



Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.  
**4Topps, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**3135 Indiana Avenue**

6 City, state, and ZIP code  
**Winston Salem, NC 27105**

7 List account number(s) here (optional)

Requester's name and address (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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Or

Employer identification number

2	7	-	4	9	8	0	0	2	2
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 Here    Signature of U.S. person ▶ *Bridget Stewart*    Date ▶ *8/10/22*

**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](http://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-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, later.

1 of 1 | [View All](#) Some of the values entered as Search Criteria for UI secured field ...

Vendor/Customer

[Menu](#)

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VC0000120526	4 TOPPS LLC		Active	Inactive	

From 1 to 1 of 1 First Prev Next Last [Attachments](#)

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)

▼ General Info

Vendor/Customer : VC0000120526	Restrict Use by Department : <input type="checkbox"/>
Legal Name : 4 TOPPS LLC	Miscellaneous Account : <input type="checkbox"/>
Alias/DBA :	Internal Account : <input type="checkbox"/>
Vendor Active Status : Active ▼	Third Party Only : <input type="checkbox"/>
Vendor Approval Status : Complete	Third Party Vendor : <input type="checkbox"/>
Customer Active Status : Inactive ▼	Third Party Customer : <input type="checkbox"/>
Customer Approval Status : Incomplete	Inventory Customer : <input type="checkbox"/>
Location Name :	Healthcare Provider : <input type="checkbox"/>
First Name :	Never Archive : <input type="checkbox"/>
Middle Name :	Restrict VSS Access : No ▼
Last Name :	Discontinue - No New Business : <input type="checkbox"/>
Company Name : 4 TOPPS LLC	Prevent MA Reference : <input type="checkbox"/>
Previous Name :	PunchOut Enabled : <input type="checkbox"/>
Previous Street :	Re-PunchOut Enabled : <input type="checkbox"/>
Previous City :	Electronic Order Enabled : <input type="checkbox"/>
Previous State/Province :	W-9 Received : <input checked="" type="checkbox"/>
Previous Country :	W-9 Received Date : 04/12/2021
	W-8 Received : <input type="checkbox"/>
	W-8 Received Date :
	Accepts Credit Cards : <input type="checkbox"/>
	Active From : 10/04/2022
	Active To :
	Last Usage Date : 10/06/2022
	Department :
	Unit :

▼ Headquarters

Headquarters Account : Yes	Web Address http:// :
Headquarters Account Code : VC0000120526	Catalog DUNS :
Headquarters Account Legal Name : 4 TOPPS LLC	Catalog Extended DUNS :
Franchise Account : <input type="checkbox"/>	Catalog Unique Entity Identifier :
	Taxpayer ID Number : *****0022
	Taxpayer ID Number Type : EIN ▼

▼ Organization

Organization Type : Company ▼	1099 Indicator : Yes
1099 Classification : Partnership ▼	1042-S Indicator :
1042-S Ch. 3 Recipient Code :	Taxpayer ID Number : 274980022
1042-S Ch. 4 Status Code :	Taxpayer ID Number Type : EIN ▼
Number of Employees : ▼	Detailed TIN Type :
Merchant ID :	Foreign Tax ID :
Sex : ▼	GIIN :
Date of Birth :	1042-S Recipient Account Number :
Marital Status : ▼	W-8 Form : ▼
Annual Income : ▼	Tax Profile :
IRS Country of Residence :	Tax Profile Name :
IRS Country Sub Code :	EBIC Number :
Contract Withholding Exempt : <input type="checkbox"/>	IAEC Number :
National Provider ID :	Web Address http:// :
Assigning Authority :	Employee ID :
CAGE Code :	Employee Status : ▼
Permanent Staffed Office in State : <input type="checkbox"/>	Supplier Shared Secret :

▼ Disbursement Options

Category : DIRC	Hold Payment : <input type="checkbox"/>
Description : Direct Payments	Hold Payment Authorized By :
Default Type : Check	Hold Payment Authorized On :
Default Priority : 99	Hold Reason :

Default Format : REG

Default Format Description :

Scheduled Payment Day :

Single Payment Indicator :

Name on Check : Legal Name

Eligible for VCA Payments :

VCA Effective From Date :

VCA Effective To Date :

VCA Primary Email :

VCA Secondary Email :

VCA Comments :

Prevent New Spending :

Prevent New Orders : For All Departments

Third Party Code :

Third Party Name :

Third Party Approved By :

Third Party Approved On :

Third Party Reason :

Always Infer Third Party Vendor :

Third Party Address ID :

**▼ Prenote/EFT**

Generate EFT Payment :

ABA Number :

Bank Name :

Account Type :

Account Number :

Routing ID Number :

Bank Phone Number :

Prenote Requested Date :

Prenote Return Reason :

Prenote Return Reason Message :

Foreign Correspondent Bank Name :

Foreign Correspondent Bank Branch Country Code :

Account Number Linkage to Provider Identifier :

Reason for Submission :

EFT Format :

EFT Format Description :

EFT Status :

Last Status Change :

EFT Status Description :

Prenote Return Reason Explanation :

W-9 Mailing Date :

W-9 Response Date :

**▼ Remittance Advice**

Remittance Advice Required :

Remittance Advice Format :

Remittance Advice Format Description :

Remittance Advice Transmission Mode :

**▼ Vendor Terms**

Number of Days 1 :

Discount Percent 1 :

Discount Always 1 :

Number of Days 2 :

Discount Percent 2 :

Discount Always 2 :

Number of Days 3 :

Discount Percent 3 :

Discount Always 3 :

Number of Days 4 :

Discount Percent 4 :

Discount Always 4 :

**▼ Accounts Receivable**

Default Receipt Type :

Default Billing Profile :

Cost Accounting Funding Type :

Credit/Debit Card Type :

Credit/Debit Card Number :

Name on Card :

Credit/Debit Card Expiration Month :

Credit/Debit Card Expiration Year :

Bill Headquarters :

Bankruptcy :

Central Statement BPRO :

Central Statement Billing Location :

Central Statement Address ID :

Suppress Central Statement :

Suppress Central Past Due Statement :

**▼ eMALL**

DUNS :

Extended DUNS :

Unique Entity Identifier :

Internet Catalog :

VSS Registered :

Preferred Ordering Method :

Pcard Acceptance Level :

Create Certification Document :

Vendor Preference Level : 99

**▼ Location Information**

\*Verify My Locations by : Use My TIN Number

Vendor Verification Based On : Please verify that you are par

Vendor Verification Password : .....

Send Activation Code :

Activation Email Address :

Activation Code :

Confirm Activation Code :

Requestor Name : \_\_\_\_\_  
 Requestor Phone Number : \_\_\_\_\_  
 Confirm Verifications : .....

▶ **Fee and Vendor Compliance Holds**

Fee Exempt :  Tax Clearance :   
 Registration Application Date : \_\_\_\_\_ Unemployment Insurance :   
 Registration Effective Date : \_\_\_\_\_ Worker's Compensation :   
 Registration Expiration Date : \_\_\_\_\_ Secretary of State Registration :   
 Pre-Registration Code : \_\_\_\_\_ Federal Debarred :

▶ **Executive Compensation**

▼ **Additional Information**

Miscellaneous Field 1 : \_\_\_\_\_ Miscellaneous Flag 1 :   
 Miscellaneous Field 2 : \_\_\_\_\_ Miscellaneous Flag 2 :   
 Miscellaneous Field 3 : \_\_\_\_\_ Miscellaneous Flag 3 :   
 Miscellaneous Field 4 : \_\_\_\_\_  
 Miscellaneous Field 5 : \_\_\_\_\_  
 Miscellaneous Field 6 : \_\_\_\_\_  
 Miscellaneous Field 7 : \_\_\_\_\_

▼ **Travel**

Traveler :   
 Travel Policy : \_\_\_\_\_  
 Allow Traveler Advances :   
 PCard ID : \_\_\_\_\_

▼ **Change Management**

Created By : fryki1 Last Modified By : fryki1  
 Kimberly J Fry Kimberly J Fry  
 Created On : 10/04/2022 Last Modified On : 10/06/2022  
 Last Approved By : scruggsda1 Comments :  
 David L. Scruggs  
 Last Approved On : 10/06/2022  
 Date Registered : 10/04/2022

[Top](#)

CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)

UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)

SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#)

[Historical Vendor Information](#) [Vendor Notes](#)

[Vendor Transaction History](#)