



## COMMISSION ORDER

STATE OF MISSOURI  
County of Franklin

} ss.

Tuesday, June 28, 2022  
Bid Reject

**IN THE MATTER OF REJECTING THE BID  
SUBMITTED BY ALLSTATE TOWER INC. FOR  
DIG-TO-BLOCK GUY TOWER ANCHOR INSPECTION**

**WHEREAS**, a Public Notice to Bidders asking for sealed bids for Dig-To-Block Guy Tower Anchor Inspection was published in the Washington Missourian April 27, 2022 edition for receipt by May 18, 2022; and

**WHEREAS**, one (1) bid was received from Allstate Tower Inc.; and

**WHEREAS**, after due deliberation, consideration, and discussion with Abe Cook, Emergency Management Agency Director, it is the recommendation of the Franklin County Purchasing Department that the bid submitted by Allstate Tower Inc. for Dig-To-Block Guy Tower Anchor Inspection be rejected due to budgetary reasons; and

**WHEREAS**, the Franklin County Commission hereby finds and determines it is in the best interest of Franklin County to reject the bid submitted by Allstate Tower Inc. for Dig-To-Block Guy Tower Anchor Inspection.

**IT IS THEREFORE ORDERED** by the Franklin County Commission that the bid submitted by Allstate Tower Inc. for Dig-To-Block Guy Tower Anchor Inspection is hereby rejected.

**IT IS FURTHER ORDERED** that a copy of this Order be provided to Allstate Tower Inc.; Abe Cook, EMA Director; Stephanie Norton, EMA Deputy Director; and to Shakara Bray, Purchasing Director.

Presiding Commissioner

Commissioner of 1<sup>st</sup> District

Commissioner of 2<sup>nd</sup> District

# **FRANKLIN COUNTY**

## **PURCHASING DEPARTMENT**



400 EAST LOCUST STREET, RM 004  
UNION, MO 63084  
636-584-6274

June 15, 2022

Tim Brinker, Presiding Commissioner  
Todd Boland, 1<sup>st</sup> District Commissioner  
Dave Hinson, 2<sup>nd</sup> District Commissioner

RE: 2022-21 RFB Dig-To-Block Guy Tower Anchor Inspection

Dear Commissioners,

On May 18, 2022 the Purchasing Department received and opened one bid. The publication date of the solicitation was April 27, 2022. The response was from Allstate Tower Inc. Following review and after speaking with Abe Cook, the Purchasing Department hereby submits recommendation to reject the bid due to budgetary reasons.

Respectfully,

A handwritten signature in black ink that reads "Shakara Bray". The signature is written in a cursive style.

Shakara Bray,  
Purchasing Agent, Franklin County Missouri

## 2022-21 Dig-to-Block Guy Tower Anchor Inspection

**Bidder:**

**Price Each:**

Allstate Tower Inc. PO BOX 25 Henderson KY 42419

\$49.100.00



**FRANKLIN COUNTY  
PURCHASING DEPARTMENT  
REQUEST FOR BID (RFB) COVER PAGE**

RFB NO: 2022-21

TITLE: 2022-21 Dig-to-Block Guy Tower Anchor Inspection

Solicitation Schedule & Deadlines:

April 27, 2022	Solicitation Release/Advertising Date
May 4, 2022 10:00 AM	Deadline for Submitting Questions
May 6, 2022 4:30 PM	Deadline to post Addendum
May 18, 2022 2:00 PM	Deadline to Submit Response
May 18, 2022 2:30 PM	Opening Date I Time

Responses must be received no later than "Deadline to Submit Response"

May 18, 2022 2:00 PM

Shakara Bray, Purchasing Agent

Meagan Cowsert, Assistant Purchasing Agent

Phone: 636-584-6274 Email: [purchasing@franklinmo.net](mailto:purchasing@franklinmo.net)

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

Company Name: Allstate Tower, Inc.

# SUBMISSION CHECKLIST

    I have reviewed the bid schedule and deadlines, located on the solicitation cover page

    I have read ALL Terms and Conditions and Bid documents closely

(Located at [www.franklinmo.org](http://www.franklinmo.org))

**THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A RESPONSE**

## USE THESE FORMS ONLY

    Solicitation Cover page

    Contractual Terms and Conditions Acknowledgement

    Pricing Form (all pages) completed and signed

    I have one original and two copies that are labeled accordingly

    I have included contact information

    COI (Certificate of Insurance)

    Envelope is sealed and label attached

    Affidavit for Work Authorization is completed and Notarized

    Current, signed W-9 is included in solicitation packet

*If you have already submitted W-9 information through Vendor Registry, you do not have to resubmit with response. Just reference Vendor Registry.*

## PURPOSE

Franklin County, MO EMA/911 is seeking bids from qualified vendors to provide a Dig-to-Block Guy Tower Anchor Inspection that meets or exceeds the specific requirements listed below.

## SPECIFIC REQUIREMENTS

1. The vendor shall provide an RFB for dig-to-block guy anchor inspection.
2. Vendor needs to use the cold galvanizing compound, specifically ZRC (minimum 2 coats which allows for full drying before the after coat) for covering areas where the original galv. Is gone.
3. The anchor must be reinforced while the anchor is being excavated. This is in case of shaft failure.
4. If the anchor would need to be replaced, it is recommended that all anchors are replaced. This is due to the fact that if there is enough corrosion to effect one, the others are most likely right behind it.
5. All costs must be firm & fixed as per the price sheet attached.
6. Dig-to-Block Guy Anchor Inspection will take place at the below location.

900' Guyed Tower

Mine Rd. Pea Ridge, MO. 63056

*The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The offeror is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The offeror's response, whether responding to a mandatory requirement or a desired attribute, shall be binding in the event the bid is accepted by Franklin County. The offeror must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes in the appropriate section titled Pricing.*

# CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published on the Franklin County Official Website located at:

<http://www.franklinmo.org>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.



5-16-22

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Vendor/Contractor Signature

Date

Allstate Tower, Inc. Kevin Roth VP of Sales

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Vendor/Contractor Name and Title

AFFIDAVIT OF WORK AUTHORIZATION

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Kevin Rott (Name of Business Entity Authorized Representative)  
as VP of Sales (Position/Title)

first being duly sworn on my oath, affirm Allstair Tower, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to RFB-2022-21 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Allstair Tower, Inc. (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to RFB-2022-21 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

KR

Kevin Rott

Authorized Representative's Signature

Printed Name

VP of Sales

5-16-22

Title

Date

Subscribed and sworn to before me this 16 of MAY 2022, I am

Gretchen Hallmark

Day 16

Month, Year May 2022

commissioned as a notary public within the County of Henderson, State of

Ky

and my commission expires on Date

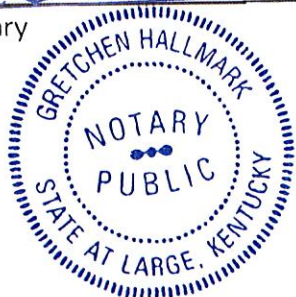
Gretchen Hallmark

008368

5-16-22

Signature of Notary

Date






AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that Allstate Tower, Inc. (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

<u>Kevin Roth</u>	
Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature
<u>Allstate Tower, Inc.</u>	<u>5-16-22</u>
Business Entity Name	Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's. or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

## PRICING FORM

### 2022-21 Dig-to-Block Guy Tower Anchor Inspection

#### REQUIRED PRICING

The bidder shall complete the following pricing form and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. Vendor must complete the check list on the previous page.

Total Firm, Fixed Base Price Equipped as Specified within the Bid Specs:

\$ 49,100.00 \*

Company Name Allstate Tower, Inc.

Authorized Signature KG

Printed name and title Kevin Roth VP of Sales

*Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder's expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.*

\* Add 95,600.00 to price ABOVE IF  
TOTAL Anchor replacement is Required.

Mailing Address P.O. Box 25

Henderson RY 72419

Phone number 270-830-8512

Contact Name Kevin Roth

Contact Name Title VP of sales

Email Address KROTHEPTTG.COM

# E-Verify Employment Eligibility Verification

Exit



## Company Information

Company Name: Allstate Tower Co. Inc. View / Edit  
 Doing Business As (DBA) Name:  
 DUNS Number: 141869268

### Physical Location:

Address 1: 232 Heilman Ave.  
 Address 2:  
 City: Henderson  
 State: KY  
 Zip Code: 42420  
 County: HENDERSON

### Mailing Address:

Address 1:  
 Address 2:  
 City:  
 State:  
 Zip Code:

### Additional Information:

Employer Identification Number: 522407442  
 Total Number of Employees: 20 to 99  
 Parent Organization:  
 Administrator:  
 How did you hear about E-Verify? HR Colleague  
 Other Marketing Channel:

### Organization Designation:

Employer Category: Federal Government

NAICS Code: 238 - SPECIALTY TRADE CONTRACTORS (238) View / Edit

Hiring Sites: View / Edit  
 KENTUCKY 1

### E-Verify Users:

View / Edit

Last Name	First Name	M.I.	Phone	E-mail
Wilson	Joyce	I	(270) 826 - 9000 ext. 240	jwilson@watertank.com MOU Signatory
McConnell	Donald	G	(270) 826 - 9000 ext. 241	dmccconnell@watertank.com
Carter	Barbara		(270) 631 - 1319	bcarter@allstatetower.com

I certify that the information provided for this registration is correct. I am aware that Federal law provides for imprisonment and/or fines for knowing false statements or other fraudulent conduct in connection with this registration. I am aware that providing any false information may be grounds for terminating participation in E-Verify.

I agree

Register Employer

# E-Verify



Company ID Number: 407925

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Allstate Tower Co. Inc.	
Joyce Wilson Name (Please Type or Print)	Title
Electronically Signed Signature	04/12/2011 Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed Signature	04/12/2011 Date

### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name:	Allstate Tower Co. Inc.
Company Facility Address:	232 Heilman Ave. Henderson, KY 42420
Company Alternate Address:	
County or Parish:	HENDERSON
Employer Identification Number:	522407442

# E-Verify



Company ID Number: 407925

North American Industry Classification Systems Code:	238
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:	
• KENTUCKY 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Joyce I Wilson	Fax Number:	(270) 831 - 2666
Telephone Number:	(270) 826 - 9000 ext. 240		
E-mail Address:	jwilson@watertank.com		
Name:	Barbara Carter	Fax Number:	(270) 831 - 8475
Telephone Number:	(270) 631 - 1319		
E-mail Address:	bcarter@allstatetower.com		
Name:	Donald G McConnell	Fax Number:	(270) 831 - 2666
Telephone Number:	(270) 826 - 9000 ext. 241		
E-mail Address:	dmccConnell@watertank.com		



PITTA-C06

JMAYNARD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Houchens Insurance Group 2009 Frederica Street Owensboro, KY 42301	CONTACT NAME Lisa Butler, SCLA, AIC, TRIP, MLIS, CRIS	
	PHONE (A/C, No, Ext): (270) 685-5581 4408 FAX (A/C, No): (270) 685-3342	
	E-MAIL ADDRESS: lbutler@higusa.com	
INSURED  Allstate Tower, Inc. PO Box 25 Henderson, KY 42420	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Phoenix Insurance Company	25623
	INSURER B: Charter Oak Fire Insurance Company	25615
	INSURER C: Travelers Indemnity Company of America	25666
	INSURER D:	
	INSURER E:	
	INSURER F:	

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		630-9M791965	3/31/2022	3/31/2023	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/OP AGG	\$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		810-9M770238	3/31/2022	3/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CUP-9M834957	3/31/2022	3/31/2023	EACH OCCURRENCE	\$ 15,000,000
						AGGREGATE	\$
						Aggregate	\$ 15,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER-MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	UB-9M828810	3/31/2022	3/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E L EACH ACCIDENT	\$ 1,000,000
						E L DISEASE - EA EMPLOYEE	\$ 1,000,000
						E L DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

Franklin County MO  
400 East Locust St, Rm 004  
Union, MO 63084

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
*Keith Hogood*

## Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Allstate Tower, Inc.**

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

3 Check appropriate box for federal tax classification; 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) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 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.)  
**PO Box 25**

6 City, state, and ZIP code  
**Henderson, KY 42419**

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
5	2	-	2	4	0	7	4	4	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 on page 3.

Sign Here      Signature of U.S. person ▶ *[Signature]*      Date ▶ *1/3/2022*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/efw9](http://www.irs.gov/efw9).

### 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? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.