer	Preparer's name		parer's signature PTIN Dorocho 5665			566 57	0985 58		Check if: 3rd Party Des	signee	
Use Only	Firm's name ► Firm's address ►	Noig Ban						901-577		Self-employe	ed
Fer Diselectre D	and the second second second second	and Deduction Act No	ALTERNA MARKEN	San the second second	T. Dong. Million of	entral contraction of the Architecture of the	Constant Second Product	112200		Form 1040	10010

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Form 1040 (2018)					Page 2
	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	117,330	00
	2a	Tax-exempt interest 2a b Taxable interest	2b		
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3b		
Form(s) W-2G and 1099-R if tax was	<b>4a</b>	IRAs, pensions, and annuities . 4a 31,619 10 b Taxable amount	4b	31,679	10
withheld.	5a	Social security benefits	5b		
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	222,921	00
Standard	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	222,927	00
Deduction for-	8	Standard deduction or itemized deductions (from Schedule A)	8	29,900	00
<ul> <li>Single or married filing separately.</li> </ul>	9	Qualified business income deduction (see instructions) .	9		
\$12,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	198,527	00
<ul> <li>Married filing jointly or Qualifying</li> </ul>	11	a Tax (see inst.) A			
widow(er), \$24,000		b Add any amount from Schedule 2 and check here	11	47,646	50
Head of	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here >	12		
household, \$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0	13	47,646	50
• If you checked	14	Other taxes. Attach Schedule 4	14	1,985	30
any box under Standard	15	Total tax. Add lines 13 and 14	15	49,631	80
deduction, see instructions.	16	Federal income tax withheld from Forms W-2 and 1099	16	42,700	00
	17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863			
		Add any amount from Schedule 5	17		
	18	Add lines 16 and 17. These are your total payments	18	42,700	00
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19		
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a		
Direct deposit? See instructions.	►b	Routing number Savings			
	►d	Account number			
	21	Amount of line 19 you want applied to your 2019 estimated tax 21			
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	6,931	80
	23	Estimated tax penalty (see instructions)			1

### TemplateLAB



SELECT ACCOUNT

Account Number: 1111111 Sort Code: 16-10-00 BIC: RBOSGB2L IBAN: GB11RBOS 1610 0011 1111 11

> MR TEST TESTER CURRENT ACCOUNT

Branch Deta	ails	/our Details	Period	22 Oct 2014 to	o 21 Dec 2014
ANY BRACH			Previous B	£1803.90	
ANY STREE ANY TOWN		EST TOWN	Paid Out		£2,684.10
AN1 TWN	-	E5 7ER	Paid In		£2,180.40
			New Balar	ice	£300.20
Date	Туре	Description	Pa	d In Paid Out	Balance
BRIGHT FOF			_		1803.90
22 Oct 2014	AUTOMATED PAY	IN 650274051211-CHB		190.40	1803.9
22 Oct 2014	DIGITAL BANKING	CALL REF. NO. 3442, FROM A/C 22222222		140.00	1613.5
24 Oct 2014	Faster Payment	Amazon		132.30	1473.5
24 Oct 2014	BACS	Tebay Trading Co.		515.22	1341.2
25 Oct 2014	Faster Payment	Morrisons Petrol		80.00	825.98
25 Oct 2014	BACS	Business Loan	50,00	0.00	745.98
26 Oct 2014	BACS	James White Media		2,461.43	20745.98
27 Oct 2014	Faster Payment	ATM High Street		180.00	18284.43
01 Nov 2014	BACS	Acorn Advertising Studies		150.00	18184.43
01 Nov 2014	BACS	Marriott Hotel		177.00	15034.43
01 Nov 2014	Faster Payment	Abellio Scotrail Ltd		122.22	17857.43
01 Nov 2014	СНQ	Cheque 0000234		1,200.00	17735.21
21 Dec 2014	BACS	Various Payment		10,526.40	14074.54
21 Dec 2014	BACS	HMRC		1,000.00	3548.14
21 Dec 2014	DD	DVLA		280.00	2548.14
-		Balance Received Forward			

Royal Bank of Scotland Plc. Registered Office, The Mound, Edinburgh EH1 1YZ. Registered in Scotland number SC327000 Authorized by the Prudential Regulation Authority and regulated by the Financial Conduct and the Prudential Regulation authority.

Company

## PERFECT PAYROLL

# **Pay Advice**

		Payment	s			Deduct	tions		
Descri	ption H	ours	Rate	Amount		Description	Amount	Description	Amount
Basic F Total P	<sup>2</sup> ay Payments			3,543.40 3,543.40	Natio	ne Tax nal Insurance Deductions	728.60 268.73 997.33	Earnings for NI Gross for Tax Total Gross Pay	3,543.40 3,543.40 3,543.40
								Year to	Date
								Taxable Gross Pay Income Tax Employee NIC Employer NIC	38,977.40 8,012.20 2,956.03 4,397.69
k./Mth.	Date	Dept.	P/Method	Tax Code	Employee No.		Employee Name		3 83 83 A (A) Net Pay
						the set of the set of the set of the	employee Nume		NerPdy
Feb-07	28-Feb-07	Finance	Monthly	503L	36302		Mr Richard Go	odson	2,546.07

	a Employee's social security number 421-04-8838	OMB No. 1545	5-0008	are required to file a tax return	shed to the Internal Revenue Service. If y	
<b>b</b> Employer identification number				-0008 may be imposed on you if this income is taxable and you f 1 Wages, tips, other compensation 2 Federal income tax		
36-0463141	× ,			95,790	21,074	
c Employer's name, address, and	ZIP code		<b>3</b> Sc	cial security wages	4 Social security tax withheld	
Broughton Entertain	ment			95,790	5,939	
33 Broad Street			5 Me	edicare wages and tips	6 Medicare tax withheld	
Milford.				95,790	1,389	
CT 6460			7 Sc	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits	
D-595						
e Employee's first name and initial	Last name	Suff.	11 No	11 Nonqualified plans 12a See instructions		
Harley	Cook				₩ W	
			13 Sta em	tutory Retirement Third-party ployee plan sick pay	12b	
20 Adams Street			14 Oth	her		
Leominster Massach	nusetts				d e	
1453					12d	
					O d e	
f Employee's address and ZIP coc				T		
15 State Employer's state ID numb	0,1,		ie tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax <b>20</b> Locality na	
UT 00-0-1857	95,790	4,790				
W_9 Waga an	d Tax Statement	202	ח	Department of	of the Treasury—Internal Revenue Ser	
Form WW - L wage and			. U	Sa	afe, accurate, REPARTIO	
Copy C-For EMPLOYEE'S RE	CORDS			FA	AST! Use	

Copy C-For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B.)