FREDERICKSBURG, TX

362 Livesay Lane

Vendor Packet Information

Vendors wishing to do business with Signor Vineyards must complete these forms.

Our payment terms are Net 30. Purchase orders are required.

Return Forms to: 11601 W. Hwy 290 STE A101 Box 352 Austin, Texas 78737

Phone: 512-366-5033 Fax: 512-687-5363

Email: <u>Liz@hsbs.us</u>

Vendor Name (as it will appear on the check):					
usiness Name (if different from Business name as it appears on W9):					
st Types of Goods/Services provided:					
Completed W9 Attached (must be signed, dated, valid SSN or Fed TIN)					
Certificate of Insurance attached					
We require an up to date General Liability and Worker's Compensation Certificate of Insurance to be on file for all vendors. This certificate should name Signor Vineyards, LLC. as Additional Insured. Please ensure that you have submitted an up to date Certificate of Insurance to avoid payment processing delays.					
If you do not have Worker's Compensation Insurance, please fill out a TDI-DWC form (attached).					
emittance Address (if different from address on W9):					
endor Contact Information:					
ontact Name: Phone:					
mail (required):					

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.	11.		
	2 Business name/disregarded entity name, if different from above				
	3 Check appropriate box for federal tax classification of the person whose n following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the ☐ Other (see instructions) ▶ 5 Address (number, street, and apt. or suite no.) See instructions.	on Partnership S=S corporation, P=Partners tion of the single-member ow from the owner unless the ox purposes. Otherwise, a single	Trust/estate ship) ner. Do not check wner of the LLC is e-member LLC that er.	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.) and address (optional)	
	7 List account number(s) here (optional)				
Pai	Taxpayer Identification Number (TIN)				
backı reside	your TIN in the appropriate box. The TIN provided must match the nup withholding. For individuals, this is generally your social security nent alien, sole proprietor, or disregarded entity, see the instructions for it is your employer identification number (EIN). If you do not have ater.	umber (SSN). However, for Part I, later. For other	or a or		
	: If the account is in more than one name, see the instructions for line oer To Give the Requester for guidelines on whose number to enter.	e 1. Also see What Name a	and Employer	identification number	
Par	t II Certification				
Service on the last	r penalties of perjury, I certify that:				
1. The 2. I ar Se	e number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from bruce (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and	packup withholding, or (b)	I have not been n	otified by the Internal Revenue	
3. I ar	m a U.S. citizen or other U.S. person (defined below); and				
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exe	empt from FATCA reporting	g is correct.		
you h	fication instructions. You must cross out item 2 above if you have beer ave failed to report all interest and dividends on your tax return. For real sition or abandonment of secured property, cancellation of debt, contrib than interest and dividends, you are not required to sign the certification	estate transactions, item 2 outions to an individual retire	does not apply. For ement arrangement	or mortgage interest paid, t (IRA), and generally, payments	
Sigr			Date ►		
Ge	neral Instructions	Form 1099-DIV (div funds)	vidends, including	those from stocks or mutual	
Secti	on references are to the Internal Revenue Code unless otherwise f.	,	• Form 1099-MISC (various types of income, prizes, awards, or gross		

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.

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-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,

TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION (TDI-DWC)

7551 Metro Center Drive, Suite 100 Austin, Texas 78744

DO NOT SEND THIS AGREEMENT TO TDI-DWC

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

Texas Workers' Compensation Act, Texas Labor Code, Section 406.141(2) defines "independent contractor" as follows: (2) "Independent contractor" means a person who contracts to perform work or provide a service for the benefit of another and who: (A) is paid by the job, not by the hour or some other time-measured basis; (B) is free to hire as many helpers as he desires and to determine what each helper will be paid; and (C) is free to work for other contractors, or to send helpers to work for other contract to the hiring employer.

CHECK BOX OF STATEMENT THAT APPLIES

☐ AGREEMENT TO ESTABLISH EMPLOYER-☐ JOINT AGREEMENT TO AFFIRM INDEPENDENT RELATIONSHIP FOR CERTAIN BUILDING EMPLOYEE RELATIONSHIP FOR CERTAIN **BUILDING AND CONSTRUCTION WORKERS** AND CONSTRUCTION WORKERS Notice of Agreement Notice of Declaration The undersigned Hiring Contractor and the undersigned Independent Contractor hereby agree The undersigned Hiring Contractor and the undersigned Independent Contractor that the Hiring Contractor will withhold will not withhold the cost of workers' hereby declare that the Independent Contractor meets the qualifications of an compensation insurance coverage from the Independent Contractor's contract price and that the Independent Contractor under Texas Workers' Compensation Act, Texas Labor Hiring Contractor will purchase workers' compensation insurance coverage for the Independent Code, Section 406.141, that the Independent Contractor is not an employee of the Contractor and the Independent Contractor's employees. Once this agreement is signed, for the Hiring Contractor, and that: purpose of providing workers' compensation insurance coverage, the Hiring Contractor will be the employer of the Independent Contractor and the Independent Contractor's employees. This (A) the Independent Contractor and the Independent Contractor's employees agreement makes the Hiring Contractor the employer of the Independent Contractor and the shall not be entitled to workers' compensation coverage from the Hiring Independent Contractor's employees only for the purposes of workers' compensation laws of Texas and for no other purpose. Contractor; and (B) the Hiring Contractor's workers' compensation insurance carrier shall not TERM (DATES) OF AGREEMENT: FROM: _____ require premiums to be paid by the Hiring Contractor for coverage of the Independent Contractor or the Independent Contractor's employees, helpers, or subcontractors. LOCATION OF EACH AFFECTED JOB SITE (OR STATE WHETHER THIS THIS AGREEMENT APPLIES TO ALL HIRING AGREEMENTS EXECUTED BY THE HIRING CONTRACTOR AND THE INDEPENDENT CONTRACTOR UNTIL THE FIRST IS A BLANKET AGREEMENT): ANNIVERSARY OF THE DATE THE AGREEMENT WAS FILED WITH THE HIRING CONTRACTOR'S WORKERS' COMPENSATION INSURANCE CARRIER, UNLESS A SUBSEQUENT HIRING AGREEMENT EXPRESSLY STATES THE AGREEMENT DOES NOT APPLY. IN THE EVENT THAT A HIRING AGREEMENT TO WHICH THIS AGREEMENT DOES NOT APPLY IS MADE, THE HIRING CONTRACTOR AND INDEPENDENT CONTRACTOR SHALL SO NOTIFY THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION AND THE HIRING CONTRACTOR'S WORKERS' COMPENSATION INSURANCE CARRIER (IF ANY) IN ESTIMATED NUMBER OF EMPLOYEES AFFECTED: WRITING WITHIN 10 DAYS AFTER THE NON-APPLYING AGREEMENT IS MADE. ONCE THIS AGREEMENT IS SIGNED, THE SUBCONTRACTOR AND THE SUBCONTRACTOR'S EMPLOYEES SHALL NOT BE ENTITLED TO WORKERS' THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE DATE IT IS SIGNED. COMPENSATION COVERAGE FROM THE HIRING CONTRACTOR UNLESS A SUBSEQUENT WRITTEN AGREEMENT IS EXECUTED, AND FILED ACCORDING TO DIVISION RULES, EXPRESSLY STATING THAT THIS AGREEMENT DOES NOT APPLY Texas Labor Code, Texas Workers' Compensation Act, Section 406.145. Texas Labor Code, Texas Workers' Compensation Act, Section 406.144. Hiring Contractor's Affirmation If the Hiring Contractor's workers' compensation carrier changes during the effective period of coverage, it is advisable for the Hiring Contractor Federal Tax I.D. Number to file this form with the new insurance carrier. Signature of Hiring Contractor Date Address (Street) Printed Name of the Hiring Contractor Address (City, State, Zip) **Independent Contractor's Affirmation** Federal Tax I.D. Number Signature of Independent Contractor Date Address (Street) Printed Name of the Independent Contractor Address (City, State, Zip) The Hiring Contractor must retain the original. A legible copy of this agreement must be filed with the hiring contractor's workers' compensation insurance carrier within 10 days of the date of execution. An agreement is not considered filed if it is illegible or incomplete. The Independent Contractor should also retain a copy of the agreement.