

Date _____

Request #: _____

Request for Information

Federal Law requires withholding 28% from payments made to reportable vendors for which we have no taxpayer identification number (TIN) on file. A TIN can be either a Social Security number (SSN) or an employee identification number (EIN). This withholding requirement generally applies to service payments reported on Form 1099MISC.

Currently, we do not have your TIN on file. To assist in complying with the law and to avoid the withholding of tax or a delay in payment of your invoice(s), please complete the enclosed W-9 Request for Taxpayer Identification Number and Certification (no substitute W-9 will be accepted).

Also, please provide the following information about your organization:

Standard Industry Code(s): _____

<u>Business Classification:</u> Minority Owned Business ____ Black American (African) ____ Hispanic American (Spanish, Portuguese) ____ Asian/ Pacific American (includes Orientals) ____ Asian/ Indian American (Bangladesh, Indian, Pakistan) ____ Native American (American Indian, Eskimo, Aleut & Native Hawaiian) ____ Other, please specify _____	____ Large Business ____ Small Business ____ Small Disadvantaged Business ____ Hubzone Certified ____ Service Disabled Veteran Owned ____ Woman Owned Business
<i>If you classify your firm as a small, women-owned, or minority classification, a copy of your certification must be included with your response.</i>	
Please see the next page for further information	

If you'd be interested in receiving your payments electronically, please provide the following information. <u>or enclose a copy of a voided check</u> from the account you would like your payments deposited to.	
Your Bank's Name _____	ABA / Routing Number _____ (9 digits)
and your Account Number _____	

Also please provide the following information so that we can process your invoices and resolve any discrepancies more efficiently (*required if providing electronic payment information*).

Contact Name: _____ Signature: _____

Phone #: _____ Fax #: _____ E-mail address: _____

Please return this form along with the completed W-9 form and any other supporting documentation via mail or by faxing it to us at 610-774-4415. If you have any questions relative to this request, please call us at 610-774-4209. Thank you for your prompt attention to this request.

Thank you.

Cash Operations Dept.
GENTW13
Two North Ninth Street
Allentown, PA 18101
610/774-4209
AcctsPayable@pplweb.com



Please complete all three parts below.

PPL Use only: Account Number	
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Part 1 - Tax Identification:

Name: _____

If you are a **SOLE PROPRIETOR or SINGLE-OWNER LLC** } **Required** - Personal name of owner of the business: _____
 } **Optional** - Business name if different from above: _____

Enter your TIN in the appropriate box.

For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number	OR	Employer Identification Number
_____		_____

Part 2 - Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- Corporation**
Note that there is no corporate exemption for medical and healthcare payments or payments for legal services
- 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 United States, or any of their political subdivisions or agencies**
- A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress**

Part 3 - Signature: I am a U.S. person (including a U.S. resident alien):

Person completing this form: _____

Title: _____

Signature: _____ Date: _____

Tax correspondence address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Instructions: We are about to pay you an amount that may be reported to the **Internal Revenue Service (IRS)**. The IRS will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and Taxpayer Identification Number. The name we need is **the name that you use on the tax return** that will report this amount. We are required by law to obtain this information from you.

U.S. person. This form may be used only by a U.S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.

Exempt from backup withholding. On page 2 of this form is a chart showing who is exempt from backup withholding. If you are exempt from backup withholding, indicate the reason why in part 2 of this form, and we will not send you a Form 1099.

Penalties: Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax backup withholding. If you do not provide us with this information, you may be subject to a \$50 penalty imposed by IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Confidentiality: If we disclose or use your Taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.

Instructions continued on Page 2

Please return this form to PPL Services Corporation in the enclosed envelope. Thank you for your cooperation.

PPL Services Corporation
 Cash Operations - GENTW13
 2 N. Ninth Street
 Allentown, PA 18101
 (610)774-4209 fax (610)774-4415



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

COMPANY INFORMATION			
Company Name			
Company Address			
City	State	Zip	
Company Contact			Phone Number
E-Mail Address			Fax Number
AUTHORIZATION FOR DIRECT DEPOSIT (EFT)			
I/We hereby authorize PPL Corporation, and its subsidiaries, to initiate ACH credit entries and to initiate, if necessary, ACH debit entries and adjustments for any credit entries in error to my/our account indicated below at the financial institution named below. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.			
Account Type (Check one)			
<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
Depository Bank Name		Branch Name	
City	State	Zip	
Transit/ABA Number (9-digit number)			
Bank Account Number		Bank Account Name	
This authority will remain in full force and effect until PPL Corporation, and its subsidiaries, has received written notification from the company of its termination in such time and in such manner as to afford PPL Corporation, and its subsidiaries, a reasonable opportunity to act on it.			
Name (Please print)		Title	
Authorized Signature			Date
REMITTANCE INFORMATION			
If you cannot receive or read EDI information, we have an e-mail/fax notification option. With this option, we will automatically send you an e-mail or fax when we initiate the payment. This notification will include all the "stub" details including the amount of the payment, which invoices are being paid, and when the payment will be in your account.			
Check One (Optional)			
<input type="checkbox"/> E-mail Notification:	E-mail Address		
	Contact Name	Phone Number	
<input type="checkbox"/> Fax Notification:	Fax Number		
	Contact Name	Phone Number	
All vendors can view their invoice status via the Internet. If you are interested, please call 610-774-4209 and select the Web Inquiry option.			

Please Mail or Fax Completed Form to: Cash Operations
 GENTW13
 2 North 9th Street
 Allentown, PA 18101-1179
 Phone: 610-774-4209 Fax: 610-774-4415



CONTRACTOR/SUPPLIER CLASSIFICATION FORM

REQUIRED INFORMATION – ALL INFORMATION MUST BE COMPLETED FOR BUSINESS TO REMAIN IN SUPPLIER DATABASE

Company Name		
Company Address		
City	State	Zip
Supplier Representative or Service Contact Name		Phone Number
E-Mail Address		Fax Number
Dun & Bradstreet D-U-N-S No.	Primary Product or Service	
Type of Organization:		
<input type="checkbox"/> Corporation incorporated in the state of _____ or registered for business in the country of _____ <input type="checkbox"/> Sole Proprieto <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Joint Venture		

BUSINESS CLASSIFICATION

We hereby represent and certify that this is a: (check applicable boxes)

- Large Business
- Small Business (check all that apply)
 - Service Disabled Veteran Owned
 - Woman Owned
 - Veteran-Owned Small Business
 - HUBZone Small Business (SBA-certified and verified in CCR)
 - Small Disadvantaged Small Business (SBA-certified and verified in CCR)
- Minority Owned *
- Disability Owned

* Requires certification. (Please include a copy of your certification)

Obtain SBA information on the Internet: <http://www.sba.gov> or call 202-205-6600, 202-606-4000, or 202-219-9148.

The supplier represents that its qualifying ownership falls within at least one of the above categories. (See definitions and on the reverse.)

North American Industry Classification System (NAICS) (https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm)

- List NAICS applicable to your company: _____
- Average number of employees (averaged over the last three completed fiscal years): _____
- Company Sales (averaged over the last three completed fiscal years): _____

By signing below, the contractor hereby certifies and represents that the information provided is current, accurate, and complete (see Penalties for False Misrepresentation on the reverse). The contractor further certifies that it will notify PPL of any changes to said information provided.

Authorized Representative: _____ Authorized signature: _____
 Title: _____ Date: _____

For PPL Use Only		
Vendor Code:	Company Subsidiary:	EDI? Yes No

Please Mail Completed Form to:
 (Faxed copies are unacceptable)

Corporate Disbursements
 2 North 9th Street, GENTW13
 Allentown, PA 18101-1179
 Phone: 610-774-4209