Outlook

Re: Messages & Communications Doc. No. 38GL-26-3161 through 3170.

From Guam Legislature Clerks <clerks@guamlegislature.gov>
Date Mon 11/9/2026 3:15 PM
To 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Elijah Untalan
Clerks Office
I Mina'trentai Ocho na Liheslaturan Guåhan
Guam Congress Building, 163 Chalan Santo Papa, *Hagåtña,* Guam 96910
Voice: (671) 472-3465/3460 Fax: (671) 472-3524
guamlegislature.gov

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From: 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Sent: Monday, November 9, 2026 2:46 PM
To: Guam Legislature Clerks <clerks@guamlegislature.gov>; Frank Blas Jr. <speakerblas@guamlegislature.gov>
Subject: Messages & Communications Doc. No. 38GL-26-3161 through 3170.

Håfa Adai Clerks Office,
Please see attached, **Messages & Communications Doc. No. 38GL-26-3161 through 3170** for processing:

√	**38GL-26-3161**	Department of Public Health and Social Services	Prior Year Obligation to pay Child Care Subsidy Payments for FY2026 in the total amount of $115,317.00*
√	**38GL-26-3162**	Department of Public Health and Social Services	Prior Year Obligation to pay Child Care Subsidy Payments for FY2026 in the total amount of $51,729.91*
√	**38GL-26-3163**	Guam Housing and Urban Renewal Authority	FY2026 4th Quarter Staffing Pattern.
√	**38GL-26-3164**	Department of Administration	FY2026 4th Quarter Limited Gaming Fund Report*
√	**38GL-26-3165**	Bureau of Statistics and Plans	Acting Director Designation of Matthew C. Santos, for the Bureau of Statistics and Plans on November 3, 2026*
√	**38GL-26-3166**	Guam Memorial Hospital Authority	FY2026 4th Quarter Travel Report.
√	**38GL-26-3167**	Department of Public Works	Prior Year Obligation to pay Artemio P. Salomes Jr. in the total amount of $200.00*
√	**38GL-26-3168**	Department of Land Management	FY2026 Monthly Revenue Collection Report for September 2026*
√	**38GL-26-3169**	Department of Land Management	Small Purchases Monthly Report for October 2026*
√	**38GL-26-3170**	Department of Revenue and Taxation	Prior Year Obligation to pay Commercial Vehicale Safety Alliance (CVSA) in the total amount of $290.00* Prior Year Obligation to pay D27-0800-011 CVSA, Handbook and Pictorial plus shipping (Invoice 1007046- $290) in the total amount of $290.00*

Please retrieve Doc. No. 38GL-26-3166, 3168 through 3170 from link below:

Messages & Communications Physical Scanned Copy - Google Drive

Kindly reply to this email.

Si Yu'os ma'åse',
Marie Crisostomo
Committee on Rules Assistant
COMMITTEE ON RULES
Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

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38th Committee On Rules <committeeonrules@guamlegislature.gov>

Messages and Communications 38GL-26-3167*

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Fri, Nov 6, 2026 at 2:40 PM
To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Håfa adai,

Please see attached M&C Doc. No. 38GL-26-3167

38GL-26-3167	Department of Public Works	Prior Year Obligation to pay Artemio P. Salomes Jr. in the total amount of $200.00*

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

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---------- Forwarded message ---------
From: **Jenilyn Castro** <jenilyn.castro@dpw.guam.gov>
Date: Wed, Nov 4, 2026 at 10:48 AM
Subject: Prior Year Direct Payment Obligation Request
To: <speakerblas@guamlegislature.gov>

Hafa Adai,

Please see the attached Prior Year Obligation Direct Payment Request (D271030001) for your review and approval.

V/r,

--
JENILYN CASTRO
Department of Public Works
Division of Bus Operations
(671) 646-3166

2 attachments

D271030001 A. SALOMES PYO REIMB.pdf
946K

38GL-26-3167.pdf
1147K

38th Committee On Rules <committeeonrules@guamlegislature.gov> Fri, Nov 6, 2026 at 5:00 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.



Si Yu'os ma'åse',

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

I Mina'trentai Ocho Na Liheslaturan Guåhan

38th Guam Legislature

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[Quoted text hidden]

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THE GUAM LEGISLATURE

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

Prior Year Direct Payment Obligation Request

3 messages

Jenilyn Castro <jenilyn.castro@dpw.guam.gov> Wed, Nov 4, 2026 at 10:47 AM
To: speakerblas@guamlegislature.gov

Hafa Adai,

Please see the attached Prior Year Obligation Direct Payment Request (D271030001) for your review and approval.

Doc Type: 38GL-26-3167
OFFICE OF THE SPEAKER
FRANK F. BLAS, JR.
November 4, 2026
Time: 10:47 AM
Received:

V/r,

--
JENILYN CASTRO
Department of Public Works
Division of Bus Operations
(671) 646-3166

D271030001 A. SALOMES PYO REIMB.pdf
946K

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Wed, Nov 4, 2026 at 1:37 PM
To: Jenilyn Castro <jenilyn.castro@dpw.guam.gov>

Håfa Adai,

Confirming receipt of your email.

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969 6456
speakerblas@guamlegislature.gov

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[Quoted te t hidden]

Jenilyn Castro <jenilyn.castro@dpw.guam.gov> Thu, Nov 5, 2026 at 8:35 AM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Hafa Adai,

Acknowledged, thank you.

V/r,
Jenilyn Castro
[Quoted text hidden]

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

The Honorable
LOURDES A. LEON GUERRERO
Maga' Håga • Governor

The Honorable
JOSHUA F. TENORIO
Sigundo Maga' Låhi • Lieutenant Governor

public works
DIPATTAMENTON CHE'CHO' PUPBLEKO
VINCENT P. ARRIOLA
Director
LINDA J. IBANEZ
Deputy Director
ERNEST G. CANDOLETA, JR.
Deputy Director

October 30, 2026

The Honorable Frank F. Blas Jr.
Speaker
I Mina'Trantai Siette na Liheslaturan Guåhan
38th Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtna, Guam 96910

Dear Speaker Blas,

Pursuant to Section 20 of Part II, Chapter XIII of Public Law 35-99, the Department of Public Works (DPW) is authorized to pay prior year obligations, provided that it does not negatively impact the department's current operational needs. Public Law 35-99 also requires written notification to the Speaker of the Liheslaturan Guahan five days prior to such payment.

The Division of Bus Operations has prepared a direct payment (D271030001) in the amount of $200.00 to be transmitted to the DOA Accounting Division. This payment is for Mr. Artemio P. Jr. Salomes annual DOT Physical Reimbursement.

Please note that DPW is unable to provide the full five-day notice prior to this payment, as the payment schedule is determined by the DOA Accounting Division.

Sincerely,

VINCENT P. ARRIOLA
Director of Public Works

38GL-26-3167
Messages and Communications
RECEIVED
COMMITTEE ON RULES
November 6, 2026
2:40 p.m.
Kamarin Nelson

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

The Honorable
LOURDES A. LEON GUERRERO
Maga' Håga · Governor

The Honorable
JOSHUA F. TENORIO
Sigundo Maga' Låhi · Lieutenant Governor

public works
DIPATTAMENTON CHE'CHO' PUPBLEKO
VINCENT P. ARRIOLA
Director
LINDA J. IBANEZ
Deputy Director
ERNEST G. CANDOLETA, JR.
Deputy Director

October 30, 2026

MEMORANDUM

TO: Director, Department of Administration

FROM: Director

SUBJECT: Direct Payment Request- Prior Year Obligation
DOT Reimbursement: Artemio P. Jr. Salomes

Buenas Yan Hafa Adai!

The Division of Bus Operations formally requests approval for a Prior Year Obligation Direct Payment [redacted] to Mr. Artemio P. Salomes, Jr., in the amount of $200.00. This payment is for his annual DOT Physical Examination conducted on July 17, 2026.

Please find the supporting documents attached for your review.

We look forward to your favorable consideration. Should you require additional information, please feel free to contact Jenilyn C. Castro at (671) 646-3166.

Sincerely,

VINCENT P. ARRIOLA
Director of Public Works

Attachments

542 North Marine Corps Drive, Tamuning, Guam 96913 • (671) 646-3131 / 647-5055• Fax (671)649-6178

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT INFORMATION SYSTEM

[redacted]

☐ JUSTIFICATION for Non-Procurement - Other (please explain in purpose field)

VENDOR / PAYEE INFORMATION:

payee number
ARTEMIO P. JR. SALOMES
payee name
[redacted]
email address

[redacted]
mailing address 1
TAMUNING GU. 96931
mailing address 2

DEPARTMENT DOCUMENT NUMER:
D271030001
DEPARTMENT DOCUMENT DATE:
10/30/2026

DEPARTMENT / DIVISION:
DPW BUS OPERATIONS

POINT OF CONTACT AND PHONE NUMBER
JENILYN CASTRO 671-646-3166

PURPOSE:
TO REIMBURSE EMPLOYEE FOR ANNUAL DOT PHYSICAL EXAMINATION THAT IS REQUIRED BY THE DEPARTMENT OF PUBLIC WORKS, DIVISION OF BUS OPERATIONS

ACCCOUNT NUMBER (Expense - Fund - Origin Year - Dept/Div+sequence)	AMOUNT	INVOICE NUMBER / MONTH	INVOICE DATE
[redacted]	200.00	7673 / JULY	07/17/2026
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
- - -			
TOTAL:	200.00		

CHECK APPROPRIATE BOX BELOW:

☑ REFERENCE NUMBER IS CORRECT ☑ ACCOUNT NUMBER IS CORRECT ☐ INSUFFICIENT FUNDS

☐ OVERRIDE IS AUTHORIZED ☑ VENDOR NUMBER IS CORRECT

☑ I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

JENILYN CASTRO, CLERK TYPIST III — PREPARED BY: — Signature — 10/30/2026 Date

VINCENT P. ARRIOLA, DIRECTOR — AGENCY HEAD / APPROVING AUTHORITY — Signature — 03 NOV 2026 Date

FRANCINE F. SABLAN, MA III — CERTIFICATION OF FUNDS AVAILABLE: — Signature — 10/30/2026 Date

Form ACC-DPA002 v.1.5 Aug-2025

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NOTES

GUAM MEDICAL CARE, LLC
744 North Marine Corps Drive, Suite 105
Tamuning, GU 96913

RECEIPT

DATE 07/17/26 NO. 7673

RECEIVED FROM Salomes, Artemio Jr.

ADDRESS

FOR DOT w/ PPD

$ 200.00

Guam Medical Care, LLC
PAID

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH	200-00	
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

BY G-Ocampo

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GUAM MEDICAL CARE
744 No. Marine Dr. #105
Tamuning, GU 96913
Tel: 647-4174 Fax: 647-4199

Patient: SALOMES JR , ARTEMIO P
DOB: 10/17/1967 (SELF PAY)
Primary Insurance: LAM LAM TOURS
Secondary Insurance:
Address: [redacted]

Tax ID# [redacted]
Chart #: 20442
Tel No. [redacted]
Appt Date: 07/17/2026
Time Checked In: 1:27

DESCRIPTION	CPT CODE	AMOUNT
EVALUATION & MANAGEMENT		
NEW PATIENT		
Expanded problem foc.,straightfwd	99202	
Detailed,low complex	99203	
Comprehensive, moderate complex	99204	
Comprehensive, high complexity	99205	
ESTABLISHED PATIENT		
Minimal Service	99211	
Problem focused, straightfwd	99212	
Expanded problem for.,low complex	99213	
Detailed, moderate complexity	99214	
Comprehensive, high complexity	99215	
PREVENTIVE MEDICINE		
NEW PATIENT		
Infant (Age under 1 year)	99381	
Early Childhood (Age 1-4 years)	99382	
Late Childhood (Age 5-11 years)	99383	
Adolescent (Age 12-17 years)	99384	
18-39 years	99385	
X 40-64 years (58 yo)	99386	
65 years & over	99387	
ESTABLISHED PATIENT		
Infant (Age under 1 year)	99391	
Early Childhood (Age 1-4 years)	99392	
Late Childhood (Age 5-11 years)	99393	
Adolescent (Age 12-17 years)	99394	
18-39 years	99395	
40-64 years	99396	
65 years & over	99397	
CONSULTATION		
NEW OR ESTABLISHED		
Problem focused, straightfwd	99241	
Expanded problem foc.,straightfwd	99242	
Detailed, low complexity	99243	
Comprehensive, moderate complex	99244	
Comprehensive, high complexity	99245	
MISCELLANEOUS SERVICES		
Initial visit, starred(*) surgical proc.	99025	
Serv. req.after hrs., in addtn to basic	99050	
Office Emergency Services	99058	
Physician Standby Services	99360	
Interpreter's Services		

DESCRIPTION	CPT CODE	AMOUNT
PATHOLOGY & LABORATORY		
PT/INR	85610	
X Urinalysis, without micro	81002	
Urine HCG	81025	
Hemoccult	82270	
X Accu-check	82962	
Strep-screen	86403	
Influenza Te:	87804	
Hemoglobin A1C	83036	
X PPD	86580	
IMMUNIZATIONS		
ADMIN 1st Vaccine	90460/90471	
ADMIN ea. addl Vacc	90461/90472	
FLU SHOT	90656/90658	
Shingrix	90750	
TdaP (Adults)	90715	
TD	90714	
MMR	90707	
PREVNAR 20	90677	
Varicella	90716	
Hep B Adult/Adol.	90746	
Hep A Adult	90632	
IV and IM INJECTIONS		
IV Infusion up to 1 hr	96365	
IV Infusion each addl hr	96366	
IV Injection/IV Push,1st Drug	96374	
IV Injection/IV Push each add	96375	
IV Hydration up to 1 hr	96360	
IV Hydration each addl hr	96361	
IM Injection,Therap/Antibiotic	96372	
INJECTABLES		
Phenergan 25 mg/ml	J2550	
Rocephin per 250mg	J0696	
Zofran Ondanset per 1mg	J2405	
Decadron per 1mg	J1100	
Benadryl up to 50 mg/ml	J1200	
Clindamycin up to 300mg	J0736	
Solu Cortef up to 50mg	J1710	
DepoProvera/1mg x150	J1050	
Toradol per 15mg	J1885	
Lidocaine per 10 mg	J2001	
Bicillin per 100,000 units	J0561	
Morphine up to 10mg	J2270	
Insulin per 5 units	J1815	
Kenalog per 10mg	J3301	
Solu Medrol 125 mg	J2930	

DESCRIPTION	CPT CODE	AMOUNT
PROCEDURES		
Excision of nail	11750	
Pulmonary Function Test	94010	
X Audiometry, Pure tone (threshold)	92552	
PHOTOTHERAPY	96900	
Closed Reduction,Shoulder	23650	
Debridement skin & subcutaneous tissue	11042	
*Destruction, benign lesion, 1st	17000	
Destruction, benign lesion, 2nd-14	17003	
Destruction, benign lesion, 15 or > lesion	17004	
*Destruction of flat warts, up to 14 lesio	17110	
Destruction of flat warts, 15 or > lesions	17111	
EKG	93000	
Rhythm ECG Strip	93040	
Punch Biopsy, 1st lesion	11104	
Punch Biopsy, 2nd lesion	11105	
X Visual Acuity	99173	
Wood's Lamp Eye Exam	65222	
*Incision & Drainage of Abscess	10060	
Burn Dressing/ Small	16020	
Burn Dressing/Large	16030	
Joint Aspiration/Inj.(wrist,elbow,hand)	20605	
Joint Aspiration/Inj.(shoulder,hip,knee)	20610	
Nebulizer Treatment, less than 1hr	94640	
Nebulizer Treatment, 1st hr	94644	
Nebulizer Treatment, each addl hr	94645	
Pulse Oximetry, single	94760	
Removal impacted cerumen/Ear Irrigatio	69210	
Removal Foreign Body SITE:		
Repair simple wound SIZE:		
Repair complex wound SIZE:		
Dressing Change/Wound Care	97602	
*Skin Tag Removal < 15 lesions	11200	
Splint, long arm	29105	
Splint, short arm	29125	
Splint, finger	29130	
Splint, short leg	29515	
*Trigger Point Injection	20550/51/52/53	
Pelvic Exam	G0101	
PAP SMEAR	Q0091	
SUPPLIES		
Misc. or IV Supplies	99070	
Surgical Tray	A4550	
Surgical Supplies	A4649	
Albuterol Inhalation Sol per 1mg	J7611	
Hand held Nebulizer	A7003	
Nebulizer Aerosol Mask	A7015	

DIAGNOSIS:

HFV, ISHIHARA

FURTHER DIRECTIONS:

Guam Medical Care, LLC

PAID

COPAY
PREV. BAL. / MISC.
TOTAL DUE 20.00

X CASH
☐ CREDIT/DEBIT
☐ CHECK

I WILL PAY MY COPAYMENT TODAY INCLUDING CHARGES THAT ARE NOT COVERED, OR LATER ON DENIED BY MY HEALTH INSURANCE. AS A SELF-PAY PATIENT, I WILL PAY MY ENTIRE BILL TODAY. I AGREE TO A $25.00/mo FEE FOR ANY UNPAID AMOUNT TODAY.

SIGNED (Patient, or Parent if Minor)

Date 7/17/26

Physician's Signature

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SELF PAY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1 MEDICARE (Medicare #) | MEDICAID (Medicaid #) | CHAMPUS (Sponsor's SSN) | CHAMPVA (VA File #) | GROUP HEALTH PLAN (SSN or ID) [X] | FECA BLK LUNG (SSN) | OTHER (ID)

1a INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2 PATIENT'S NAME (Last Name, First Name, Middle Initial): SALOMES , ARTEMIO JR. P

3 PATIENT'S BIRTH DATE MM DD YY [redacted] SEX M [X] F

4 INSURED'S NAME (Last Name, First Name, Middle Initial): SALOMES , ARTEMIO JR. P

5 PATIENT'S ADDRESS (No., Street): [redacted]

6 PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse Child Other

7 INSURED'S ADDRESS (No., Street): [redacted]

CITY: TAMUNING STATE: GU

8 RESERVED FOR NUCC USE

CITY: [redacted] STATE: [redacted]

ZIP CODE: 96931 TELEPHONE (Include Area Code): (671) 633-4331

ZIP CODE: 96931 TELEPHONE (INCLUDE AREA CODE): [redacted]

9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10 IS PATIENT'S CONDITION RELATED TO

11 INSURED'S POLICY GROUP OR FECA NUMBER

a OTHER INSURED'S POLICY OR GROUP NUMBER

a EMPLOYMENT? (CURRENT OR PREVIOUS) YES [ ] NO [X]

a INSURED'S DATE OF BIRTH MM DD YY [redacted] SEX M [X] F

b RESERVED FOR NUCC USE

b AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b OTHER CLAIM ID (Designated by NUCC)

c RESERVED FOR NUCC USE

c OTHER ACCIDENT? YES [ ] NO [X]

c INSURANCE PLAN NAME OR PROGRAM NAME: SELF PAY

d INSURANCE PLAN NAME OR PROGRAM NAME

10d CLAIMS CODES (Designated by NUCC)

d IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [X] If yes, complete item 9, 9a, and 9d

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on file DATE 10 14 2026

13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Signature on file

14 DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15 OTHER DATE QUAL MM DD YY

16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a

17b NPI

18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19 RESERVED FOR LOCAL USE

20 OUTSIDE LAB? YES [ ] NO [X] $ CHARGES

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24I ICD Ind.

A B C D

E F G H

I J K L

22 RESUBMISSION CODE ORIGINAL REF. NO

23 PRIOR AUTHORIZATION NUMBER

24 A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B PLACE OF SERVICE	C EMG	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS POINTER	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I ID QUAL	J RENDERING PROVIDER ID #
1 07 17 2026	07 17 2026			DOT/P	E		150 00	1		NPI	1437379575
2 07 17 2026	07 17 2026	11		PPDSK	00 00		50 00	1		NPI	1437379575
3										NPI	
4										NPI	
5										NPI	
6										NPI	

Guam Medical Care, LLC

PAID

25 FEDERAL TAX I.D. NUMBER [redacted] SSN EIN [X]

26 PATIENT'S ACCOUNT NO. [redacted]

27 ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO

28 TOTAL CHARGE $ 200 00

29 AMOUNT PAID $ 200 00

30 Rsvd for NUCC Use 0 00

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

GEOFFREY P. GALGO, M.D.

10 14 2026

SIGNED DATE

32 SERVICE FACILITY LOCATION INFORMATION

GUAM MEDICAL CARE, LLC

744 N. Marine Corps # 105

Tamuning, GU 96[illegible]

a 1932329802 b

33 BILLING PROVIDER INFO & PH# (671) 647-4174

GUAM MEDICAL CARE, LLC

744 N. Marine Corps # 105

Tamuning, GU 96913

a 1932329802 b

NUCC Instruction Manual available at www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

DEPARTMENT OF PUBLIC WORKS
DIVISION OF BUS OPERATIONS
DIRECT PAYMENT CONTROL LOG FY 2027

CONTROL #		DATE	VENDOR / PAYEE INFORMATION	ACCOUNT #	AMOUNT	PURPOSE	ACH PAYMENT REFERENCE NO.
D271030	001	10/30/2026	ARTEMIO P. JR. SALOMES (NEW)	[redacted]	$ 200.00	ANNUAL DOT PHYSICAL REIMBURSEMENT JULY 2026 (PRIOR YEAR OBLIGATION)	

Budget control statistics

Standard view *

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Parameters

Budget cycle: FY 2027

Budget model: OPERATING

Show by: (•) Dimension values ( ) Budget group

Budget group:

Start date: 10/1/2026

End date: 9/30/2027

Carry-forward amounts in totals: ( ) Not included (•) Includ...

Results

Budget control dimension values	Dimension descriptions	Budget funds available	Total revised budget	Total actual expenditures	Budget reservations for ...	Budget reservati...	Percent used
[redacted]	CONTRACT-GUAM E...	42,075.00	42,075.00	0.00	0.00	0.00	0.00

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GOVERNMENT OF GUAM

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
mail: ATTN: Division of Accounts, P.O. Box 7420, Tamuning, GU 96931 * *fax* 671-472-8483

VENDOR RECORD / EFT ESTABLISHMENT REQUEST

To: Accounts Payable Section
From: DEPARTMENT OF PUBLIC WORKS, DIVISION OF BUS OPERATIONS
Subject: Request for establishment of vendor number or change of vendor record.

This is a request for the establishment of vendor number or the change of vendor record for the following:

☑ **NEW VENDOR**

Name: ARTEMIO P. JR. SALOMES
Mailing Address: [redacted]
[redacted]
City State Zip Code

☐ **CHANGE OF VENDOR RECORD**

Name:
Mailing Address:
City State Zip Code

OTHER REQUIRED INFORMATION

Taxpayer ID No./Soc Sec No: [redacted]
Contact Number (primary): [redacted]
Fax Number: N/A

Type of Product / Svc: GOV GUAM EMPLOYEE
Contact No.(other): NA/
E-mail Address: [redacted]

Check all Applicable:

☐ Petty Cash Custodian
☐ Business License
☐ Proper identification
☐ TRAVEL
☑ EMPLOYEE
☐ Form W-9 https://www.irs.gov/pub/irs-pdf/fw9.pdf

Electronic Funds Transfer (EFT) Information[1]

Type of Account:
☑ Checking: Attach Voided Check or Personalized Deposit Slip
☐ Savings: Attach Copy of Current Bank Statement

COMMUNITY FIRST GUAM
Bank Name and Address

[redacted] 321480406
Account Number Routing Number

[1] The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 GCA §8169 which state:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the govement of Guam, and the system shall have the right to recover any payments made under false representations.

***Existing* Vendor Number**

NOTE: Please attach all required supporting documentation. Incomplete requests will not be processed and may create unnecesary delays in the vendor establishment process.

A. P. Salomes Jr
VENDOR APPLICANT's SIGNATURE

Print Name: ARTEMIO P. JR. SALOMES
Print Title: SCHOOL BUS DRIVER
Date Signed: 10/30/24

DEPARTMENT OF ADMINISTRATION

Vendor Number

Established by:

Signature *Date*

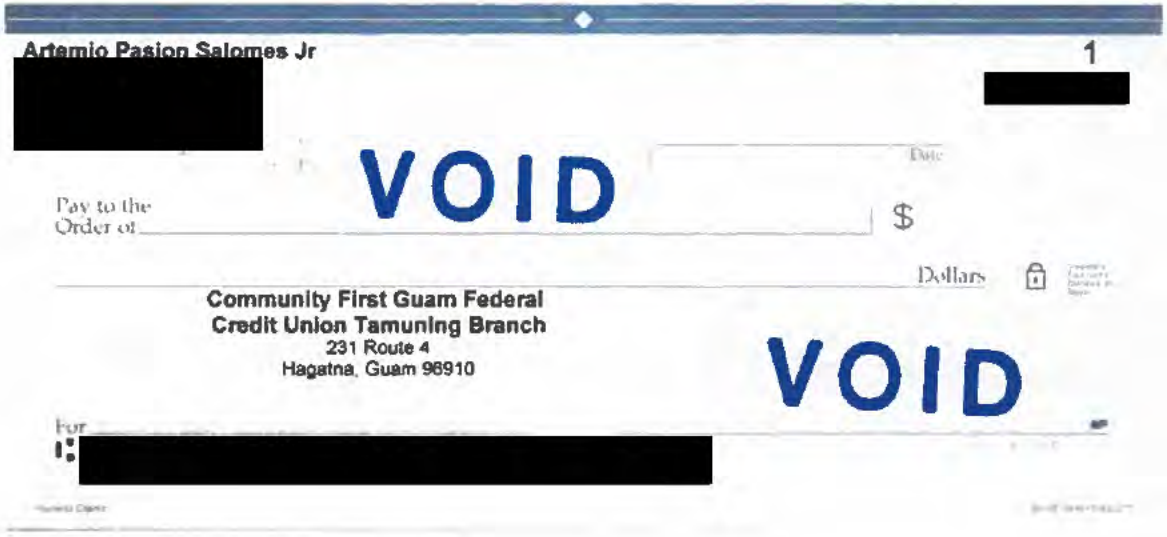
Form ACC-VNA001 v-2.1 (revised Feb-2023)

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.



RECEIVED
30 OCT 2026
DPW
Bus Operations

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.



Artemio Pasion Salomes Jr
[redacted]

1
[redacted]

VOID

Date

Pay to the Order of _____ $

_____ Dollars

Community First Guam Federal
Credit Union Tamuning Branch
231 Route 4
Hagatna, Guam 96910

VOID

For
[redacted]

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. 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.

ARTEMIO P. JR. SALOMES

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.

☑ 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: 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.

☐ 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.) See instructions.

[redacted]

Requester's name and address (optional)

6 City, state, and ZIP code

[redacted]

7 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 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

[redacted]

or

Employer identification number

_ _ – _ _ _ _ _ _ _

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 ▶** A. P. Salomes Jr. | **Date ▶** 10/30/26

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.*

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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

4. 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*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

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Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*__Note:__ The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.