

2017114591-138

Office Use Only:

Name of Line: Austin Dr.- Decatur 115kV (OHGW) Transmission Line-
Project Number: 2017114591 **Parcel Number:** 138 **Account Number:**
Seller Name: Dekalb County
Closing Agent: RRMILLSA **Closing Date:** _____ **Tax APN:** 15 185 01 033
Check Number: _____ **Gross Proceeds:** \$870
Legal-Land Lot: 185 **District:** 15 **County:** DEKALB

Instructions for U.S. Tax Persons: As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal law requirements, we need certain information from you. Please complete the information requested below and return the form to the Georgia Power Land Acquisition Agent or to the address shown above. If you do not provide us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you.

Part 1 Tax Status

Instructions: Check ONE box only and provide your complete name and Taxpayer Identification Number

<input type="checkbox"/>	U.S. Resident Individual:	Individual's Name	Individual's Social Security Number
			____-__-____

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

<input type="checkbox"/>	U.S. Sole Proprietor:	Business Owner's Name	Owner's Social Security Number
			____-__-____
		Business or Trade Name:	Or Employer's Identification Number
			____-__-____

A partnership may have a "doing business as" trade name, but the legal name is the list of the names of the partners.

<input type="checkbox"/>	U.S. Partnership, Limited Liability Co. (LLC), Trust or Estate:	Name of Partnership/ LLC/ Trust/Estate (As shown on your tax forms)	Employer Identification Number
			____-__-____
		Partnership's Legal Name (Name of first partner):	

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

If an LLC electing corporate status for U.S. tax purposes, please attach a copy of you U.S. tax election on IRS Form 8832, Entity Classification Election

<input checked="" type="checkbox"/>	U.S. Corporation, Tax Exempt Org, Federal, State or Local Gov't. Agency:	Name of Corporation or Entity	Employer identification Number
		Dekalb County	____-__-____

Part 2 Exemption If exempt from 1099 reporting, circle your qualifying exemption reason below.

1. Corporation
2. Tax Exempt Charity under 501(a), 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
6. Other _____

Under penalties of perjury, my signature certifies 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).
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.
3. I am a U.S. person (including a U.S. resident alien). The IRS defines a U.S. person as a) U.S. citizen, b) an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or the District of Columbia, or c) a U.S. resident (someone who has a "green card" or has passed the IRS "substantial-presence test." For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at www.irs.gov.)

If you are a foreign person, do not complete this Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

_____ Signature	_____ Name (Typed or Printed)	_____ Title
_____ Date	(____) _____ Home Phone Number	(____) _____ Cell/Work Phone Number
_____ Address	_____ City	_____ State
		_____ ZIP