

## State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

ſ	Type of Request (Must select at least ONE)									
1	New Location  Change - Select the Tax ID Legal Name Entity Type Minority Business Indicator type(s) of change from Main Address Remittance Address Contact Information									
2	Taxpayer Identification Number (TIN) (Provide ONE Only)  TIN 5 8 - 2 1 1 2 2 8 1 OR SSN									
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card.  If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.)  Legal Name Cox Communications, INC  DBA Name COXCOM, LLC/Cox Arizona Telcom, L.L.C./Cox Communications Arizona, LLC/Cox Advanced Services Arizona, LLC									
ł	BBA Name COXCOM, ELC/COX AT 12011a TeTCOIII, E.C.C./COX COIIIIIIIIITTCACTORS AT 12011a, ELC/COX Advanced Set vices AT 12011a, ELC  dba Cox Business  Entity Type (Must select ONE of the following)									
4	☐ Individual/Sole Proprietor or S	A state, a por instrumental			ssion of the US s rtable Entity	5, or any of thei	political subdivisions or			
	Minority Business Indicator (Must select ONE of the		ne following)  Small, Woman Owned Business- Hispanic  Small, Woman Owned Business- Native America		nerican	Minority Owned Business- African American Minority Owned Business- Asian				
5	Small Business - Asian Small Business - Hispanic Small Business - Native American		Small, Woman Owned Business- Other Minority  Woman Owned Business  Woman Owned Business- African American			Minority Owned Business- Hispanic Minority Owned Business- Native American Minority Owned Business- Other Minority				
	Small Business- Other Minority Small, Woman Owned Business Small, Woman Owned Business- African American		Woman Owned Business- Asian  Woman Owned Business- Hispanic  Woman Owned Business- Native Ame		spanic ative American	1	Non-Profit, IRC §501(c)  Non-Small, Non-Minority or Non-Woman Owned Business  Individual, Non-Business			
6	Veteran Owned Business YES NO			Business- Other Minority						
	Entity Address  Main Address (Where tax information and general correspondence is to be mailed)  Remittance Address (Where payment is to be mailed)  Same as Main									
7	Address Line 1 1550 Deer Valley Rd			Address Line 1 PO Box 53214						$\neg \neg$
	Address Line 2				Address Li	ne 2				-
	City Phoenix	State AZ	Zip code 8502	7	City Ph	oenix		State AZ	Zip code 850	)72-32
$\begin{bmatrix} 1 \end{bmatrix}$	Vendor Contact Information									
8	Name		T_	-		Title				
ļ				Fax Email						
9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details  Exemption Code for Backup Withholding  Exemption Code for FATCA Reporting									
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0	Under penalties of perjury, I certify that:  1. The number shown on this form is my correct Taxpayer Identification Number, 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 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 US citizen or other US person, and  4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.									
	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.									
	Signature Patrick Calladur			me Patrick Gallagher			Date 01/18/	2022   2:57:54	PM PST	

## The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - Type of Request: Select only one.

**Part 2 - Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

**Part 3** - **Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

Part 4 - Entity Type: Select only one for TIN given.

Part 5 - Minority Business Indicator: Select only one for TIN given.

Part 6 - Veteran Owned Business: Select only one for TIN given.

Part 7 - Entity Address: List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - Entity Contact Information: List the contact information.

**Part 9 - Backup Withholding and FATCA Exemptions:** If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

<u>Code 6</u>: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States <u>Code 7</u>: A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

Code 10: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes**: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

<u>Code B</u>: The United States or any of its agencies or instrumentalities

Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

<u>Code F</u>: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 Code K: A broker

Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)

Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

**Part 10 - Certification:** Please sign, date and provide preparer's name in appropriate space.