

Roaring Fork Valley Co-op

0760 Hwy 133
 Carbondale, CO 81623

**MEMBERS & PARTICIPATING PATRONS APPLICATION AND
 CONSENT TO TAX TREATMENT BY
 ROARING FORK VALLEY COOPERATIVE ASSOCIATION**



CHECK ONLY ONE BOX BUSINESS MEMBER INDIVIDUAL MEMBER

BUSINESS NAME (IF APPLICABLE)		DBA (IF USED)	TAX ID #	CELL PH #
INDIVIDUAL LAST NAME	FIRST	INITIAL		DATE OF BIRTH - or - DATE OF INC.
SOCIAL SECURITY NUMBER - or - Federal Tax ID NUMBER		HOME PHONE	FACSIMILE NUMBER	
STREET ADDRESS			E-MAIL ADDRESS	
CITY	STATE/ZIP	DATE OF APPLICATION		
IF APPLICANT FILES A SCHEDULE "F" WITH THE INTERNAL REVENUE SERVICE, PLEASE CHECK THE BOX TO THE RIGHT <input type="checkbox"/> (SCHEDULE F)				

The undersigned applicant, hereinafter referred to from time to time as "Applicant", hereby agrees to become a member or participating patron in Roaring Fork Valley Cooperative Association, hereinafter referred to as "Coop", by payment of cash in the amount of \$25 to become a member, or \$25 to become a participating patron.

- 1> Applicant hereby gives written consent that the Board of Directors of Coop may determine the percentage of the stated dollar amount of any distribution, made in the written form of allocation as defined in 26 U.S.C. 1388 and which are received by Applicant from Coop, that will be included, and Applicant consents and agrees that such allocation will be included in Applicants gross income in the taxable year such written notices of allocation are received by Applicant.
- 2> Applicant hereby gives consent to such distribution and Applicant further understands that Applicant shall always receive in money an amount of 20% or more of the stated dollar amount that is to be included in Applicant's gross income each year.
- 3> This consent shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by Coop, located at 0760 Hwy 133, Carbondale CO 81623, Attn: General Manager. Such revocation, when given to Coop, will be effective only with respect to patronage occurring after the close of the taxable year of Coop in which the revocation is received by it.
- 4> Applicant agrees to comply with, and be bound by, the Articles of Incorporation and the Bylaws of Coop, and such rules and regulations as may be adopted from time to time by the Board of Directors of Coop.
- 5> Applicant understands and agrees a membership or participating patron in the name of more than one individual shall be issued to the individuals as joint tenants with right of survivorship unless otherwise requested.
- 6> Applicant understands and agrees only agricultural producers that file a schedule "F" with the Internal Revenue Service may apply for membership. All other applicants may apply to become participating patrons.
- 7> Applicant understands and agrees owners of business members or business participating patrons, such as corporations or partnerships, may elect to be treated as individuals for the purposes of retirement only upon disclosure to Coop of the owner's prorated share of ownership and approval by Coop Board of Directors.
- 8> Applicant understands and agrees transference of a member's or participating patron's interest issued hereunder is restricted and not transferrable by action of law or otherwise, absent action of the Board of Directors. Any attempted sale or transfer without the Coop's Board of Directors approval is void.
- 9> Applicant acknowledges receipt of a copy of the bylaws of Coop which Applicant accepts and agrees to abide by.
- 10> Applicant agrees and acknowledges that the data section above has been filled out with correct data to include name, address, social security number (or tax ID), date of birth (or date of Incorporation), and Applicant has given accurate answer regarding IRS Schedule F.

Company _____
 BY: _____
 Title: _____
 Date: _____
 Signature _____

Taken BY _____ DATE _____
Participating Patron Number: _____ Or MEMBERSHIP NUMBER: _____
Date Approved by Board of Directors _____
ROARING FORK VALLEY COOPERATIVE ASSOCIATION
BY: _____

Request for Taxpayer Identification Number and Certification

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

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

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.															
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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (see instructions) ▶</td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ▶				
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<input type="checkbox"/> 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) _____															
<small>(Applies to accounts maintained outside the U.S.)</small>															
5 Address (number, street, and apt. or suite no.) See instructions.															
6 City, state, and ZIP code															
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										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-						
	-		-							
or										
Employer identification number										
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Part II Certification

Under penalties of perjury, I certify 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); and
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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶

Date ▶

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.

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.