

REQUIRED INFORMATION

GDS System: Sabre __ Worldspan __ Galileo/Apollo __ Amadeus __ Independent __

PCC# _____ Travel Agency name _____ Travel Agency Phone # _____

Form W-9 Taxpayer Identification Number Request

Please complete the following information. We are required by law to obtain this information from you when making payments that may or may not be reportable. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. 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.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

This form is applicable for U.S. only (including U.S. resident alien). If you are not a U.S. resident or U.S. resident alien, use the appropriate Form W-8 available at www.irs.gov.

Instructions: 1: Complete Part 1 by completing the one row of boxes that corresponds to your tax status.

2: Complete Part 2 if you are exempt from Form 1099 reporting.

3: Complete Part 3 to sign and date the form.

4: Fax copy of W9 to: Attn: Leisure Experience Fax: 682-605-7239

Part 1 – Tax Status: (complete only one row of boxes)

Individuals:
(fill out this row)

Individual Name: (First name, Middle initial, Last name) _____	Individual's Social Security Number: ____ - ____ - _____
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Sole Proprietor:
(fill out this row)

A sole proprietorship may have a "doing business as" trade name, but the legal name is the of the business owner.

Business Owner's Name (REQUIRED) (First Name) _____ (MI) _____ (Last Name) _____	Business Owner's Social Security Number ____ - ____ - _____ Or Employer ID Number ____ - ____ - _____	Business or Trade Name (Optional) _____ _____
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Partnership:
(fill out this row)

Name of Partnership: _____ _____	Partnership's Employer Identification Number ____ - ____ - _____	Partnership's Name of IRS records (see IRS mailing label) _____ _____
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**Corporation,
exempt charity,
or other entity**
(fill out this row)

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Name of Corporation or entity: _____ _____	Employer Identification Number ____ - ____ - _____	Are you incorporated? Yes No	D.B.A. or T.A. companies? Attach all of the business names.
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Part 2 – Exemption: If exempt from Form 1099 reporting, check here: AND circle your qualifying exemption reason below:

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|---|---|--|---|--|
| 1. Corporation except there is no exemption for medical and healthcare payments for legal services. | 2. Tax Exempt Charity under 501 (a) (includes 501 (c)(3)), or IRA | 3. The United States or any of its agencies or instrumentalities | 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions | 5. A foreign government or any of its political subdivisions |
|---|---|--|---|--|

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

Person completing this form: _____ E-mail address: _____
 Title: _____ Signature: _____
 Telephone: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____