

WEST VIRGINIA DIVISION OF LABOR  
1900 KANAWHA BOULEVARD EAST  
CAPITOL COMPLEX, BUILDING 3, ROOM 200  
CHARLESTON, WEST VIRGINIA 25305

**DOL USE ONLY**

IMB Account # DOLX \_\_\_\_\_

Date: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Fund # \_\_\_\_\_ Org # \_\_\_\_\_ Ext Org # \_\_\_\_\_

**EMPLOYER'S AUTHORIZATION FOR THE  
DIVISION OF LABOR TO INVEST A CASH WAGE BOND  
IN THE INVESTMENT MANAGEMENT  
BOARD CONSOLIDATED FUND**

An employer who posts a cash wage bond with the West Virginia Division of Labor may choose to have the cash invested with the West Virginia Investment Management Board Consolidated Fund (the "Consolidated Fund").

The Consolidated Fund, authorized by W. Va. Code §12-6-8, invests state funds such as cash wage bonds, and pays interest on the invested wage bond to the employer once a year in January, if such interest is earned. However, the employer also assumes the sole risk of investing the cash wage bond in the Consolidated Fund, and if the invested amount decreases, the employer will be required to post an additional amount sufficient to satisfy the requirements of W. Va. Code 21-5-14(a).

By my signature below, I hereby authorize the Division of Labor to invest a cash wage bond in the amount of \$ \_\_\_\_\_ in the Consolidated Fund,  
on behalf of \_\_\_\_\_  
Name of Employer

a ☐ sole proprietor ☐ partnership ☐ limited liability company

☐ corporation ☐ other type of business entity \_\_\_\_\_  
Explain

I acknowledge that I understand the benefits and risks of investing in the Consolidated Fund. I further acknowledge and understand that the investment is subject to the statutory requirements and rules of the Consolidated Fund and the West Virginia Board of Treasury Investments (W. Va. Code §12-6C-1, *et seq.*).

_____	_____
Printed Name and Title	Date

_____	_____
Signature	FEIN

\_\_\_\_\_

Business Address and Telephone Number

\_\_\_\_\_

**EMPLOYER'S AUTHORIZATION TO DRAW UPON THE CASH WAGE BOND  
FOR FAILURE TO PAY EMPLOYEE WAGES AND FRINGE BENEFITS**

I, \_\_\_\_\_, in my capacity as ☐ sole proprietor  
Name of Individual

☐ member ☐ partner ☐ president ☐ vice president of \_\_\_\_\_  
Name of Employer

("Employer") engaged in ☐ construction work or ☐ the severance, production or transportation of minerals, understand that the Employer is required by the Wage Payment and Collection Act, W. Va. Code §21-5-14, to furnish a wage bond.

I understand that as long as the Employer honors its statutory responsibility to pay employee wages and fringe benefits when they are due, the Division of Labor will not draw upon the cash wage bond. If the Employer defaults or otherwise fails to pay employee wages and fringe benefits as required by the Wage Payment and Collection Act, I further understand that the Division of Labor will use as much of the cash bond assets as necessary to pay employee wages and fringe benefits.

I hereby expressly authorize the Division of Labor to use as much of the cash wage bond as necessary to pay employee wages and fringe benefits that are due and owing.

\_\_\_\_\_  
Original Signature Date

\_\_\_\_\_  
Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_, TO WIT:

I, \_\_\_\_\_, a Notary Public in and for the county and state  
Printed Name of Notary Public

aforesaid, do hereby certify that \_\_\_\_\_ who, as \_\_\_\_\_,  
Printed Name of Person Signing for Principal Title of Person Signing for Principal

signed the foregoing writing for \_\_\_\_\_, has this day, in  
Principal

my said county, before me, acknowledged the said writing.

My commission expires on \_\_\_\_\_.

Notary Seal



\_\_\_\_\_  
Notary Public Signature



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
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 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	
	-

### 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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-INT (interest earned or paid)
- 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)
- 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.