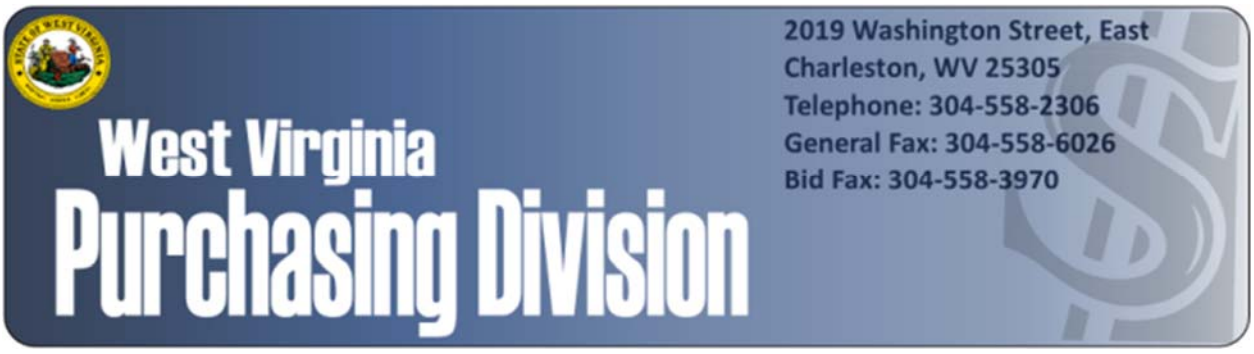


The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 2034090

Procurement Type: Central Master Agreement

Vendor ID: VS0000040752

Legal Name: ALXTEL INC

Alias/DBA:

Total Bid: $55,591.30

Response Date: 08/21/2026

Response Time: 11:03

Responded By User ID: haithamalxtel

First Name: Haitham

Last Name: Zakaria

Email: haitham.zakaria@alxtel.con

Phone: 2172198212

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: MIS2700000002

Published Date: 8/20/26

Close Date: 8/24/26

Close Time: 13:30

Status: Closed

Solicitation Description: ADOBE PRODUCTS OR EQUAL

Total of Header Attachments: 1

Total of All Attachments: 1

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder:	2034090
Solicitation Description:	ADOBE PRODUCTS OR EQUAL
Proc Type:	Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2026-08-24 13:30	SR 0511 ESR08212600000001200	1

VENDOR

VS0000040752
ALXTEL INC

Solicitation Number: CRFQ 0511 MIS2700000002

Total Bid: 55591.300000000000291038304567 **Response Date:** 2026-08-21 **Response Time:** 11:03:48

Comments:

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X **FEIN#** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Full Adobe Suite Creative Cloud/All apps	1.00000	EA	1057.300000	1057.30

Comm Code	Manufacturer	Specification	Model #
43230000			

Commodity Line Comments:

Extended Description:

Full Adobe Suite Creative Cloud/All apps, or equal, per unit price for twelve months.
*The unit price must reflect the cost for twelve months of service. Any licenses added mid-term must be prorated and co-termed to match the original contract end date.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Adobe Acrobat Pro DC	200.00000	EA	232.500000	46500.00

Comm Code	Manufacturer	Specification	Model #
43230000			

Commodity Line Comments:

Extended Description:

Adobe Acrobat Pro DC, or equal, per unit price for twelve months.
*The unit price must reflect the cost for twelve months of service. Any licenses added mid-term must be prorated and co-termed to match the original contract end date.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Adobe Photoshop Creative Cloud for Multiple Platforms	15.00000	EA	401.700000	6025.50

Comm Code	Manufacturer	Specification	Model #
43230000			

Commodity Line Comments:

Extended Description:

ADOBE Photoshop Creative Cloud for Multiple Platforms, or equal, per unit price for twelve months.
*The unit price must reflect the cost for twelve months of service. Any licenses added mid-term must be prorated and co-termed to match the original contract end date.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Adobe InDesign	5.00000	EA	401.700000	2008.50

Comm Code	Manufacturer	Specification	Model #
43230000			

Commodity Line Comments:

Extended Description:

Adobe InDesign, or equal, per unit price for twelve months.
*The unit price must reflect the cost for twelve months of service. Any licenses added mid-term must be prorated and co-termed to match the original contract end date.

Department of Administration and Purchasing Division
Solicitation Number CRFQ-0511-MIS2700000002-01
08-24-2026-Department of Administration and Purchasing Division-Adobe

AlxTel Proposal

21 August, 2026

Submitted To

Crystal G Hustead

Buyer

2019 Washington ST E, Charleston

State of West Virginia, 25305

Submitted By

AlxTel, Inc.

POC

Alaa Negeda

negeda@alxtel.com

240-293-4629

Table Of Contents

Transmitter Letter

To: Crystal G Hustead
Buyer
2019 Washington ST E, Charleston
State of West Virginia, 25305

Dear Crystal G Hustead

AlxTel, Inc. (or "Proposer") located at 8403 Colesville Road Suite 1100, Silver Spring, MD 20910, FEIN number: 261857843 and eMMA number# SUP012674 and SBR number # SB20-008632 is submitting the proposal for Solicitation Number CRFQ-0511-MIS2700000002-01 08-24-2026-Department of Administration and Purchasing Division-Adobe

The Proposer acknowledges and accepts all terms and conditions related to this solicitation and confirms to meet all requirements of the scope of work, and commitment to provide the highest quality possible for all services and solutions during the contract term

Having more than 17 years of experience and specializing in Information Technology and Telecommunications consulting services, our team is uniquely capable of providing a wide range of high-quality IT security services and solutions.

AlxTel looks forward to establishing a strong relationship with Department of Administration and Purchasing Division for the opportunity to show what AlxTel does best.

Please direct all questions to me, Alaa Negeda, President (Primary Contact), at (240) 293-4629 or negeda@alxtel.com, I have full authority to negotiate and execute a resulting contract.

Sincerely

Alaa Negeda
President
AlxTel, Inc.
8403 Colesville Road Suite 1100
Sliver Spring, Maryland, 20910
Phone: 240-293-4629
Fax:

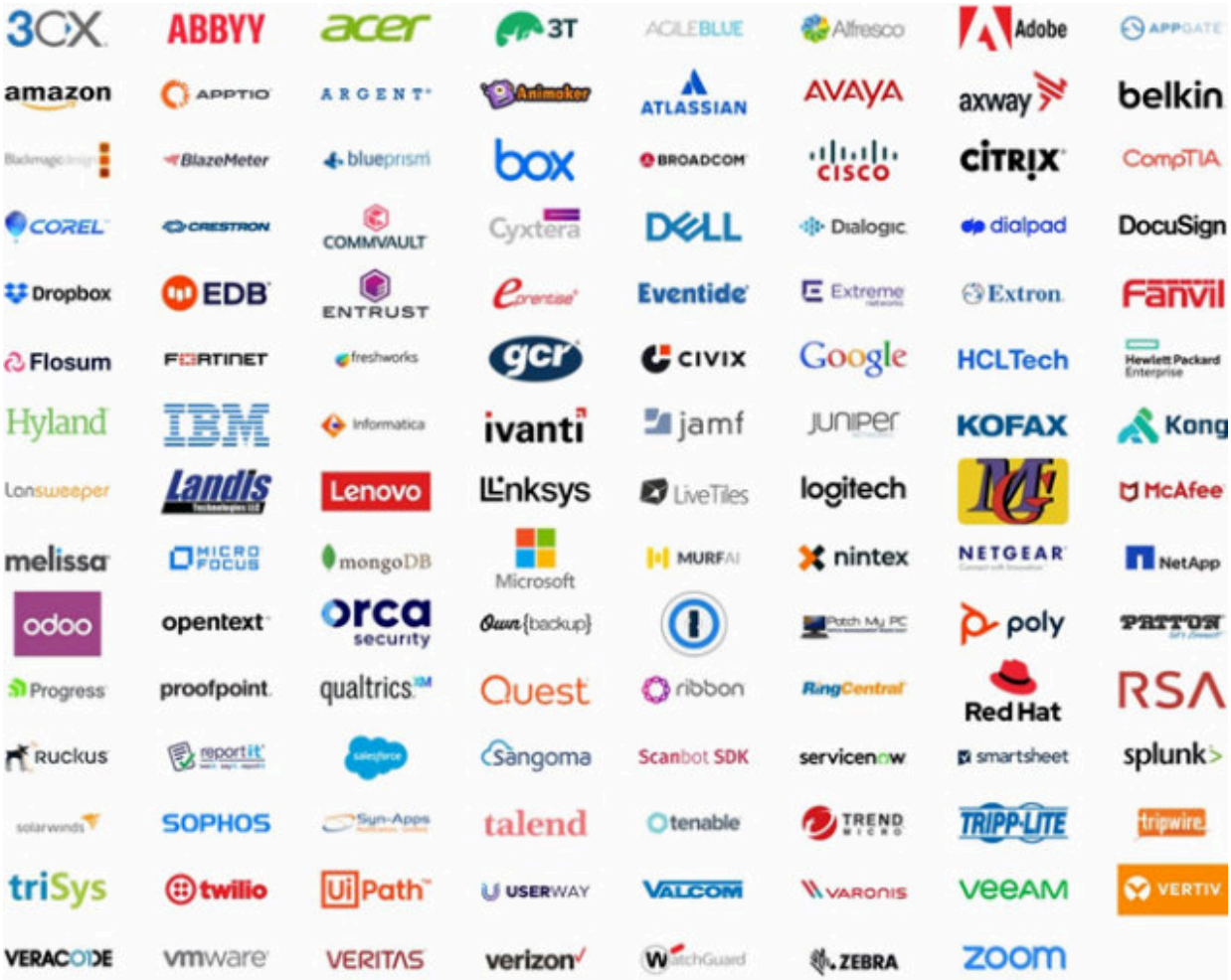
Key Business Relationships	
Federal Customers	1. Department of Homeland Security (DHS) 2. Social Security Administration (SSA) 3. Environmental Protection Agency (EPA) 4. Human and Health Services (HHS) 5. National Park Services (NPS)
State of Maryland Customers	1. Department of Transportation (MDOT) 2. Department of Safety and Correctional Services (DPSCS) 3. Department of Information Technology (MDoIT) 4. Department of Commerce (MDOC) 5. Department of Labor (MDOL) 6. Department of Budget & Management (MDBM) 7. Department of General Services (MDGS) 8. State Board of Elections (MSBE) 9. Maryland Health Benefit Exchange (MHBE) 10. Montgomery College 11. Washington County 12. Maryland Courts (MDCourts)
State of California	Eastern Municipal Water District
State of Hawaii	Department of Human Services
State of North Carolina	Department of Health and Human Services
State of Ohio	Columbus Metropolitan Library
Commercial Customers	1. USA (Vonage, Vinculum, Verizon, Excel, Lingo, VOIPTel, Ultatel, American Axess, Alkaip, Teleconnect, Teleplus, Nobel LTD, + 22 Healthcare and Pharmacies). 2. 245 International Customers in Europe , Asia, LATAM, Africa

AlxTel, Inc. Information Sheet

ALXTEL, INC. IN-DEPTH INFORMATION	
Company Name	AlxTel, Inc.
Street Address	8403 Colesville Road Suite 1100
City, State, ZIP Code	Silver Spring, MD 20910
FEIN	261857843
D.U.N.S	825046894
UEA	H8ASFJ2CMM21
eMMA Vendor ID	SUP012674
Cage Code	8BS66
Maryland Department number	D12345880
Maryland SBR Certificate number	SB20-008632
US Chamber ID	10036616
FCC License ID	827326
Primary Contact	Alaa Negeda
Title	CEO
Telephone Number	240-293-4629
Fax Number	240-724-6589
E-mail Address	negeda@alxtel.com
Corporation Type	S-Corp
Organization Size	Small Business
Year Founded	2008

AlxTel Experience	
Enterprise Service Provider	18 years
Web and Internet Systems	14 years
Electronic Document Management	10 years
Software Engineering	16 years
Systems/Facilities Management and Maintenance	18 years
Information System Security	14 years
Application Service Provider	14 years
Telecommunications Financial and Auditing Consulting Services	18 years
IT Management Consulting Services	18 years
Business Process Consulting Services	10 years
Documentation/Technical Writing	18 years
Digital Marketing	12 years
SEO	12 years
IT Help Desk	12 years
Cyber Security	14 years
DevOps	12 years
Project Management	12 years
Call Centers	12 years
Robotics and Automation	10 years
Cloud Service	12 years
Staff Augmentation	10 years
Audio and Visual	8 years
Healthcare IT	8 years

Key Partnerships	
AlxTel during the past 18 years managed to be accredited and certified by almost every single major software, hardware, and technology service in the globe. AlxTel has 115 Partnership Agreement with Technology Vendors and over 250 partnership agreements with technology service providers as shown below:	
Hardware Technologies	Cisco, IBM, Dell, HPE, Extreme Networks, Logitech, Polycom, Ribbon, Zebra, Broadcom, Patton, Netgear, Ruckus, ….etc.
Software Technologies	Atlassian, AXWAY, Citrix, Commvault, Docusign, Entrust, Ivanti, jamF, Kofax, Lansweeper, McAfee, Microfocus, RedHat, VMWare, …etc
Cloud Providers	Microsoft Azure, Google Cloud, AWS, IBM Cloud, Alibaba Cloud, Oracle Cloud, IXCloud, Salesforce Cloud, ServiceNow Cloud, … etc
Service Providers	AT&T, Verizon, Deutsche Telekom, Belgacom BICs, Austria Telecom, Slovak Telecom, Telecom Argentina, Vonage, Dialpad, Ringcenteral, 8x8, Zoom, Sangoma, Airtel, Orange, PCCW, … etc.



AlxTel, Inc.

8403 Colesville Road Suite 1100
Sliver Spring, Maryland20910, United States
sales@alxtel.com
https://www.alxtel.com

ALXTEL
WE DEVELOP, YOU GROW

Quotation

Ref #: Quo-20260821173034
Date Created: 08-21-2026 17:43
Due Date: 10-01-2026 02:00

Details:	Quotation For:	Ship To:
Department of Administration and Purchasing Division 08-24-2026-Department of Administration and Purchasing Division-Adobe	Name: Crystal G Hustead Email: crystal.g.hustead@wv.gov Phone: +1 (304) 558-2402 Address: 2019 Washington ST E, Charleston, State of West Virginia, 25305, United States	Name: Crystal G Hustead Email: crystal.g.hustead@wv.gov Phone: +1 (304) 558-2402 Address: 2019 Washington ST E, Charleston, State of West Virginia, 25305, United States

Product	SKU	MP No	Qty	MSRP	Rate	Discount	Tax	Amount
Adobe Acrobat Pro for teams Subscription	-	210-3212-V4-33CC04A12	200	-	$232.50	-	No	$46,500.00
New Annual 1 User Level 4 100+ - 12 Month Term Start Date: 09/16/2026 End Date: 09/15/2027								
Adobe Creative Cloud Pro for teams Subscription	-	210-3281-V4-03CC04A12	1	-	$1,057.30	-	No	$1,057.30
New Annual 1 User Level 4 100+ - 12 Month Term Start Date: 09/16/2026 End Date: 09/15/2027								
Adobe Photoshop for teams Subscription	-	210-4209-V4-94CC04A12	15	-	$401.70	-	No	$6,025.50
New Annual 1 User Level 4 100+ - 12 Month Term Start Date: 09/16/2026 End Date: 09/15/2027								
Adobe InDesign for teams Subscription Annual 1 User Level 4 100+	-	210-3211-V4-80CC04A12	5	-	$401.70	-	No	$2,008.50
New Annual 1 User Level 4 100+ - 12 Month Term Start Date: 09/16/2026 End Date: 09/15/2027								

Sub-Total:	$55,591.30
Taxable Subtotal:	$0.00
Tax (0%):	$0.00
Grand Total:	**$55,591.30**

AlxTel, Inc.

8403 Colesville Road Suite 1100
Sliver Spring, Maryland20910, United States
sales@alxtel.com
https://www.alxtel.com

Ref #: Quo-20260821173034
Date Created: 08-21-2026 17:43
Due Date: 10-01-2026 02:00

Note:

Marketplace ID#1005420621-

VIP#7333ECCE2AF81A78A04A-

Anniversary: 09/16/26-Pricing,

terms, and conditions are subject to Adobe approval

For Carahsoft to process a purchase order related to this price quotation, Reseller is required to be an authorized Adobe Partner. Carahsoft will work with Reseller to obtain necessary approvals where applicable.All use of the Products and Services (including On-demand Services, Managed Services and On-premise Software) specified above (and applicable License Metrics) shall be governed by the Adobe Enterprise Licensing Terms in effect on the day the order is placed by the Customer which consist of the General Terms, and the applicable Product Specific Licensing Terms ("PSLT"s) which are available at www.adobe.com/legal/terms/enterprise-licensing.html(collectively "Licensing Terms"). Support terms ("Support Terms") can be found on Adobe's website athttp://www.adobe.com/support/programs/policies/terms_customer.html. Product descriptions (and applicable License Metrics) (collectively, ("Product Descriptions") for the Products and Services are published by Adobe on https://helpx.adobe.com/legal/product-descriptions.html. The Licensing Terms, Support Terms and Product Descriptions are collectively referred to as "Terms".

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/30/2025

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 be endorsed. If SUBROGATIONIS 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 MARSH & MCLENNAN AGENCY LLC/PHS 22270718 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (800) 417-6635 **FAX (A/C, No):** E-MAIL ADDRESS:
INSURED AlxTel, Inc 8403 COLESVILLE RD SILVER SPRING MD 20910-6331	**INSURER(S) AFFORDING COVERAGE** — **NAIC#** **INSURER A :** Hartford Underwriters Insurance Company — 30104 **INSURER B :** Hartford Fire Insurance Company — 19682 **INSURER C :** Hartford Insurance Company of the Southeast — 38261 **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	22 SBM BG6LSY	07/01/2025	07/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $10,000 $2,000,000 $4,000,000 $4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			22 SBM BG6LSY	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED RETENTION $ 10,000			22 SBM BG6LSY	07/01/2025	07/01/2026	EACH OCCURRENCE AGGREGATE	$1,000,000 $1,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/ A	X	22 WEC BG6LT7	07/01/2025	07/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
B	FailSafe Technology Errors or Omissions Liability			22 SBM BG6LSY	07/01/2025	07/01/2026	Each Wrongful Act Aggregate Limit	$3,000,000 $3,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

County of Bucks Board of Commissioners
Attn: Office of the Controller
55 E COURT ST
DOYLESTOWN PA 18901-4318

CANCELLATION

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

Susan L. Castaneda

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH & MCLENNAN AGENCY LLC/PHS	ALXTEL, INC 8403 COLESVILLE RD SILVER SPRING MD 20910-6331
POLICY NUMBER SEE ACORD 25	
CARRIER: SEE ACORD 25 / NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SL 00 00, attached to this policy. Coverage is primary and noncontributory per the Business Liability Coverage Form SL 00 00, attached to this policy. The Business Liability Coverage Part includes Waiver of Subrogation is granted in favor of the County of Bucks, its Board of Commissioners, employees, directors, officers, departments and divisions in accordance with the policy provisions of the General Liability, Automobile Liability and Workers Compensation policies where allowed by law The County of Bucks, its Board of Commissioners, employees, directors, officers, departments and divisions shall be included as additional insured on Liability Policies on a primary and non-contributory basis with respect to the work performed for this contract are Blanket Additional Insured By Contract Endorsement, Form SL 30 32. Blanket Waiver of Subrogation applies in favor of the Certificate Holder per the Waiver of Our Right to Recover from Others Endorsement WC000313, attached to this policy.

Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

AlxTel, Inc.

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

8403 Colesville Road Suite 1100

6 City, state, and ZIP code

Silver Spring, MD 20910

Requester's name and address (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

2	6	–	1	8	5	7	8	4	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date** 11-23-2024

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they