

15. The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:

a.	Last Name	First Name	MI
	Title		
	Organization/Company Name		
	Street or P.O. Box Address		
	City	State	Zip Code
	Foreign Country	Foreign Zip Code	
b.	Last Name	First Name	MI
	Title		
	Organization/Company Name		
	Street or P.O. Box Address		
	City	State	Zip Code
	Foreign Country	Foreign Zip Code	

Check box below if a separate sheet is attached for additional space.

16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?

a.	Last Name	First Name	MI
	Title		
	Street or P.O. Box Address		
	City		
	City	State	Zip Code
	Foreign Country	Foreign Zip Code	
b.	Last Name	First Name	MI
	Title		
	Street or P.O. Box Address		
	City		
	City	State	Zip Code
	Foreign Country	Foreign Zip Code	

Check box below if a separate sheet is attached for additional space.

17. If Business is a Corporation, please answer the following:

<p>a. State of Incorporation: <input style="width: 30px;" type="text"/></p> <p>c. If yes, what is the name and address of your Parent Corporation? Name <input style="width: 90%;" type="text"/> Street or P.O. Box Address <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State <input style="width: 20px;" type="text"/> Zip Code <input style="width: 30px;" type="text"/> Foreign Country <input style="width: 60%;" type="text"/> Foreign Zip Code <input style="width: 30px;" type="text"/></p>	<p>b. Is this Corporation a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>d. Employer Identification Number for this Business (EIN): <input style="width: 100px;" type="text"/></p>	

Privacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.

Signature and Title of Official Completing Form	Date Form Completed
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