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# City of Waycross

## Purchasing Department

*Linda E. Jones*  
Purchasing Director

**TO: ALL VENDORS**  
**FROM: LINDA E. JONES, CPPB, PURCHASING DIRECTOR**  
**DATE: September 22, 2020**  
**RE: Request for Proposals**

The City of Waycross, Georgia will receive sealed proposals until, 10:00 a.m., Thursday,  
October 8, 2020

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For : Playground Equipment for EE Moore Park  
As specified in the attached specifications.

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The city reserves the right to accept or reject any or all proposals, to waive formalities and technicalities, to make an award in the best interest of the City. All bidders must comply with all Federal, State and Local Laws.

Factors to be considered in making this award, if awarded, will be price and equipment proposed. The City will be the sole judge of the weights given these factors.

Proposals will be opened conference room at City Hall, on the second floor – 417 Pendleton Street, Waycross, Georgia, on the hour and date specified above. No proposals will be accepted after bid opening time. No faxed or email proposals will be accepted.

**PROPOSALS SHOULD BE  
MAILED TO:** **CITY OF WAYCROSS, PURCHASING DIRECTOR  
P. O. DRAWER 99  
WAYCROSS, GEORGIA 31502-0099**

**OR HAND DELIVERED TO:** **CITY HALL – PURCHASING DEPARTMENT**  
**(PRIOR TO OPENING)** **417 PENDLETON STREET, ROOM 201**  
**WAYCROSS, GEORGIA 31501**

**BID ENVELOPE SHOULD BE MARKED:** **Bid #** FY21-09 Playground Equipment

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Prices quoted shall be firm prices and remain firm until delivery is made. If awarded, the City will place an order with the successful bidder within thirty (30) days after bid opening.

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P. O. Drawer 99  
Waycross, Georgia 31502-0099  
(912) 287-2956

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**CITY OF WAYCROSS  
REQUEST FOR PROPOSAL  
PLAYGROUND EQUIPMENT – E.E. MOORE PARK  
FY21-09  
August 27, 2020**

**GENERAL**

The City of Waycross will be accepting sealed proposals from Playground Equipment Vendors for the purchase and install of a new Playground System for E.E. Moore Park, Waycross, GA 31501. This park is located at Dorothy Street and Bailey Street. Proposals will be accepted until, 10:00 a.m., Thursday, October 8, 2020. Envelope must be sealed and marked Bid # FY21-09.

**REQUIREMENTS**

- New model equipment as per included drawings or an acceptable alternate
  - School Outfitters Clingman's Dome Play System or **an Acceptable Alternate**
- Unit shall be exterior commercial grade playground equipment
- Must meet or exceed all current playground safety standards and certifications including, but not limited to, CPSC, ASTM, and IPEMA (most recent standards) and ADA compliant
- Equipment shall consist of metal and plastic components only
- Equipment shall be designed for ages 5-12 years and accommodate approximately 35-45 children
- Complete specifications with color brochures are required with submittal
- Complete color choices must be listed with the City to choose the colors
- Include protective area requirements
- Shipping must be included in the total price of unit. A quote sheet is attached for your convenience; must be completed and returned with submittal
- Multiple submittals will be considered
- Complete install is required for this project. This is a turnkey project
- Vendors must follow all Federal, State and Local Guidelines including SB 529.
- Copy of Installer's General Liability Insurance Certificate and E-Verify submittals are required with bid
- Copy of Manufacturer's Warranty must be included

### **Alternate Bid**

- Option #1 Red Cypress Mulch to cover play area per federal/state guidelines
- Option #2 Red Rubber Mulch to cover play area per federal/state guidelines
- Option #3 A plastic/resin curbing or border is needed to surround equipment extending 6' from equipment.

### **EVALUATION**

Proposals will be evaluated, and an award will be made based on the price and quality of equipment.

### **TERMS AND CONDITION**

The City reserves the right to accept or reject any or all proposals, to waive formalities and technicalities, to make an award in the best interest of the City. City shall be the sole judge as to which proposal is best and will make an award that is the absolute best value for the City, which may or may not be the lowest bid.

**City of Waycross**  
**P.O. Drawer 99**  
**Waycross, GA 31502**

<b>REQUEST FOR QUOTATION</b>	
<b>BID #:</b>	FY 21-09 Playground Equipment
<b>DATE:</b>	September 22, 2020
<b>THE ABOVE NUMBER MUST APPEAR ON ALL QUOTATIONS AND RELATED CORRESPONDENCE.</b>	

**THIS IS NOT AN ORDER**

CHARGEABLE ACCOUNT NUMBER

PLEASE QUOTE ON THIS SHEET IN SPACES INDICATED BELOW FOR THE ARTICLES DESCRIBED. NOTE DELIVERY REQUIRED AND IN QUOTING, ADVISE DEFINITE DELIVERY. BASE YOUR QUOTATION ON THE TERMS AND CONDITIONS PRINTED AND/OR TYPED HEREON.

**WE QUOTE YOU AS BELOW**

NAME OF COMPANY

BY (SIGNATURE)

OFFICIAL TITLE

DATE

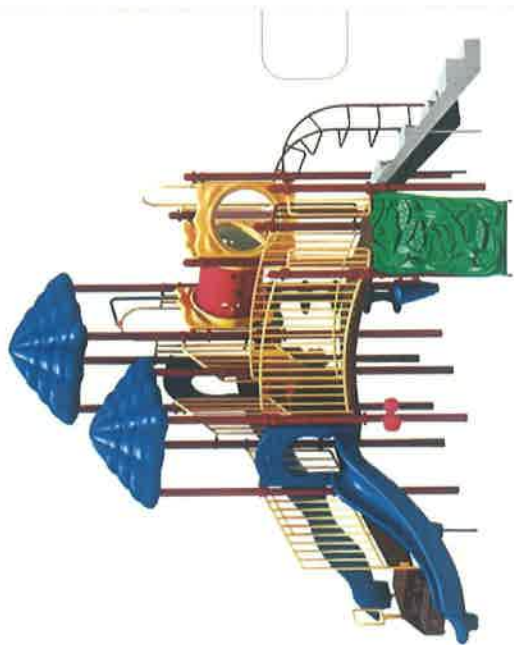
DELIVERY REQUIREMENT		DELIVERY PROMISED	TERMS	F.O.B. Dorothy/Bailey Street Waycross, GA 31501	
ASAP	ARO	Days	% Days		
ITEM	QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
1.	1 each	Clingman's Dome Play System or Acceptable Alternate			\$
		Brand:			
		Name:			
		Warranty:			
		Delivery:			\$
		Install:			\$
		Total for equipment			\$
		Optional Bid			
	#1	Red Cypress Mulch to cover play area est. cu yd.			\$
	#2	Red Rubber Mulch to cover play area est. cu yd.			\$
	#3	Plastic/Resin Curbing or Border			\$

This quote sheet is provided for your convenience. Please return completed form with your bid.

Multiple submittals will be considered.

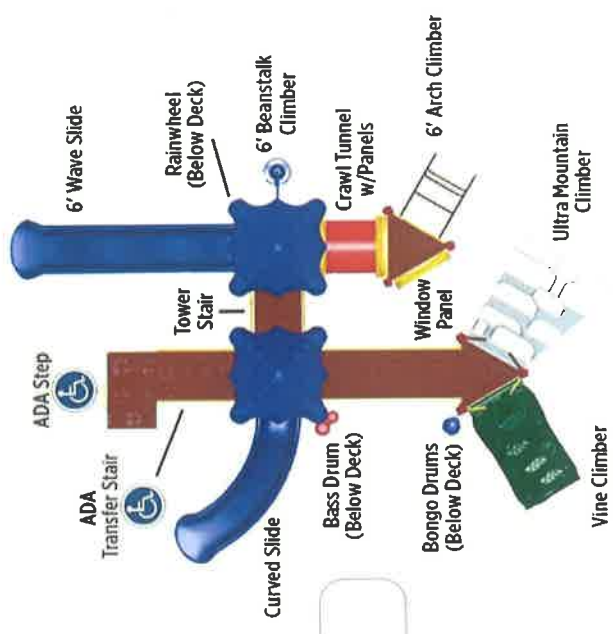
**LINDA E. JONES, CPPB**  
**PURCHASING DIRECTOR**

**QUOTATION REQUEST**



Clingman's Dome Play System





Clingman's Dome Play System Diagram



<b>Material:</b>	Heavy-duty roto-molded & blow-molded components 13-gauge galvanized steel tube frame
<b>Finish:</b>	Frame: powder-coat Deck: plastisol-coated
<b>Recommended Ages:</b>	5 -12 years old
<b>Capacity:</b>	35 - 45
<b>Total Number of Events:</b>	11
<b>Elevated Events:</b>	4' curved slide, 6' wave slide, 4' vine climber, 6' beanstalk climber, 6' arch climber, window panel, crawl tunnel & castle bridge
<b>Ground Level Events:</b>	Bass/bongo drums & rain wheel
<b>Includes:</b>	Ground spike surface mount
<b>Warranty:</b>	Upright posts: 10 years Metal parts: 5 years Plastic parts: 3 years Hardware & climber: 1 year
<b>Other Info:</b>	Meets ADA guidelines Compliant w/ ASTM & CSPC
<b>Use Zone:</b>	43' 6" W x 29' L
<b>Assembly:</b>	Assembly Required
<b>Product Weight (Lbs):</b>	2759

## GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT OCGA 13-10-90

### TO ALL PROSPECTIVE VENDORS:

If you are providing service, or performing work for The City of Waycross, the applicable Georgia Security and Immigration Compliance documents found here must be completed, signed, notarized and submitted with your bid/proposal.

- 1) The City of Waycross shall comply with the Georgia Security and Immigration Compliance Act OCGA 13-10-90 et. seq.,
- 2) In order to insure compliance CONTRACTOR agrees to comply with all of the contractor requirements of the "Georgia Security and Immigration Compliance Act" of 2006 as codified in O.C.G.A. Sections 13-10-90 and 13-10-91 and regulated in Chapter 300-10-1 of the Rules and Regulations of the State of Georgia, "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," accessed at <http://www.dol.state.ga.us>, as further set forth below.
  - A. Contractor Agreement to Verify the Work Eligibility of its New Hires through the U.S Department of Homeland Security's "Employment Eligibility Verification (EEV) / Basic Pilot Program." CONTRACTOR agrees to verify the work eligibility of all of CONTRACTOR'S newly hired employees through the U.S. Department of Homeland Security's Employment Eligibility Verification (EEV) / Basic Pilot Program, accessed through the Internet at <https://www.vis-dhs.com/EmployerRegistration>, in accordance with the provisions and timeline found in O.C.G.A. 13-10-91 and Rule 300-10-1-.02 of the Rules and Regulations of the State of Georgia. As of July 1, 2007, the verification requirement applies to contractors and subcontractors with five-hundred (500) or more employees.
  - B. Contracts Affected by the "Georgia Security and Immigration Compliance Act." CONTRACTOR agrees that the contractor and subcontractor requirements of the "Georgia Security and Immigration Compliance Act" of 2006 apply to contracts for, or in connection with, the physical performance of services within the State of Georgia.
  - C. Timeline for Application of the Worker Eligibility Verification Requirements to Contractors and Subcontractors. CONTRACTOR agrees that the following Georgia Security and Immigration Compliance Act contract compliance dates apply to this contract, pursuant to O.C.G.A. 13-10-91:
    - On or after July 1, 2007, to public employers, contractors, or subcontractors of 500 or more employees;
    - On or after July 1, 2008, to public employers, contractors, or subcontractors of 100 or more employees; and
    - On or after July 1, 2009, to all other public employers, their contractors, and subcontractors.

The prospective CONTRACTOR must initial one of the sections below:

- ☐ Contractor has 500 or more employees [CONTRACTOR must register with the Employment Eligibility Verification/Basic Pilot Program and begin work eligibility verification on July 1, 2007, and execute and send to DEPARTMENT a "Contractor Affidavit and Agreement" attesting to registration with the EEV / Basic Pilot Program];
- ☐ Contractor has 100-499 employees [CONTRACTOR must register with the Employment Eligibility Verification/Basic Pilot Program and begin work eligibility verification by July 1, 2008];
- ☐ Contractor has 99 or fewer employees [CONTRACTOR must begin work eligibility verification by July 1, 2009].
- 3) In the event that the contractor employs or contracts with any subcontractor in connection with a covered contract the contractor will secure from the subcontractor attestation of the subcontractor's compliance with O.C.G.A. § 13-10-90 et seq. and Georgia Department of Labor Rule 300-10-1-.02 by the subcontractor's execution of the subcontractor affidavit shown in Georgia Department of Labor Rule 300-10-1-.02 or a substantially similar affidavit.
- 4) Contractor agrees that, in the event the (insert your company's name) \_\_\_\_\_ employs or contracts with any sub-contractor in connection with the covered contract to Require "Georgia Security and Immigration Compliance Act" Compliance of its Subcontractors Connected with this Contract. CONTRACTOR agrees to require O.C.G.A. Sections 13-10-90 and 13-10-91 compliance in all written agreements with any subcontractor employed by CONTRACTOR to provide services connected with this contract, as required pursuant to O.C.G.A. 13-10-91., that the (insert company's name) \_\_\_\_\_ will secure from each sub-contractor the employee-number applicable to the sub-contractor.
- CONTRACTOR agrees to obtain from any subcontractor that is employed by CONTRACTOR to provide services connected with this contract, the subcontractor's indication of the employee-number category applicable to the subcontractor.
- 5) Contractor agrees to provide the City of Waycross with and secure all affidavits from any subcontractor engaged to perform services under this Contract an executed the "Subcontractor Affidavit," as required pursuant to O.C.G.A. 13-10-91 and Rule 300-10-1-.08 of the Rules and Regulations of the State of Georgia, which rule can be accessed at <http://www.dol.state.ga.us>.

CONTRACTOR agrees to maintain all records of the subcontractor's compliance with O.C.G.A. Sections 13-10-90 and 13-10-91 and Chapter 300-10-1 of the Rules and Regulations of the State of Georgia.

## CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with The City of Waycross, has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-6031], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Waycross, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the (name of the public employer) at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program\* User Identification Number \_\_\_\_\_

BY: Authorized Officer or Agent  
(Contractor Name) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Project Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Authority O.C.G.A. 13-10-91

## SUBCONTRACTOR AFFIDAVIT

Contractors shall use the following affidavit form, or an affidavit form that is substantially similar to that provided below, to document a subcontractor's compliance with the requirements of O.C.G.A. 13-10-91:

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) \_\_\_\_\_ on behalf of the City of Waycross has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-6031], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Project Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Authority O.C.G.A. 13-10-91

## SUB-SUBCONTRACTOR AFFIDAVIT

Contractors shall use the following affidavit form, or an affidavit form that is substantially similar to that provided below, to document a sub-subcontractor's compliance with the requirements of O.C.G.A. 13-10-91:

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of sub contractor) \_\_\_\_\_ on behalf of the City of Waycross has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-6031], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Project Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Authority O.C.G.A. 13-10-91

## CONTRACTOR AFFIDAVIT SMALL BUSINESS EXEMPTION

Contractors shall use the following affidavit form, or an affidavit form that is substantially similar to that provided below, Contractor's compliance with the requirements of O.C.G.A. 13-10-91:

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with City of Waycross has less than 10 (ten) hired employees, and is exempt from this program.

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Project Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Authority O.C.G.A. 13-10-91



CITY OF WAYCROSS, GEORGIA  
P.O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099  
Tele (912) 287-2957 – Fax (912) 287-2990 – [www.waycrossga.com](http://www.waycrossga.com)

## VENDOR APPLICATION FORM

Date: \_\_\_\_\_ Business License No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ No. of Years in Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Taxpayer I.D. # or S.S. #: \_\_\_\_\_  
Products/Services Offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place an "x" beside the description(s) that best describe your organization:

_____ Minority	_____ Women	_____ Dealer
_____ Ware Co. Local Business	_____ Retail	_____ Incorporated
_____ Small	_____ Partnership	

### Owners/Officers

NAME	TITLE	SIGNATURE
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information that is stated above is factual and true and the taxpayer identification or social security number is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN THIS FORM TO: (Along with current W-9)

City Of Waycross  
Attn: Purchasing Department  
P.O. Drawer 99, 417 Pendleton Street  
Waycross, Georgia 31502  
Fax: (912) 287-2990

### FOR CITY USE ONLY:

W-9 Completed ☐ Vendor#: \_\_\_\_\_  
Vendor Code: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
Employer identification number								
			-					

### 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).

**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 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.