

December 22, 2017

Project Number: 318-17-0500991740

Project: Express Pending

Customer Reference: City of Commerce (Multi-Site)

Trade Professional Information:

EcoGreen Solutions
Corey Brophy
27611 La Paz Rd. Suite A2
Laguna Niguel CA, 92677

Customer Information:

Commerce, City of
Robert Lipton
2535 Commerce Way
Commerce CA, 90040

RE: EXPRESS SOLUTIONS – Installation Report & Previous Participation Notification - SA # 3-000-0105-14 (Multi-Site)

Dear : Corey Brophy & Robert Lipton

Thank you for submitting an application for the Express Solution(s) you plan to install. We have completed an initial review of the planned solutions and determined the following solutions ***within the technology for which you are applying*** may not be eligible because of previous participation:

Site Address	Year	Technology	Solution Description	Quantity
n/a		n/a	n/a	n/a

Please note: Your projects contains Express solutions that will expire in 2018, and also includes Customized solutions and On-Bill Financing. This letter authorizes you to proceed with the installation of the Express solutions only. The approval to install your Customized solutions will be sent to you at a later date. Your On-Bill financing application will reflect the loan approval for the Express solutions only and will be processed after Express Installation Report (IR) and rebate approval. Separately, the financing for the Customized solutions will also be processed after Customized Installation Report (IR) approval and incentive approval.

If you wish to proceed with the project, complete and sign the enclosed Express Solutions Installation Report (IR) after you have installed all eligible solutions. Then, to resume the application process, submit the following documents within 60 days of measure installation or the final invoice date, whichever is later:

- Your signed Express Solutions Installation Report (**IR**)
- Itemized proof of purchase, including invoice(s), with purchase and installation dates.
- Specification sheet(s) for the installed solution(s)/measure(s)
- SCE Product Location Form
- TradePro Participant Agreement (if applicable)
- Permit Closure for HVAC measures (if applicable)
- CA 590
- W9

If you submitted your Express Application and SCE received it before December 2, 2017, you must submit the Installation Report no later than March 2, 2018. All 2017 Express Applications for which the IR is not received by March 2, 2018 will be cancelled.

Upon receipt of these documents, we will confirm your eligibility. You may be contacted if information is missing or incomplete. After successful review, SCE will provide the appropriate incentive to you or your designated payee.

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to ***BusinessIncentives@sce.com***. Please have your project number available for reference when you call, or include it in your e-mail.

Sincerely,

Business Incentives Team
Southern California Edison



Energy Management Solutions Incentives Express Installation Report

INSTRUCTIONS: After your Proposed Express Solutions project is installed and operational, enter the project installation date in the field provided. Review the information from your original Incentive Application below under Sections 1-4. If nothing has changed, complete and sign Section 9 on this Installation Report (IR) Form and submit it to SCE at one of the addresses below. If any information has changed on your application since you sent it to SCE, indicate the change on Section 5-8 of this form, sign Section 9 and return both pages to SCE.

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: (626) 635-6015

UPN #: 318-17-0500991740

SA #: 3 - 000-010514 (Multiple Sites)

Installation Date: (Date all installations were complete and operating properly)

NOTE: * If submitting a project for more than one service account or more than 5 Express Solutions complete and attach the Multiple Site Form (www.sceonlineapp.com) with this completed Installation Report.

Section 1 - Customer Information (From Original Application)

Commerce, City of
Company/Business Name
2535 Commerce Way, Parks and Recreation Director
Company/Business Mailing Address
323-887-4450
Contact Phone Number
Robert Lipton
Contact Name
Commerce
City
CA
State
90040
Zip
FacilitiesSupervisor@ci.commerce.ca.us
Contact E-Mail Address

Section 2 - Customer's Trade Professional (From Original Application)

EcoGreen Solutions
Customer's Trade Professional Business Name
27611 La Paz Rd. Suite A2
Customer's Trade Professional Mailing Address
949-364-6800
Customer's Trade Professional Phone Number
Corey Brophy
Contact Name
Laguna Niguel
City
CA
State
92677
Zip
submissions@ecogreen-solutions.net
Customer's Trade Professional E-Mail Address

Section 3 - Express Solutions* (From Original Application)

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	Number of Units Installed		Incentive \$ Per Unit	Incentive Total
			A	X	B	= C
		Please View Multi-Solution Worksheet				

Note: If your project consists of more than 5 solutions please refer to the attachment.

YOUR ESTIMATED INCENTIVE TOTAL: \$0.00

Section 4 - Payment Information (From Original Application)

A. Form Of Payment: Incentive Check To third Party
Form of Payment
Payee Information:
EcoGreen Solutions
Payee-Customer/Business Name
27611 La Paz Rd. Suite A2
Company/Business Mailing Address
949-364-6800
Contact Phone Number
Attention To (name on check)
Laguna Niguel
City
CA
State
92677
Zip
kurt.w@ecogreen-solutions.net
Contact E-Mail Address
C. Tax Identification Type: Federal Tax ID/Employer ID Number (EIN)
Federal Tax ID/Employer ID Number (EIN) / Social Security Number (SSN)
80-0196823
Identification Number
Corporation
Tax Status
D. Utility Bill Credit: Exempt Reason
3 - Service Account Number
2 - Customer Account Number

Section 5 - Customer Information (Use this box to update Customer information if different from above)

Contact Name
Title
Company/Business Mailing Address
City
State
Zip

Contact Phone Number

Contact E-Mail Address

UPN # 318-17-0500991740
SA # 000-010514 (Multiple Sites)

Section 6 - Customer's Trade Professional (Use this box to update Trade Professional information if different from page 1)

Customer's Trade Professional Business Name	Contact Name
Customer's Trade Professional Mailing Address	City State Zip
Customer's Trade Professional Phone Number	Customer's Trade Professional E-Mail Address

Section 7 - Express Solutions* (Use this box to update Express Solutions information if different from page 1)

Refer to the Energy Management Solutions Guide or www.sceonlineapp.com for Solution Codes, Solution Descriptions, Incentive Amounts and Program Equipment Eligibility Requirements. Then calculate your Express Solutions incentive total*.

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	# of Units Installed		Incentive \$ Per Unit	Incentive Total \$
			A	X	B	= C

*If submitting more than 5 Express Solutions complete and attach the Express Solution page of the Multiple Site/Solution Worksheet at www.sceonlineapp.com

YOUR ESTIMATED REVISED INCENTIVE TOTAL:

Section 8 - Payment Information (Use this box to update Payment Information if different from page 1)

A. Form of Payment (Please check one)

- ☐ Check to Customer (Complete B & C)
☐ Utility Bill Credit to Customer (Complete D)
☐ Check to 3rd Party (Complete B, C & E)

B. Payee Information

Payee-Customer/Business Name	Contact Name	Title
Company/Business Mailing Address	City	State Zip
Contact Phone Number	Contact E-Mail Address	

C. Tax Identification Type (Please check one)

- ☐ Federal Tax ID / Employer ID Number (EIN)
☐ Social Security Number

Tax Status (Please check one)

- ☐ Corporation/LLC
☐ Individual/Sole Proprietor/General Part.
☐ Tax-Exempt, Non-profit

Exempt Reason

D. Utility Bill Credit (Please complete this section if you prefer payment in the form of a bill credit to the customer of record)

Service Account Number	Customer Account Number
3 -	2 -

E. Payment Release Authorization (Please complete this section if an Trade Professional is to receive the check)

As the Customer, I am authorizing this payment of my incentive to the Third Party named in section B, above, and I understand that I will not be receiving the incentive check from SCE. I also understand that my release of this payment to the Trade Professional does not exempt me from the requirements outlined in the Application package.

Customer Name (please print) Signature Title Date

Section 9 - Installation and Operation Statement

I, the Customer or Trade Professional above, certify that (i) the Express Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Express Solution is also certified.

Name (Please print) Signature Title Date

To be completed only if you are requesting an HVAC Rebate:

1. HVAC Permit (if required). If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.)
Permit # _____ Agency _____

2. Contractor Certification. If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.

- ☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor Name (please print) Date

**Energy Management Solutions
Incentive Application for Business Customers
Multiple Project Site/Solution Worksheet
Project Site(s) Information**

SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
Fax: 626-633-3243 | E-mail: BusinessIncentives@sca.com | Questions? 800-736-4777
An Edison International Company

Web Confirmation: W#045328

Use this spreadsheet when installing solutions at more than one project site or more than four solutions at all project sites.

1. Complete this Project Site Information page first. Start by checking the box(es) below to indicate all project approach(es) included in the application; then, complete those pages.
2. If you have more than 20 project sites, use the drop down on the right ("Number of Rows") to add more rows.
3. Refer to the Solutions Directory (www.sca.com/nrcdms/download/solutionsdirectory.pdf) for the Building Type Code and your electric bill for your service account number.

☐ Express Installed ☒ Express Pending ☒ Customized ☐ Auto-DR Express ☐ Technology Incentives ☐ Technology Incentives

Number of Rows 20

Company Name:		Commerce, City of		Project Site(s)				Utility Use Only (Project #)		
Project Site Number	Project Name	SCE Service Account Number	Service Account Address	Zip Code	Building Type Code	Year Built	Total Sq Ft/Facility	Site Contact Name	Site Contact Phone Number	Site Contact E-Mail Address
Ex	Store #1234	3-000-0000-00	111 Main St	91001	33	1950	10,000	Victor Johnson	626-555-0901	vjohnson@tdi.com
1	City of Commerce - Bristow Park Library	3-000010514	1466 S McDonnell Ave	90040	0	1999	12,949	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
2	City of Commerce - Teen Center	3-000010517	5107 Astor Ave.	90040	0	1999	6,872	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
3	City of Commerce - Senior Citizen Center	3-012993195	2555 Commerce Way	90040	0	1999	10,138	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
4	City of Commerce - Transportation Department	3-012479751	5551 Jillson Street	90040	0	1999	20,171	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
5	City of Commerce - Camp Commerce	3-003692979	465 Highway-173	92352	0	1999	9,515	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
6	City of Commerce - Batres Community Center - Site 1	3-000010515	4725 Astor Ave.	90040	0	1999	3,569	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
7	City of Commerce - Batres Community Center - Site 2	3-000010608	4725 Astor Ave.	90040	0	1999	5,000	Kurt Weaver	9493646800	submissions@ecogreen-solutions.net
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11										
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16										
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Revised 3/15/2017

SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
Fax: 626-633-3243 | E-mail: BusinessIncentives@sce.com | Questions? 800-738-4777

Web Confirmation: W#045328

1. If your project includes Express Solutions, fill out and submit this form with your completed application.
2. If you have more than 20 sites to list, use the drop down menu to the right to add more rows.

please provide exact and detailed equipment location and description information.

Solution Descriptions, Incentive Amounts, and Program and Equipment Eligibility Requirements. Read and answer the eligibility requirements before proceeding with your equipment purchase. Then calculate your incentive total.

5. For installed projects, submit the following: 1) Invoice receipt(s) and 2) Specification sheet(s) for each Installed solution(s) from vendor.

[illegible]

SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
Fax: 626-633-3243 | Email: BusinessIncentives@sce.com | Questions? 800-736-4777

Use this spreadsheet when installing solutions at more than one project site or more than four Express Solutions at all project sites.

1. If your project includes Express Solutions, fill out and submit this form with your completed application.
2. If you have more than 10 sites to list, use the drop down menu to the right to add more rows.
3. Use a separate line item for each solution located in a different location at the project site (e.g., warehouse, parking lot, room#). To avoid processing delays and ensure all eligible incentives are provided, please provide exact and detailed equipment location and description information.
4. To obtain a Description of Existing Equipment refer to either your project proposal or contractor invoice. Refer to the Solutions Directory (www.sca.com/nrc/ems/download/solutionsdirectory.pdf) for Solutions Codes, Solution Descriptions, Incentive Amounts, and Program and Equipment Eligibility Requirements. Read and answer the eligibility requirements before proceeding with your equipment purchase. Then calculate your Incentive total.
5. For installed projects, submit the following: 1) Invoice receipts(s) and 2) Specification sheet(s) from installed solution(s) from vendor.

Number of Rows 20 ▼

Company Name:		Commerce, City of		Utility Use Only (Project #)			
Express Solutions Only							
Existing Equipment Location and Description				New Equipment Incentive Calculations			
Project Site Number (From Page 1)	Exact and Detailed Location of Existing Equipment	Qty	Description of Existing Equipment	Solution Code	Solution Description	Exact and Detailed Location of <u>New</u> Solution	Has the Solution Already Been Installed Date of Actual or Proposed Installation Unit of Measure (e.g., lamp, fixture, sq.ft., hp, etc.) Number of Units Installed Incentive \$ Per Unit Incentive Total Estimated Project Costs
						A	X B = C
						TOTAL	\$37,475.00
							\$296,955.25

Customized Solutions Installation Report Instructions

Project # _____

Mail to:

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

1. →

INDICATE PAYMENT INFORMATION

Please confirm address for the incentive payment.

Company: _____

Attention: (Name to be printed on check, use only if required)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Print Name: _____ **Title:** _____

Authorizing Signature: _____ **Date:** _____

2. →

UTILITY BILL CREDIT OPTION

You have the option to credit the incentive to your service account.

Incentive can only be applied to the service account/utility bill of host customer.

3. →

W9 & CA590 FORMS

Please sign and return the W9 & CA590.

QUESTIONS?

Please call (800) 736-4777 or e-mail BusinessIncentives@sce.com

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:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

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:

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).

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:

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.

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.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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, 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 Part II instructions on page 3 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. 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 the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name," sign and date the form.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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, and payments for services paid by a federal executive agency.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 domestic 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, below, and items 4 and 5 on page 4 indicate 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 the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. 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
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation 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* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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.

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 at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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. 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.

YEAR

Withholding Exemption Certificate

CALIFORNIA FORM

2011

(This form can only be used to certify exemption from nonresident withholding under California Revenue and Taxation Code (R&TC) Section 18662. Do not use this form for exemption from wage withholding.)

590

File this form with your withholding agent. (Please type or print)

Withholding agent's name

Payee's name

Payee's

☐ SOS file no.☐ SSN or ITIN☐ CA corp. no.☐ FEIN

Address (number and street, PO Box, or PMB no.)

Apt. no./ Ste. no.

City

State

ZIP Code

Read the following carefully and check the box that applies to the payee.

I certify that for the reasons checked below, the payee named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Who is a Resident, for the definition of a resident.

☐ **Corporations:**

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return and withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information F, What is a Permanent Place of Business, for the definition of permanent place of business.

☐ **Partnerships or limited liability companies (LLC):**

The above-named partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return and will withhold on foreign and domestic nonresident partners or members when required. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The above-named entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:**

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) _____ Daytime telephone no. _____

Payee's signature ► _____ Date _____

Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

What's New

Backup Withholding – Beginning on or after January 1, 2010, with certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the Franchise Tax Board (FTB). The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp No.); or Secretary of State (SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit. For more information go to ftb.ca.gov and search for **backup withholding**.

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding. California residents or entities should complete and present Form 590 to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the FTB that the form should not be relied upon.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities

- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities
- A foreign government or any of its political subdivisions, agencies, or instrumentalities

Important – This form cannot be used for exemption from wage and real estate withholding.

- If you are an employee, any wage withholding questions should be directed to the FTB General Information number, 800.852.5711. Employers should call 888.745.3886 or go to www.edd.ca.gov.
- Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties with activities in California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication see General Information H, Publications, Forms, and Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee

until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the Franchise Tax Board.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes.

Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

An individual is still considered outside California for other than a temporary or transitory purpose if return visits to California do not total more than 45 days during any taxable year covered by an employment contract.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse/RDP absent from California for an uninterrupted period of at least 546 days to accompany a spouse/RDP under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, and FTB Pub. 1032, Tax Information for Military Personnel, or call the FTB at 800.852.5711 or 916.845.6500.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home
- To which you intend to return whenever you are absent

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders (Note: California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA).

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

F What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

G Withholding Agent

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see General Information H.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold and report the withholding using Form 592, Resident and Nonresident Withholding Statement, and remit the withholding using Form 592-V, Payment Voucher for Resident and Nonresident Withholding. Form 592-B, Resident and Nonresident Withholding Tax Statement, is retained by the withholding agent and a copy is given to the payee.

H Publications, Forms, and Additional Information

You can download, view, and print California tax forms and publications at ftb.ca.gov.

To have publications or forms mailed to you or to get additional nonresident withholding information, contact the Withholding Services and Compliance.

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Telephone: 888.792.4900

916.845.4900

Fax: 916.845.9512

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States

TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov

Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos

TTY/TDD: 800.822.6268 personas con
discapacidades auditivas
y del habla



SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: Businessincentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015

12/21/2017

Customer Information:

Robert Lipton
City Of Commerce
2535 Commerce Way
Commerce, CA 90040

Trade Professional Information:

Corey Brophy
Ecogreen Solutions
27611 La Paz Rd Ste A2
Laguna Niguel, CA 92677-3999

RE: **NOTICE OF ON-BILL FINANCING (OBF) APPLICATION APPROVAL AND PARTIAL FUNDING RESERVATION**
PROJECT NUMBER: 318-17-0500991740SA#: (MULTI-SITE)

Dear Robert Lipton and Corey Brophy::

Your On-Bill Financing Application has been reviewed and approved, and funding for your On-Bill Financing (OBF) Loan has been reserved for the Express portion of your project. You will receive a revised Loan Reservation when Customized portion of your project is approved.

An OBF Loan Reservation for the Express project has been established in the amount of **\$259,480.25** and is subject to the following terms and conditions.

Terms and Conditions of Loan Reservation:

1. The reserved amount has been calculated based on the results of the review and approval of your Energy Efficiency Project Application, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Since the loan reservation amount is based on an approved project proposal, it is an estimate of what the actual loan amount may be.
 - 1a. An OBF Loan Term Calculation [LTC] is attached.
2. The actual loan amount will be calculated based on the results of the review and approval of your Energy Efficiency Project Installation Report, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Therefore, the actual amount of the OBF Loan may differ from the reserved amount presented above.
 - 2a. The actual amount of the OBF loan may be less than the reserved amount presented above.
 - 2b. The actual amount of the OBF loan shall not exceed the reserved amount presented above.
3. The expiration of the loan reservation shall be consistent with that of the project incentive.

Next Steps:

- You submit the completed Installation Report [IR] to SCE, and SCE will review it.
- SCE will calculate the actual final loan amount, based on the results of the IR approval, and the LTC provisions.
- SCE will issue 2 copies of the OBF Loan Agreement to you.
- You will sign, and have notarized, the Agreements and return to SCE.
- SCE will counter-sign the Agreements.
- SCE will provide you with 1 copy of the fully-executed Loan Agreement and will process the loan proceeds.

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to Businessincentives@sce.com. Please have your Project Number available for reference when you call, or include it in your e-mail.

Sincerely,

Delia Williams
Program Manager - On Bill Financing
Southern California Edison Company.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning SCE is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

On-Bill Financing Program - Final Loan Term Calculation (LTC1a)

Completion Date/Time: 12/21/2017 2:52 PM
Project Number: See Schedule A
Service Account to be Billed: 3-000-0105-14
Customer Number: 1-0-000-1057
Customer Account Number: See Schedule A
Loan ID: 0-000-0093-27
Bundle ID: BDL0394
OBF Application Receipt Date: 9/7/2017

Market Segment: Government and Institutions
Business Name: COMMERCE, CITY OF
Reference Name: OBF CITY OF COMMERCE -MULTISITE
Address: 1466 S MCDONNELL AVE
City, CA Zip: COMMERCE, CA 90040

*** LTC1a ***

FINAL TERMS CALCULATED BASED ON FINAL
REVIEW AND VERIFICATION OF THE PROJECT
INSTALLATION REPORT

LTC1a Reserved Amount is \$259,480.25
First month payment is \$1,790.75
75 subsequent monthly payments \$3,435.86

PROJECT ECONOMIC SUMMARY

A. AVERAGE ELECTRIC BILLING RATE — past 12 months (Cents/kWh)	\$ 0.20181
B. ENERGY EFFICIENCY PROJECT SAVINGS	
B.1. Estimated Combined Annual Kilowatt Hour Savings (kWh)	204,302.5
B.2. Estimated Combined Annual Dollar(\$) Savings	\$ 41,230.28
B.3. Estimated Combined Monthly Dollar(\$) Savings	\$ 3,435.86
C. COSTS	
C.1. Actual Total Combined Project Cost	\$ 296,955.25
C.2. Excess Project Cost	\$ -
C.3. Actual Total Rebate/Incentive	\$ 37,475.00
C.4. Other	\$ -
C.5. Actual Potential Loan Amount (Gross Amount)	\$ 259,480.25
C.6. LTC1 Reserved Amount	\$ 259,480.25
C.7. LTC2 Reserved Amount	\$ -
D. LOAN	
D.1. Gross Amount for Potential Financing	\$ 259,480.25
D.2. Monthly Loan Repayment Amount	\$ 3,435.86
D.3. Actual loan term (Months)	76
D.4. Actual loan term (Years)	6.3
E. LOAN LIMIT TESTS	
E.1. Market Segment Amount of Loan Test (Min/Max Loan Amount)	
E.1.1. Market Segment Minimum Loan Amount	\$ 5,000
E.1.3. Within Market Segment Limit?	Y
E.2. Customer Loan Limit Test (Previous Loans for this Customer Account)	
E.2.2. Previous Loans Reserved for this Customer Number	\$ 258,343
E.2.4. Within 10% of Total Budget?	Y
E.3. Length of Loan Test	
E.3.1. Loan Length Limit (months)	120
E.3.2. Within Loan Length Limit?	Y
E.4. Expected Useful Life (EUL)* Loan Length Limit Test	
E.4.1. Applicable Measure EUL (months)	120
E.4.2. Within EUL Loan Length Limit?	Y
E.5. EXCEPTION ANALYSIS (If any E.1 thru E.4. yields a "No")	
E.5.1. First Payment Amount	\$ 1,790.75
E.5.2. Subsequent Monthly Loan Repayment Amount	\$ 3,435.86
E.5.3. Subsequent Monthly Payments	75
E.5.4. Net Amount for Financing	\$ 259,480.25

EXPLANATION

Based on Billing History (All sites included)
From Approved Installation Report
Estimated Annual kWh Savings x Average Rate = \$ savings (B.1 x A)
Estimated Monthly \$ Savings (B.2 / 12)
From Approved Installation Report
Based on 20% Basic Lighting Cap Rule
From Approved Installation Report
(C.1) - (C.2) - (C.3) - (C.4)
From LTC1 calculation following Approved Project Application
Lesser of (C.5) or (E.1.2) or (E.2.3) or other rules apply (B.3)
Time required to repay loan in months (subject to exception analysis below)
Time required to repay loan in years: (D.3) / 12
Minimum Loan Amount per Service Account or Bundle
Is D.1 within loan amount limits Y/N?
Total of previous OBF loans + reservations
CIA = 60 months, Multifamily = 120 months, G&I = 120 months
Is D.3 within limit Y/N?
EUL in months of measure with greatest kWh contribution
Is D.3 within limit Y/N?
Exception Analysis Loan Minimum Requirement Test
Does the loan amount from Exception Analysis meet the \$5K loan minimum requirement? YES
Based on minimum loan requirement of \$5K and supplemental Exception Analysis, this amount qualifies for an OBF loan.

*Expected Useful Life (EUL): Each measure is expected to perform satisfactorily for a period of time. An EUL for each energy efficiency measure is assigned by the California Energy Commission (CEC).

SCHEDULE A**LTC1a****Multiple Sites**

Customer Name: COMMERCE, CITY OF OBF CITY OF COMMERCE -	Customer Account to be Billed: 2-00-437-0755
Customer Reference: MULTISITE	Service Account to be Billed: 3-000-0105-14
Loan ID: 0-000-0093-27	Amount Financed: \$259,480.25
Bundle ID: BDL0394	Months to Pay: 76
	1st Month Payment: \$1,790.75
	\$3,435.86 per month for 75
	Remaining Monthly Payments: months

Site #	Project Number	Customer Account	Site Service Account Number	Site Loan Amount
1	318-17-0500991740	2-00-437-0755	3-012-4797-51	\$53,842.50
2	318-17-0500991740	2-00-437-0755	3-003-6929-79	\$2,981.55
3	318-17-0500991740	2-00-437-0755	3-000-0106-08	\$6,369.90
4	318-17-0500991740	2-00-437-0755	3-000-0105-15	\$44,589.30
5	318-17-0500991740	2-00-437-0755	3-000-0105-14	\$151,697.00

Uncapped Amount Financed: \$259,480.25

* Prepared by:

Jay Hervey 12/21/2017



SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243

December 21, 2017

Project Number: 318-17-0500992135
Project: Customized Solutions Approach
Customer Ref.: Aquatic Center & Rosewood

Trade Professional Information:

Corey Brophy
 EcoGreen Solutions
 27611 La Paz Rd. A2
 Laguna Niguel, CA 92677

Customer Information:

Robert Lipton
 City of Commerce
 2535 Commerce Way
 Commerce, CA 90040

RE: NOTICE OF CUSTOMIZED SOLUTIONS CONTRACT AND INCENTIVE APPROVAL
SA # 3-000-0105-13

Dear Corey Brophy & Robert Lipton,

Thank you for submitting your Energy Management Solutions Incentive Application ("Application") for the Customized Solutions Program ("Program"). Your Application for incentives for the Project(s) described in your application has been reviewed and approved. Funds reserved are based on SCE approved savings estimate set forth below; however, the actual incentive payments will be made based on verified and actual savings' amounts:

SCE Final Approved Savings and Incentive Estimate					
SOLUTIONS DESCRIPTION	Code	kWh	kW	Therms	\$ Incentive Amount
Interior LED fixture replacement (utilizing approved luminaries)	LT-17492	5,704.5	1.40	0.00	\$ 666.36
Exterior LED Fixture mounted less than 15 ft. above finished grade	LT-19132	35,768.4	0.00	0.00	\$ 2,861.47
Exterior Screw-in LED Lamps	LT-45872	3,493.2	0.00	0.00	\$ 279.46
Total Approved Savings/Incentive Estimates		44,966.1	1.40	0.00	\$ 3,807.29
<i>Project Cost Adjustment</i>					\$ 0.00
Total Estimated Incentive					\$ 3,807.29
10% Measurement and Verification Adder (if applicable)					

If you do not concur with the energy savings and incentive amounts shown above, you have 30 days from the date of this letter to notify SCE, so that we can attempt to resolve your concern(s). If you do not notify us of any concerns within 30 days of this letter, the savings/incentive estimates set forth above will be deemed correct. If you agree with the estimates, you may proceed to purchase and install the above solution code(s) at any time. This Project Approval incorporates by reference the Application, including the Applicant Agreement regarding Program Terms and Conditions.

Check out www.sce.com to see if you qualify for the Comprehensive Bonus.

(Rev. April 2017)

After your project is **completely installed**, operational, and meets all requirements of the Program, which is described in detail in the Customized Statewide Procedures Manual for Business and at www.sce.com/customized_solutions:

- **Complete, sign and submit the enclosed Customized Solutions Installation Report.**
- Submit final invoices and/or documentation to support project cost, clearly detailing all costs associated with the project (equipment, labor, tax, etc.).
- Submit complete engineering calculations to demonstrate energy savings and documentation, if applicable (including archival diskette, CD, etc.).
- Submit schematic drawings and/or manufacturer specification sheets, if applicable.
- Operating Report, if measurement and verification is required.
- Submit Pump Curve (if applicable)
- Submit Permit Closure for HVAC measures (if applicable)

NOTE:

As a reminder, the deadline for the project to be completely installed and operational is one year from the date of this Project Approval letter. Please submit the completed Installation Report within 30 days after installation and prior to the one year deadline.

Upon SCE review and approval of your completed Installation Report and supporting cost documentation, you will be notified in writing. Thereafter, SCE will process the incentive check or SCE utility bill credit, as applicable. If SCE is unable to approve your incentives based on the information provided, SCE may require you to submit other documents related to the Project, Project site, solutions, energy savings, or any other documents it requires, in its sole discretion, to make a decision on your Application.

If you have any questions, please contact your SCE Account Representative. You may also call us at (626) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to BusinessIncentives@sce.com. Please have your project number available for reference when you call and include it in any e-mail correspondence.

Business Incentives Team
Southern California Edison

WT2#/UPN/Service Contract ID	318-17-0500992135
Review Completion Date	11/20/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

1	
Approval	Status
Solution Code	Approved as submitted
	The approved lighting hours are 1130 hours per year. These are the prescribed hours for a DEER Building Type "Assembly". The reviewer approves of these hours. Applicant has verified all influence requirements in the files in CRM labeled, "M&V plan" and "Project Summary".
EUL	Submitted
	Description
	Approved
	Description
	Submitted
RUL	Approved
	Source
	Submitted
	Approved
	Source
Install Type	Submitted
	Approved
	Assessment
	Submitted
	Approved as submitted
Doriot Baseline Technology	

Project Measure Technology	Approved	T8 Fixtures
	Submitted	LED fixtures
	Approved	LED fixtures
	Approved	Easy Lighting Calculator V3.0
	Changes made	Equipment quantities were corrected per inspection findings
Calculation Methodology	Additional Comments	The reviewer removed 32 troffer fixtures based on page 9 of the 2017 Solutions Directory: "Interior LED troffers and troffer retrofit kits are not eligible for incentives." See photos in the inspection tab. Updated calculations are found in the following attachments: "318-17-0500992135_QUOTES_dual baseline quote 501059 - city of commerce - aquatic center & rosewood park - r1 7.19.2017-ple.xlsx" "318-17-0500992135_CALCULATIONS_elc_v3 - city of commerce - aquatic center & rosewood park - r1 7.19.2017-ple.xlsm" "318-17-0500992135_QUOTES_quote 501059 - city of commerce - aquatic center & rosewood park - r3 - 8.28.17-ple.xls"
Project Savings	1st Period kWh Savings	5,704.50
	1st Period kW Savings	1.400000
	2nd Period kWh Savings	
	2nd Period kW Savings	
Project Therms Indirect	1st Period	(24.3)
	2nd Period	
	Approved 1st Baseline	\$ 61,675.33

Project Cost Basis	Approved 2nd Baseline	
	Cost Documentation [GMC]	Cost Estimate Reference
	Cost Documentation [IMC]	Cost Estimate Reference
	Early Retirement Cost [ERC]	\$ -
Is Onsite Generation Present at this customer site?	There is no onsite generation at the facility that may impact the proposed measure savings.	
Load Shifting employed at this customer site?	No load shifting strategies are in place that impact the demand reduction savings.	
Customer site enrolled in Demand Response Programs?	The customer site is not enrolled in any SCE Demand Response Programs.	
Does Equipment Operate 2-5PM During DEER Peak Periods?	Yes	
Is the Submitted M&V Plan Approved ?	Not Required	

WT2#/UPN/Service Contract ID	318-17-0500992135
Review Completion Date	11/20/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

2	
Approval	Approved as submitted
Solution Code	The exterior fixtures in this application are mounted 3, 8, 10, 12 or 14 feet above grade. Operating hours of 4100 are the maximum allowed by DEER. These exterior fixtures are operating 365 days per year during darkness periods, or 11.23 hours per day. They are switched on by a photocell. The reviewer approves of these hours. The reviewer approves of these hours. Applicant has verified all influence requirements in the files in CRM labeled, "M&V plan" and "Project Summary".
	LT-19132
	LT-19132
	LT-19132
EUL	12.00
	12.00
	N/A
	N/A
RUL	N/A
	N/A
	N/A
	ROB
Install Type	ROB
	Approved as submitted
	CFL, T8 and MH fixtures
Draught Baseline Technology	Submitted
	Description
	Approved
	Description
EUL	Submitted
	Approved
	Source
	Submitted
RUL	Approved
	Source
	Submitted
	Approved
Install Type	Assessment
	Submitted

Project Measure Technology	Approved	CFL, T8 and MH fixtures
Calculation Methodology	Submitted	LED fixtures
	Approved	LED fixtures
	Approved	Easy Lighting Calculator V3.0
	Changes made	
	Additional Comments	
Project Savings	1st Period kWh Savings	35,768.40
	1st Period kW Savings	
	2nd Period kWh Savings	
	2nd Period kW Savings	
Project Therms Indirect	1st Period	
	2nd Period	
	Approved 1st Baseline	\$ 23,505.13

Project Cost Basis	Approved 2nd Baseline	\$	-
	Cost Documentation [GMC]	Cost Estimate Reference	
	Cost Documentation [IMC]	Cost Estimate Reference	
	Early Retirement Cost [ERC]	\$	-
Is Onsite Generation Present at this customer site?			
Load Shifting employed at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	
Customer site enrolled in Demand Response Programs?		No load shifting strategies are in place that impact the demand reduction savings.	
Does Equipment Operate 2-5PM During DEER Peak Periods?		The customer site is not enrolled in any SCE Demand Response Programs.	
Is the Submitted M&V Plan Approved ?		No	
		Not Required	

WT2#/UPN/Service Contract ID	318-17-0500992135
Review Completion Date	11/20/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

		3
Approval	Status	Approved as submitted
	Additional Comments	The exterior fixtures in this application are mounted 3, 8, 10, 12 or 14 feet above grade. Operating hours of 4100 are the maximum allowed by DEER. These exterior fixtures are operating 365 days per year during darkness periods, or 11.23 hours per day. They are switched on by a photocell. The reviewer approves of these hours. The reviewer approves of these hours. Applicant has verified all influence requirements in the files in CRM labeled, "M&V plan" and "Project Summary".
Solution Code	Submitted	LT-45872
	Description	Exterior Screw-in LED Lamps
	Approved	LT-45872
EUL	Description	Exterior Screw-in LED Lamps
	Submitted	12.00
	Approved	12.00
RUL	Source	Oltg-LED
	Submitted	N/A
	Approved	N/A
Install Type	Source	N/A
	Submitted	ROB
	Approved	ROB
Doriant Baseline Technicals	Assessment	Approved as submitted
	Submitted	CFL fixtures

Project Baseline Technology		Approved	CFL fixtures
Project Measure Technology		Submitted	LED fixtures
		Approved	LED fixtures
		Approved	Easy Lighting Calculator V3.0
Calculation Methodology	Changes made		
	Additional Comments		Operating hours of 4100 are the maximum allowed by DEER. These exterior fixtures are operating 365 days per year during darkness periods, or 11.23 hours per day. They are switched on by a photocell. The reviewer approves of these hours. Applicant has verified all influence requirements in the files in CRM labeled, "M&V plan" and "Project Summary".
Project Savings	1st Period kWh Savings		3,493.20
	1st Period kW Savings		
	2nd Period kWh Savings		
	2nd Period kW Savings		
Project Therms Indirect	1st Period		
	2nd Period		
	Approved 1st Baseline		\$ 4,492.87

Project Cost Basis	Approved 2nd Baseline	\$	-
	Cost Documentation [GMC]	Cost Estimate Reference	
	Cost Documentation [IMC]	Cost Estimate Reference	
	Early Retirement Cost [ERC]	\$	-
Is Onsite Generation Present at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	
Load Shifting employed at this customer site?		No load shifting strategies are in place that impact the demand reduction savings.	
Customer site enrolled in Demand Response Programs?		The customer site is not enrolled in any SCE Demand Response Programs.	
Does Equipment Operate 2-5PM During DEER Peak Periods?		No	
Is the Submitted M&V Plan Approved ?		Not Required	



Energy Management Solutions Incentives Application for Business Customers Customized Installation Report

UPN#: 318-17-0500992135 SA#: 3-000-0105-13 Customer Ref.: Aquatic Center & Rosewood
Customer Name: City of Commerce Trade Professional: EcoGreen Solutions

INSTRUCTIONS:

After your project is installed and operational, input the project installation commencement and completion dates in the fields provided in Section 3. Review the information from your Application Approval Letter. If nothing has changed, and the information in Customized Solutions and Energy Savings is correct, complete and sign Section 8 on page 2 of this Installation Report (IR) Form. If any information differs from Section 1 of this page or your Application Approval Letter, use Section 4 on page 2 of this IR Form to indicate the change. Then, mark the appropriate check box in section 8 on page 2 of this IR Form. If any Payment Information differs from Section 2 on page 1 of this IR Form, complete Section 5 on page 2. Review Sections 6 and 7 on page 2 of this IR Form and complete if applicable. Sign and return both pages to SCE at one of the addresses below.

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: Contact your Account Manager
or call (626) 635-6015

Section 1 - Customized Solutions, Energy Savings & On-Peak Demand Reduction Estimate:

NOTE: If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage	Installed Usage	Approved Savings	Incentive Rate	Project Cost	Incentive Amount
1	LT-17492	9591.6 kWh	3887.1 kWh	5704.5 kWh	\$ 0.08	\$ 71,776.52	\$ 666.36
		2.36 kW	0.96 kW	1.40 kW	\$ 150.00		
		Thm	24.31 Thm	0.00 Thm	\$ 1.50		
2	LT-19132	47531.3 kWh	11762.9 kWh	35768.4 kWh	\$ 0.08	\$ 51,194.41	\$ 2,861.47
		kW	kW	0.00 kW	\$ -		
		Thm	Thm	0.00 Thm	\$ 1.50		
3	LT-45872	4993.8 kWh	1500.6 kWh	3493.2 kWh	\$ 0.08	\$ 5,599.50	\$ 279.46
		kW	kW	0 kW	150		
		Thm	Thm	0 Thm	\$ 1.50		
4		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			
5		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			

Total Approved Energy Savings (kWh): 44966.10

Total Approved On-Peak Reduction (kW): 1.40

Total Project Cost (\$): \$128,570.43

Calculated Savings Incentive: \$3,807.29
* Includes Project Cost Adjustment (If Applicable)

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.

Section 2 - Payment Information: (As Indicated on the Application)

A. Form of Payment:

Check to Trade Pro

B. Payee Information:

(Check to Customer, Check to TradePro or Check to Third Party)

Payee-Customer/ Business Name: EcoGreen Solutions Inc
Attention to (only if required to be printed on the check):
27611 La Paz Road Suite A2 Laguna Niguel CA 92677
Company/Business Mailing Address: City: State: Zip Code:
949-364-6800
Contact Phone Number: Contact E-Mail Address: submissions@ecogreen-solution.net

C. Tax Identification Type:

Federal Tax ID: 6823 CORPORATION
Federal Tax ID/Employer ID Number (EIN) Social Security Number (SSN): Identification Number: Tax Status:

D. Utility Bill Credit:

3-

Exempt Reason

2-

Service Account Number

Customer Account Number

Section 3 - Installation Dates:

Complete both dates:

Installation Commencement Date:

Installation Completion Date:

Section 4 - Customized Solutions, Energy Savings & On-Peak Demand Reduction: (If different than page 1)**NOTE:** If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage	Installed Usage	Savings	Incentive Rate	Project Cost	Incentive Amount
1		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			
2		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			
3		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			
4		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			
5		kWh	kWh	kWh			
		kW	kW	kW			
		Thm	Thm	Thm			

Total Energy Savings (kWh):

Total On-Peak Reduction (kW):

Total Project Cost (\$):

Calculated Savings Incentive:

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.**Section 5 - Payment Information:** (Use this box to update Payment Information if different from page 1)**A. Form of Payment:****B. Payee Information:**

(Check to Customer, Check to TradePro or Check to Third Party)

Payee-Customer/ Business Name

Attention to (only if required to be printed on the check)

Title

Company/Business Mailing Address

City

State

Zip Code

Contact Phone Number

Contact E-Mail Address

C. Tax Identification Type:

Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN)

Identification Number

Tax Status

Exempt Reason

D. Utility Bill Credit:

3-

2-

Service Account Number

Customer Account Number

Section 6 - To be completed only if you have installed retrocommissioning (RCx) measures:**Attach the following supporting documentation with this Installation Report:**

- ☐ Verification data as evidence of implementation.
- ☐ Updated savings calculations, where applicable.
- ☐ Copies of invoices for implementation, as proof of the Customer's implementation costs.
- ☐ RCx Training Completion Form, including the training agenda, training materials, list of attendees, and measure persistence strategies.

See the RCx Program Guidelines for more information on these items.

Section 7 - To be completed only if you are requesting an HVAC Rebate:1. **HVAC Permit (if required).** If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.) Permit # _____ Agency _____2. **Contractor Certification.** If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor

Name (please print)

Date

Section 8 - Installation/Operation Statement and Signature:**Check appropriate boxes:**

- ☐ No changes to the proposed solutions have been made since the Project Application Review and Approval, and the Customer or Trade Professional verifies that the Application approved savings calculations are correct.
- ☐ Due to changes to the proposed measures, appropriate adjustments in the savings calculations have been made. For measures with changes made during installation, use this section, and Sections 4 on page 2, to calculate the revised installed energy usage, energy savings, peak demand reduction, and incentives. Attach the appropriate calculation backup: the output from the Estimation Software, Calculated Energy Savings Total or the calculation sheets that document the engineering calculations.

I, the Customer or Trade Professional below, certify that (i) the Energy Efficiency Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Energy Efficiency Solutions and any required monitoring data collection per approved M&V plan, are also certified.

Signature

Name (please print)

Title

Date

Commerce, City of
Aquatic Center & Rosewood Park
2535 Commerce Way
Commerce, CA 90040
3-000-0105-13

EcoGreen Sales Rep:
Customer Contact:
Title of Contact:
Customer Phone:
Customer Email:

Approx Building Size 60,916 SF
Energy Rate 0.13 KWh

ENERGY AUDIT



EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
F841LL	219 w	1	11 7 / 4100	POOL PUMP ROOM	LED 8' Linear Fixture	32 w	1	187 w	85.4%	767	\$97.78
F421LL	59 w	9	11 7 / 4100	POOL PUMP ROOM	LED 4' Linear Fixture	16.23 w	9	384.93 w	72.5%	1,578	\$201.25
F431LL-A	32 w	1	11 7 / 4100	WOMEN'S ROOM (Vapor proof)	LED 4' Linear Fixture	16.23 w	1	15.77 w	49.3%	65	\$8.25
F221LL	0 w	0	11 7 / 4100	WOMEN'S ROOM LOCKER AREA	Skip	Skip w	Skip	Skip w			
F221LL	0 w	0	11 7 / 4100	WOMEN'S ROOM LOCKER AREA	Skip	Skip w	Skip	Skip w			
F221LL	0 w	0	11 7 / 4100	WOMEN'S ROOM CHANGING AREA	Skip	Skip w	Skip	Skip w			
F221LL	0 w	0	11 7 / 4100	WOMEN'S ROOM CHANGING AREA	Skip	Skip w	Skip	Skip w			
F431LL-A	31 w	7	11 7 / 4100	WOMEN'S ROOM HALLWAY	LED 4' Linear Fixture	16.23 w	7	103.39 w	47.6%	424	\$54.06
F431LL-A	32 w	6	11 7 / 4100	WOMEN'S ROOM TOILET STALLS (VAPOR- PROOF)	LED 4' Linear Fixture	16.23 w	6	94.62 w	49.3%	388	\$49.47
F431LL-A	0 w	0	11 7 / 4100	WOMEN'S ROOM TOILET STALLS (VAPOR- PROOF)	Skip	Skip w	Skip	Skip w			
F431LL-A	32 w	6	11 7 / 4100	WOMEN'S ROOM SHOWER AREA (VAPOR- PROOF)	LED 4' Linear Fixture	16.23 w	6	94.62 w	49.3%	388	\$49.47
F431LL-A	32 w	2	11 7 / 4100	WOMEN'S ROOM SHOWER AREA (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	2	31.54 w	49.3%	129	\$16.49
F431LL-A	32 w	2	11 7 / 4100	WOMEN'S ROOM HALL TO POOL (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	2	31.54 w	49.3%	129	\$16.49
F431LL-A	32 w	1	11 7 / 4100	WOMEN'S ROOM SUPPLY CLOSET (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	1	15.77 w	49.3%	65	\$8.25
F431LL-A	32 w	2	11 7 / 4100	WOMEN'S ROOM STORAGE DESK (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	2	31.54 w	49.3%	129	\$16.49
F431LL-A	32 w	7	11 7 / 4100	WOMEN'S ROOM STAFF LOCKER (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	7	110.39 w	49.3%	453	\$57.72
CF113E26/2	0 w	0	11 7 / 4100	WOMEN'S ROOM STAFF LOCKER (VAPOR-PROOF)	Skip	Skip w	Skip	Skip w			
F431LL-A	32 w	1	11 7 / 4100	MEN'S ROOM (Vapor proof)	LED 4' Linear Fixture	16.23 w	1	15.77 w	49.3%	65	\$8.25
F221LL	0 w	0	11 7 / 4100	MEN'S ROOM LOCKER AREA	Skip	Skip w	Skip	Skip w			
F211LL	0 w	0	11 7 / 4100	MEN'S ROOM LOCKER AREA	Skip	Skip w	Skip	Skip w			
F221LL	0 w	0	11 7 / 4100	MEN'S ROOM CHANGING AREA	Skip	Skip w	Skip	Skip w			
F211LL	0 w	0	11 7 / 4100	MEN'S ROOM CHANGING AREA	Skip	Skip w	Skip	Skip w			
F431LL-A	32 w	7	11 7 / 4100	MEN'S ROOM HALLWAY	LED 4' Linear Fixture	16.23 w	7	110.39 w	49.3%	453	\$57.72
F431LL-A	32 w	6	11 7 / 4100	MEN'S ROOM TOILET STALLS (VAPOR- PROOF)	LED 4' Linear Fixture	16.23 w	6	94.62 w	49.3%	388	\$49.47
F431LL-A	0 w	0	11 7 / 4100	MEN'S ROOM TOILET STALLS (VAPOR- PROOF)	Skip	Skip w	Skip	Skip w			
F431LL-A	32 w	6	11 7 / 4100	MEN'S ROOM SHOWER AREA (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	6	94.62 w	49.3%	388	\$49.47
F431LL-A	32 w	2	11 7 / 4100	MEN'S ROOM SHOWER AREA (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	2	31.54 w	49.3%	129	\$16.49
F431LL-A	32 w	2	11 7 / 4100	MEN'S ROOM HALL TO POOL (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	2	31.54 w	49.3%	129	\$16.49
F431LL-A	0 w	0	11 7 / 4100	MEN'S ROOM SUPPLY CLOSET (VAPOR-PROOF)	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	MEN'S ROOM STORAGE DESK (VAPOR-PROOF)	Skip	Skip w	Skip	Skip w			
F431LL-A	32 w	7	11 7 / 4100	MEN'S ROOM STAFF LOCKER (VAPOR-PROOF)	LED 4' Linear Fixture	16.23 w	7	110.39 w	49.3%	453	\$57.72
CF113E26/2	0 w	0	11 7 / 4100	MEN'S ROOM STAFF LOCKER (VAPOR-PROOF)	Skip	Skip w	Skip	Skip w			
MH400/1	0 w	0	11 7 / 4100	POOL DECK	Skip	Skip w	Skip	Skip w			
MH1000/1	0 w	0	11 7 / 4100	POOL DECK	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	POOL DECK	Skip	Skip w	Skip	Skip w			
F421LL	59 w	4	11 7 / 4100	STORAGE ROOM	LED 4' Linear Fixture	16.23 w	4	171.08 w	72.5%	701	\$89.45
F431LL-A	0 w	0	11 7 / 4100	COACH'S OFFICE	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	STAFF OFFICE	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	STAFF LOUNGE	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	ASST. SUPER	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	HALL 1	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	HALL 2	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	HALL 3	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	HALL 4	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	HALL 5	Skip	Skip w	Skip	Skip w			
CF140E26/1	0 w	0	11 7 / 4100	BBY ADD 5 CANS-42W PL (WALKWAY UNDERSID&ELEVATOR LOB	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	LOBBY BELL DOWNLIGHTS	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	LOBBY 21ARE LED'S (H-BAY DOWNLIGHTS)	Skip	Skip w	Skip	Skip w			
HP535/1	0 w	0	11 7 / 4100	LOBBY LF UPLIGHTS	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	LOBBY LF UPLIGHTS	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	ND FLOOR LOBBY-OPEN TO BELOW (WELL-MOUNDED LF UPLIGHT	Skip	Skip w	Skip	Skip w			
F421LL	59 w	16	11 7 / 4100	WEIGHT ROOM	LED 4' Linear Fixture	16.23 w	16	684.32 w	72.5%	2,805	\$357.78
CF113E26/2	0 w	0	11 7 / 4100	SPIN ROOM	Skip	Skip w	Skip	Skip w			
F421LL	59 w	16	11 7 / 4100	CARDIO ROOM	LED 4' Linear Fixture	16.23 w	16	684.32 w	72.5%	2,805	\$357.78
CF113E26/2	0 w	0	11 7 / 4100	HALL TO POOL SEATING	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	POOL SEATING	Skip	Skip w	Skip	Skip w			
CF113E26/2	0 w	0	11 7 / 4100	STAIRS (TWO OF THEM)	Skip	Skip w	Skip	Skip w			

Commerce, City of
Aquatic Center & Rosewood Park
2535 Commerce Way
Commerce, CA 90040
3-000-0105-13

EcoGreen Sales Rep:
Customer Contact:
Title of Contact:
Customer Phone:
Customer Email:

Approx Building Size 60,916 SF
Energy Rate 0.13 KWh

ENERGY AUDIT



In Reference to Quote # 500785

EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
F431LL-A	89 w	10	11 7 / 4100	HALLWAY TOWARDS KIDS AREA	LED 4' Linear Fixture	16.23 w	10	727.7 w	81.8%	2,983	\$380.47
CF13E26/2	0 w	0	11 7 / 4100	HALLWAY TOWARDS KIDS AREA	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	HALLWAY TOWARDS KIDS AREA	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	ABOVE TO KITCHEN	Skip	Skip w	Skip	Skip w			
F411LL-A	32 w	12	11 7 / 4100	MULTI-PURPOSE ROOM (ALCOVE WALL LIGHTS)	LED 4' Linear Fixture	16.23 w	12	189.24 w	49.3%	776	\$98.94
CF13E26/2	0 w	0	11 7 / 4100	MPR	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	MPR	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	CANS LOOK TO BE LED ALREADY	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	KITCHEN	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	KITCHEN	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	KITCHEN	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	CENTER SUPERVISOR OFFICE	Skip	Skip w	Skip	Skip w			
F411LL-A	32 w	10	11 7 / 4100	GAME ROOM	LED 4' Linear Fixture	16.23 w	10	157.7 w	49.3%	647	\$82.45
CF13E26/2	0 w	0	11 7 / 4100	GAME ROOM	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	GAME ROOM	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	BREAK ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	BREAK ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	STORAGE ROOM	Skip	Skip w	Skip	Skip w			
F431LL-A	0 w	0	11 7 / 4100	HALLWAY BY SPORTS OFFICE	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	HALLWAY BY SPORTS OFFICE	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	HALLWAY BY SPORTS OFFICE	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	ALCOVE TO MPR	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	SNACK BAR	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	SNACK BAR	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	SNACK BAR	Skip	Skip w	Skip	Skip w			
F441LL-A	0 w	0	11 7 / 4100	OFFICE	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	WALK-IN FRIDGE	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	SPORTS OFFICE	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	SPORTS SUPERVISOR	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	PRE-SCHOOL ROOM	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	PRE-SCHOOL ROOM	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	PRE-SCHOOL ROOM	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	PRE-SCHOOL ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	PRE-SCHOOL ROOM	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	MEN'S ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	MEN'S ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	TELEPHONE CLOSET	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	STORAGE CLOSET	Skip	Skip w	Skip	Skip w			
F421LL	0 w	0	11 7 / 4100	STORAGE CLOSET	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	WOMEN'S ROOM	Skip	Skip w	Skip	Skip w			
F411LL-A	0 w	0	11 7 / 4100	WOMEN'S ROOM	Skip	Skip w	Skip	Skip w			
F421LL	59 w	1	11 7 / 4100	MECH/ELEC	Skip	Skip w	Skip	Skip w			
F431LL	59 w	1	11 7 / 4100	JANITOR	LED 4' Linear Fixture	16.23 w	1	42.77 w	72.5%	175	\$22.36
CF13E26/2	0 w	0	11 7 / 4100	ELEVATOR MECH.	LED 4' Linear Fixture	16.23 w	1	42.77 w	72.5%	175	\$22.36
CF13E26/2	0 w	0	11 7 / 4100	COMMERCE CENTER SUPER	Skip	Skip w	Skip	Skip w			
CF13E26/2	0 w	0	11 7 / 4100	ELEVATOR	Skip	Skip w	Skip	Skip w			
F421LL	59 w	8	11 7 / 4100	EXTERIOR OF POOL BUILDING	LED 4' Linear Fixture	16.23 w	8	342.16 w	72.5%	1,403	\$178.89
HP335/1	46 w	4	11 7 / 4100	EXTERIOR OF POOL BUILDING	LED Area Light	40 w	4	24 w	13.0%	98	\$12.55
CF13E26/2	26 w	4	11 7 / 4100	CATS WITH LARGE PAR BULBS	LED 6" Can Light	18 w	4	32 w	30.8%	131	\$16.73
CF13E26/2	26 w	19	11 7 / 4100	UNDER AWNING BY SNACK BAR	LED A19	10 w	19	304 w	61.5%	1,246	\$158.94
CF13E26/2	0 w	0	/		Skip	Skip w	Skip	Skip w			
CF13E26/2	26 w	5	11 7 / 4100	GROUND-MOUNTED BY SHRUBS	LED A19	10 w	5	80 w	61.5%	328	\$41.83
MH175/1	215 w	10	11 7 / 4100	DECO POST- TOP	LED Area Light	40 w	10	1750 w	81.4%	7,174	\$914.96
MH250/1	295 w	5	11 7 / 4100	2-ARM PARKING LOT AL- 2 ON SIDEWALK BY FIELD	LED Retro Plate	80 w	5	1075 w	72.9%	4,407	\$562.04
HP335/1	46 w	8	11 7 / 4100	GAZEBO LIGHTS-1 PER	LED Area Light	40 w	8	48 w	13.0%	197	\$25.10

ENERGY AUDIT

Commerce, City of
Aquatic Center & Rosewood Park
2535 Commerce Way
Commerce, CA 90040
3-000-0105-13

EcoGreen Sales Rep:
Customer Contact:
Title of Contact:
Customer Phone:
Customer Email:

Approx Building Size 60,916 SF
Energy Rate 0.13 KWh



EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
CFL13E26/2	26 w	12	11 7 / 4100	RECESSED CAN	LED 6" Can Light	18 w	12	96 w	30.8%	394	\$50.19
MH1000/1	1080 w	67	11 7 / 4100	"Main Field" lights	LED Flood	320 w	67	50920 w	70.4%	208,756	\$26,622.62
MH250/1	295 w	3	11 7 / 4100	"MAIN FIELD" FLOODS (BOLTED ON POLE FOR 1000W FIXTURE)	LED Area Light	70 w	3	675 w	76.3%	2,767	\$352.91
MH1000/1	1080 w	1	11 7 / 4100	1-ARM B-BALL LIGHTS	LED Area Light	250 w	1	830 w	76.9%	3,403	\$433.95
MH1000/1	1080 w	6	11 7 / 4100	1-ARM B-BALL LIGHTS	LED Area Light	250 w	6	4980 w	76.9%	20,416	\$2,603.70
HP5400/1	465 w	2	11 7 / 4100	FLOOD'S MOUNTED ON B-BALL LIGHT	LED Area Light	110 w	2	710 w	76.3%	2,911	\$371.21
MH1000/1	1080 w	15	11 7 / 4100	1- ARM PARKING LOT	LED Area Light	250 w	15	12450 w	76.9%	51,041	\$6,509.26
MH1000/1	1080 w	5	11 7 / 4100	1- ARM PARKING LOT	LED Area Light	250 w	5	4150 w	76.9%	17,014	\$2,169.75
	0 w	0	/		Skip	Skip w	Skip	Skip w			
	0 w	0	/	PARK LIGHTS	Skip	Skip w	Skip	Skip w			
HP5400/1	465 w	3	11 7 / 4100	POLE 1	LED Flood	110 w	3	1065 w	76.3%	4,366	\$556.82
MH250/1	295 w	2	11 7 / 4100	POLE 1	LED Flood	75 w	2	440 w	74.6%	1,804	\$230.05
	0 w	0	/		Skip	Skip w	Skip	Skip w			
	0 w	0	/		Skip	Skip w	Skip	Skip w			
HP5400/1	465 w	3	11 7 / 4100	POLE 2	LED Flood	110 w	3	1065 w	76.3%	4,366	\$556.82
MH250/1	295 w	2	11 7 / 4100	POLE 2	LED Flood	75 w	2	440 w	74.6%	1,804	\$230.05
	0 w	0	/		Skip	Skip w	Skip	Skip w			
F421LL	59 w	5	11 7 / 4100	MEN'S ROOM	LED 4" Linear Fixture	16.23 w	5	213.85 w	72.5%	877	\$111.81
F421LL	59 w	5	11 7 / 4100	WOMEN'S ROOM	LED 4" Linear Fixture	16.23 w	5	213.85 w	72.5%	877	\$111.81
	0 w	0	/		Skip	Skip w	Skip	Skip w			
	0 w	0	/	CITY HALL	Skip	Skip w	Skip	Skip w			
	0 w	0	/		Skip	Skip w	Skip	Skip w			
MH70/1	95 w	13	11 7 / 4100	HALF CIRCLE WP	LED Wallpack	25 w	13	910 w	73.7%	3,731	\$475.78
MH150/1	190 w	8	11 7 / 4100	ALL MOUNTED FLOODS - BEHIND GLASS WALL (1 NOT BEHIND GLASS WALL)	LED Flood	17.61 w	8	1379.12 w	90.7%	5,654	\$721.05
MH70/1	95 w	4	11 7 / 4100	RECESSED CANS BY FIELD	LED 6" Can Light	18 w	4	308 w	81.1%	1,263	\$161.03
MH100/1	128 w	2	11 7 / 4100	POST TOP AL	LED Post Top	30 w	2	196 w	76.6%	804	\$102.48
MH70/1	95 w	3	11 7 / 4100	RECESSED SQUARE CANS BY BACK ENTRANCE	LED 6" Can Downlight w/PLATE	18 w	3	231 w	81.1%	947	\$120.77
MH250/1	295 w	1	11 7 / 4100	BACK ENTRANCE FLOOD	LED Flood	75 w	1	220 w	74.6%	902	\$115.02
CFQ25/2	66 w	9	11 7 / 4100	CEILING MOUNTED FLOODS - 2 LAMPS	LED PAR38	14 w	9	468 w	78.8%	1,919	\$244.69
MH250/1	295 w	3	11 7 / 4100	WALL PACKS BY SENIOR CENTER	LED Wallpack	42 w	3	759 w	85.8%	3,112	\$396.83
MH250/1	295 w	2	11 7 / 4100	POLE MOUNTED AL * NEAR SENIOR CENTER	LED Area Light-T07-WHITE	70 w	2	450 w	76.3%	1,845	\$235.27
MH70/1	95 w	2	11 7 / 4100	RECESSED CANS BY COUNCIL ENTRANCE	LED 6" Can Light	18 w	2	154 w	81.1%	631	\$80.52
MH250/1	295 w	2	11 7 / 4100	SMT AL BY COUNCIL ENTRANCE	LED Area Light-T07-WHITE	70 w	2	450 w	76.3%	1,845	\$235.27
MH100/1	128 w	4	11 7 / 4100	POST TOP AL	LED Post Top	30 w	4	392 w	76.6%	1,607	\$204.95
MH70/1	95 w	4	11 7 / 4100	RECESSED CANS BY LIBRARY ENTRANCE	LED 6" Can Light	18 w	4	308 w	81.1%	1,263	\$161.03
Totals		396	565756			w	396	92418.86 w	64.5%	378,888	\$48,319.57
92,419	Watts Saved			Total Project Cost After Rebate		\$220,222.02	Approximate Energy Savings Per Month				\$4,026.63
378,888	Annual KWh Saved			****Payback Period Yrs		4.56	Energy Savings Per Year				\$48,319.57
45.8	Avg Annual Res Powered by Savings			Average Estimated Life of LED		0.00	**Total Savings Over 5 Years				\$110,336.41
282	Annual CO2 Savings (MT)			Average Estimated Life of Existing Lighting		0.09	**Total Savings After 10 Years				\$237,932.85
64.5%	Average Electrical Savings						Estimated Energy Rebate				\$23,016.04
23.3%	ROI During Payback						IRS Tax Deduction 179D Available				\$36,549.60
5.16	Payback Period Yrs - Out of Pocket - No Rebates/Program						***Estimated Federal Tax Savings				\$12,792.36
3.66	Payback Period Yrs W/ Rebates & Yearly Bulb Replacement Savings						Btu Savings Per Month				26,279
4.29	Payback Period Yrs W/ Rebates & Federal Tax Savings						Bulb Replacement Savings Per Year				\$11,861.05
3.45	Payback Period Yrs Fully Comprehensive^						Bulb Replacement Savings Per Avg. Est. Life of LED				\$121.50
		Potential Write-Off Amount		Capital	Interest	Total	*Loan Payment				\$1,087.08

ENERGY AUDIT

Commerce, City of
Aquatic Center & Rosewood Park
2535 Commerce Way
Commerce, CA, 90040
3-000-0105-13

EcoGreen Sales Rep:
Customer Contact:
Title of Contact:
Customer Phone:
Customer Email:

Approx Building Size 60,916 SF
Energy Rate 0.13 KWh



EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
Year 1	7,366		0	7,366							
Year 2	7,366		0	7,366							
Year 3	7,366		0	7,366							
Year 4	7,366			7,366							
Year 5	7,366		#NUM!	#NUM!							
Totals		\$36,831.08	#NUM!	#NUM!							

*Payment is based on a year loan at 0%
** Reflects 6% per year cost of energy increase + Bulb Replacement
*** Based on IRS 179D Deduction @ 35% federal tax rate
**** Payback Period Yrs = (Total Project Cost - Rebate) / Estimated Savings Per Year
^ Payback Period Yrs = (Total Project Cost - Rebate - Tax Deduction - Tax Savings) / (Estimated Savings Per Year + Bulb Replacement Savings Per Yr)

NOTE: Attached calculations do not include depreciation deduction for project cost.
interest OAC, actual may vary.



Commerce, City of
 Aquatic Center & Rosewood Park
 2535 Commerce Way
 Commerce, CA, 90040
 3-000-0105-13

27611 La Paz Rd, Suite A2
 Laguna Niguel, CA. 92677
 info@ecogreen.cc
 (949) 364 - 6800

Quote

Quote # 501059
 DATE 1/30/2018

Reservation #
 Program:
 Account Number

Quotes are valid for 30 days from the above date.

Light EPN	INT/EXT	DESCRIPTION	QTY	Unit Price	Amount
EGLN-PH32-8ft-4000-UNV-SMT-D-X-X-X	INT	LED 8' Linear Fixture 32 w	1	\$210.00	\$210.00
EGLN-PH16.23-4ft-4000-UNV-SMT-D-X-X-X	EXT	LED 4' Linear Fixture 16.23 w	8	\$130.00	\$1,040.00
EGLN-PH16.23-4ft-4000-UNV-SMT-D-X-X-X	INT	LED 4' Linear Fixture 16.23 w	154	\$130.00	\$20,020.00
EGAL-SA40-5000-UNV-BZ-X-Type 3-X-PH-X-X	EXT	LED Area Light 40 w	22	\$250.00	\$5,500.00
EGCL-ML18-6"-2700-UNV-WH-REC-REC-PLT-X-X-X-X-X	EXT	LED 6" Can Light 18 w	26	\$115.00	\$2,990.00
EGCL-ML18-6"-2700-UNV-WH-REC-REC-PLT-X-X-X-X-X	EXT	LED 6" Can Downlight w/PLATE 18 w	3	\$115.00	\$345.00
EGLA-TCA1910-2700-120v-X-X-X	EXT	LED A19 10 w	24	\$8.90	\$213.60
EGRP-SA80-5000-UNV-GY-X-X-X-X-X-X-X	EXT	LED Retro Plate 80 w	5	\$425.00	\$2,125.00
EGAL-SA70-5000-UNV-GY-X-Type 3-X-PH-X-X	EXT	LED Area Light 70 w	3	\$397.00	\$1,191.00
EGAL-SA110-5000-UNV-GY-X-Type 3-X-PH-X-X	EXT	LED Area Light 110 w	2	\$550.00	\$1,100.00
EGFL-SA110-5000-UNV-BZ-X-X-X-PH-X-X	EXT	LED Flood 110 w	6	\$550.00	\$3,300.00
EGFL-SA75-5000-UNV-BZ-X-X-X-PH-X-X	EXT	LED Flood 75 w	5	\$297.00	\$1,485.00
EGWP-CR25-5000-UNV-BZ-X-FL-D-PH-X-X	EXT	LED Wallpack 25 w	13	\$280.00	\$3,640.00
EGFL-ST20-4000-UNV-BZ-X-X-X-X-X-X	EXT	LED Flood 17.61 w	8	\$145.00	\$1,160.00
EGPT-SA30-5000-X-X-X-X	EXT	LED Post Top 30 w	6	\$225.00	\$1,350.00
EGLA-TCP3814-3000-120v-X-X-X	EXT	LED PAR38 14 w	9	\$39.00	\$351.00
EGWP-CR42-5000-UNV-BZ-X-FL-D-PH-X-X	EXT	LED Wallpack 42 w	3	\$295.00	\$885.00
EGAL-SA70-5000-UNV-WH-T07-Type 3-X-PH-X-X	EXT	LED Area Light-T07-WHITE 70 w	4	\$397.00	\$1,588.00
EGFL-SA320-5000-UNV-GY-X-X-X-PH-X-X	EXT	LED Flood 320 w	67	\$1,519.00	\$101,773.00
EGAL-SA160-4000-UNV-X-X-X-X-PH-X-X	EXT	LED Area Light 160 w	7	\$750.00	\$5,250.00
EGRP-SA80-5000-UNV-X-N39-X-X-X	EXT	LED Retro Plate 80 w	20	\$425.00	\$8,500.00
		w			
		w			
		w			
		w			
		w			
				SUBTOTAL	\$164,016.60
All quantities need to be verified by the customer				LABOR	\$47,025.00
				SALES TAX	\$13,121.33
Misc. Charges:(Fasteners, Brackets, Mounts, Boom Rental, Scissor Lift, Wire, J Boxes, Wire Nuts, Disposal, Shipping & Handling, ETC.)					\$24,553.29
				TOTAL PROJECT COST	\$248,716.21
				TOTAL SCE FUNDING AMOUNT	\$217,498.80
				TOTAL SCE REBATE AMOUNT	\$31,257.29
				TOTAL OUT OF POCKET AMOUNT	\$0.00



SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015

November 27, 2017

Customer Information:

Robert Lipton
City of Commerce
2535 Commerce Way
Commerce, CA 90040

Trade Professional Information

Corey Brophy
Ecogreen Solutions
27611 La Paz Rd. Ste. A2
Laguna Niguel, CA 92677

RE: **NOTICE OF ON-BILL FINANCING (OBF) APPLICATION APPROVAL AND FUNDING RESERVATION**
PROJECT NUMBER: 318-17-0500992135 SA#: 3-000-0105-13

Dear Robert Lipton and Corey Brophy:

Your On-Bill Financing Application has been reviewed and approved, and funding for your On-Bill Financing (OBF) Loan has been reserved.

An OBF Loan Reservation for this project has been established in the amount of **\$217,498.80** and is subject to the following terms and conditions.

Terms and Conditions of Loan Reservation:

1. The reserved amount has been calculated based on the results of the review and approval of your Energy Efficiency Project Application, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Since the loan reservation amount is based on an approved project proposal, it is an estimate of what the actual loan amount may be.
 - 1a. An OBF Loan Term Calculation [LTC] is attached.
2. The actual loan amount will be calculated based on the results of the review and approval of your Energy Efficiency Project Installation Report, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Therefore, the actual amount of the OBF Loan may differ from the reserved amount presented above.
 - 2a. The actual amount of the OBF loan may be less than the reserved amount presented above.
 - 2b. The actual amount of the OBF loan shall not exceed the reserved amount presented above.
3. The expiration of the loan reservation shall be consistent with that of the project incentive.

Next Steps:

- You submit the completed Installation Report [IR] to SCE, and SCE will review it. Installation Report must be submitted within 60-days of measure installation date or final invoice date, whichever is greater.
- Measures installed before Dec. 31, 2017 must be submitted for rebate no later than Mar 2, 2018. Example: If a measure is installed before Dec 31, 2017, Installation Report must be submitted by Mar 2, 2018. (Does not apply to Expired Measures)
- SCE will calculate the actual final loan amount, based on the results of the IR approval, and the LTC provisions.
- SCE will issue 2 copies of the OBF Loan Agreement to you.
- You will sign, and have notarized, the Agreements and return to SCE.
- SCE will counter-sign the Agreements.
- SCE will provide you with 1 copy of the fully-executed Loan Agreement and will process the loan proceeds.



**SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015**

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to **BusinessIncentives@SCE.com**. Please have your Project Number available for reference when you call, or include it in your e-mail.

Sincerely,

Delia Williams
Program Manager - On Bill Financing
Southern California Edison Company.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning SCE is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

On-Bill Financing Program - Preliminary Loan Term Calculation (LTC1)

Completion Date/Time: 11/27/2017 1:18 PM
Project Number: 318-17-0500992135
Service Account: 3-000-0105-13
Customer Number: 1-0-000-1057
Customer Account Number: 2-00-437-0755
OBF Application Receipt Date: 9/7/2017

Project Type(s): Customized and Deemed
Market Segment: Government and Institutions
Business Name: COMMERCE, CITY OF
Reference Name: OBF -COMMERCE AQUATIC CENTER&ROSEWOOD
Address: 2535 COMMERCE WAY
City, CA Zip: COMMERCE, CA 90040

*** LTC1 ***

ACTUAL TERMS WILL BE CALCULATED
BASED ON FINAL REVIEW AND VERIFICATION
OF THE PROJECT INSTALLATION REPORT

LTC1 Reserved Amount is \$217,498.80
First month payment is \$1,812.49
119 subsequent monthly payments \$1,812.49

PROJECT ECONOMIC SUMMARY

A. AVERAGE ELECTRIC BILLING RATE – past 12 months (Cents/kWh) \$ 0.12753

B. ENERGY EFFICIENCY PROJECT SAVINGS

B.1. Estimated Annual Kilowatt Hour Savings (kWh) 170,546.8
 B.2. Estimated Annual Dollar(\$) Savings \$ 21,749.84
 B.3. Estimated Monthly Dollar(\$) Savings \$ 1,812.49

C. COSTS

C.1. Estimated Total Project Cost \$ 354,929.18
 C.2. Excess Project Cost \$ -
 C.3. Estimated Total Rebate/Incentive \$ 31,257.29
 C.4. Other \$ -
 C.5. Estimated Potential Loan Amount (Gross Amount) \$ 323,671.89
 C.6. LTC1 Reserved Amount \$ 323,671.89
 C.7. LTC2 Reserved Amount

D. LOAN

D.1. Gross Amount for Potential Financing \$ 250,000.00
 D.2. Monthly Loan Repayment Amount \$ 1,812.49
 D.3. Actual loan term (Months) 138
 D.4. Actual loan term (Years) 11.5

E. LOAN LIMIT TESTS

E.1. Market Segment Amount of Loan Test (Min/Max Loan Amount)

E.1.1. Market Segment Minimum Loan Amount \$ 5,000
 E.1.2. Market Segment Maximum Loan Amount \$ 250,000
 E.1.3. Within Market Segment Limit? Y

E.2. Customer Loan Limit Test (Previous Loans for this Service Account)

E.2.1. Service Account Loan Amount Limit \$ 250,000
 E.2.2. Previous Loans Reserved for this Service Account \$ -
 E.2.3. Estimated Amount Eligible for Loans \$ 250,000.00
 E.2.4. Within Available Amount? Y

E.3. Length of Loan Test

E.3.1. Loan Length Limit (months) 120
 E.3.2. Within Loan Length Limit? N

E.4. Expected Useful Life (EUL)* Loan Length Limit Test

E.4.1. Applicable Measure EUL (months) 120
 E.4.2. Within EUL Loan Length Limit? Y

E.5. EXCEPTION ANALYSIS (If any E.1 thru E.4. yields a "No")

E.5.1. First Payment Amount \$ 1,812.49
 E.5.2. Subsequent Monthly Loan Repayment Amount \$ 1,812.49
 E.5.3. Subsequent Monthly Payments 119
 E.5.4. Net Amount for Financing \$ 217,498.80

EXPLANATION

Based on Billing History

From Approved Project Application

Estimated Annual kWh Savings x Average Rate = \$ savings (B.1 x A)
 Estimated Monthly \$ Savings (B.2 / 12)

From Approved Project Application

Based on 20% Basic Lighting Cap Rule
 From Approved Project Application

(C.1) - (C.2) - (C.3) - (C.4)

From LTC1 calculation following Approved Project Application

Lesser of (C.5) or (E.1.2) or (E.2.3) or other rules apply
 (B.3)

Time required to repay loan in months (subject to exception analysis below)

Time required to repay loan in years: (D.3) / 12

Minimum Loan Amount per Service Account or Bundle
 Com, Ind, Ag = \$100,000, G&I, Multifamily = \$250,000
 Is D.1 within loan amount limits Y/N?

(E.1.2) or \$1M for G&I Facility

Total of previous OBF loans + reservations

(E.2.1) - (E.2.2), If < 0, then 0.

Is D.1. ≤ E.2.3. Y/N?

CIA = 60 months, G&I, Multifamily = 120 months

Is D.3 within limit Y/N?

EUL in months of measure with greatest kWh contribution

Is D.3 within limit Y/N?

Exception Analysis Loan Minimum Requirement Test

Does the loan amount from Exception Analysis meet the \$5K loan minimum requirement? YES

**Based on minimum loan requirement of \$5K and supplemental
 Exception Analysis, this amount qualifies for an estimated OBF
 loan.**

*Expected Useful Life (EUL): Each measure is expected to perform satisfactorily for a period of time. An EUL for each energy efficiency measure is assigned by the California Energy Commission (CEC).



SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015

January 18, 2018

Customer Information:

Robert Lipton
City Of Commerce
2535 Commerce Way
Commerce, CA 90040

Trade Professional Information

Corey Brophy
Ecogreen Solutions
27611 La Paz Rd Ste A2
Laguna Niguel, CA 92677-3999

RE: **NOTICE OF ON-BILL FINANCING (OBF) APPLICATION APPROVAL AND REVISED FUNDING RESERVATION**
PROJECT NUMBER: 318-17-0500990897 SA#: 3-000-0106-53

Dear Robert Lipton and Corey Brophy:

Your On-Bill Financing Application has been reviewed and approved, and funding for your On-Bill Financing (OBF) Loan has been reserved. This **Loan Reservation overrides any partial Loan Reservations previously received.**

An OBF Loan Reservation for this project has been established in the amount of **\$301,358.40** and is subject to the following terms and conditions.

Terms and Conditions of Loan Reservation:

1. The reserved amount has been calculated based on the results of the review and approval of your Energy Efficiency Project Application, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Since the loan reservation amount is based on an approved project proposal, it is an estimate of what the actual loan amount may be.
 - 1a. An OBF Loan Term Calculation [LTC] is attached.
2. The actual loan amount will be calculated based on the results of the review and approval of your Energy Efficiency Project Installation Report, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Therefore, the actual amount of the OBF Loan may differ from the reserved amount presented above.
 - 2a. The actual amount of the OBF loan may be less than the reserved amount presented above.
 - 2b. The actual amount of the OBF loan shall not exceed the reserved amount presented above.
3. The expiration of the loan reservation shall be consistent with that of the project incentive.

Next Steps:

- You submit the completed Installation Report [IR] to SCE, and SCE will review it. Installation Report must be submitted within 60-days of measure installation date or final invoice date, whichever is greater.
- Measures installed before Dec. 31, 2017 must be submitted for rebate no later than Mar 2, 2018. Example: If a measure is installed before Dec 31, 2017, Installation Report must be submitted by Mar 2, 2018. (Does not apply to Expired Measures)
- SCE will calculate the actual final loan amount, based on the results of the IR approval, and the LTC provisions.
- SCE will issue 2 copies of the OBF Loan Agreement to you.
- You will sign, and have notarized, the Agreements and return to SCE.
- SCE will counter-sign the Agreements.
- SCE will provide you with 1 copy of the fully-executed Loan Agreement and will process the loan proceeds.



**SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015**

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to **BusinessIncentives@SCE.com**. Please have your Project Number available for reference when you call, or include it in your e-mail.

Sincerely,

Delia Williams
Program Manager - On Bill Financing
Southern California Edison Company.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning SCE is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

On-Bill Financing Program - Preliminary Loan Term Calculation (LTC1)

Completion Date/Time: 1/18/2018 2:52 PM
Project Number: 318-17-0500990897
Service Account: 3-000-0106-53
Customer Number: 1-0-000-1057
Customer Account Number: 2-00-437-0755
OBF Application Receipt Date: 9/7/2017

Project Type(s): Customized and Deemed
Market Segment: Government and Institutions
Business Name: COMMERCE, CITY OF
Reference Name: CITY OF COMMERCE -VETERANS MEMORIAL PARK
Address: 6364 ZINDELL AVE
City, CA Zip: COMMERCE, CA 90040

*** LTC1 ***

ACTUAL TERMS WILL BE CALCULATED
BASED ON FINAL REVIEW AND VERIFICATION
OF THE PROJECT INSTALLATION REPORT

LTC1 Reserved Amount is \$301,358.40
First month payment is \$2,511.32
119 subsequent monthly payments \$2,511.32

PROJECT ECONOMIC SUMMARY

A. AVERAGE ELECTRIC BILLING RATE— past 12 months (Cents/kWh) \$ 0.16239

B. ENERGY EFFICIENCY PROJECT SAVINGS

B.1. Estimated Annual Kilowatt Hour Savings (kWh) 185,577.0
 B.2. Estimated Annual Dollar(\$) Savings \$ 30,135.86
 B.3. Estimated Monthly Dollar(\$) Savings \$ 2,511.32

C. COSTS

C.1. Estimated Total Project Cost \$ 475,782.00
 C.2. Excess Project Cost \$ -
 C.3. Estimated Total Rebate/Incentive \$ 23,340.18
 C.4. Other \$ -
 C.5. Estimated Potential Loan Amount (Gross Amount) \$ 452,441.82
 C.6. LTC1 Reserved Amount \$ 452,441.82
 C.7. LTC2 Reserved Amount

D. LOAN

D.1. Gross Amount for Potential Financing \$ 452,441.82
 D.2. Monthly Loan Repayment Amount \$2,511.32
 D.3. Actual loan term (Months) 181
 D.4. Actual loan term (Years) 15.1

E. LOAN LIMIT TESTS

E.1. Market Segment Amount of Loan Test (Min/Max Loan Amount)

E.1.1. Market Segment Minimum Loan Amount \$ 5,000
 E.1.2. Market Segment Maximum Loan Amount Facility
 E.1.3. Within Market Segment Limit? Y

E.2. Customer Loan Limit Test (Previous Loans for this Service Account)

E.2.1. Service Account Loan Amount Limit \$ 1,000,000
 E.2.2. Previous Loans Reserved for this Service Account \$ -
 E.2.3. Estimated Amount Eligible for Loans \$ 1,000,000.00
 E.2.4. Within Available Amount? Y

E.3. Length of Loan Test

E.3.1. Loan Length Limit (months) 120
 E.3.2. Within Loan Length Limit? N

E.4. Expected Useful Life (EUL)* Loan Length Limit Test

E.4.1. Applicable Measure EUL (months) 120
 E.4.2. Within EUL Loan Length Limit? Y

E.5. EXCEPTION ANALYSIS (If any E.1 thru E.4. yields a "No")

E.5.1. First Payment Amount \$ 2,511.32
 E.5.2. Subsequent Monthly Loan Repayment Amount \$ 2,511.32
 E.5.3. Subsequent Monthly Payments 119
 E.5.4. Net Amount for Financing \$ 301,358.40

EXPLANATION

Based on Billing History

From Approved Project Application

Estimated Annual kWh Savings x Average Rate = \$ savings (B.1 x A)
 Estimated Monthly \$ Savings (B.2 / 12)

From Approved Project Application
 Based on 20% Basic Lighting Cap Rule
 From Approved Project Application

(C.1) - (C.2) - (C.3) - (C.4)

From LTC1 calculation following Approved Project Application

Lesser of (C.5) or (E.1.2) or (E.2.3) or other rules apply
 (B.3)

Time required to repay loan in months (subject to exception analysis below)

Time required to repay loan in years: (D.3) / 12

Minimum Loan Amount per Service Account or Bundle
 Com, Ind, Ag = \$100,000, G&I, Multifamily = \$250,000
 Is D.1 within loan amount limits Y/N?

(E.1.2) or \$1M for G&I Facility

Total of previous OBF loans + reservations

(E.2.1) - (E.2.2), If < 0, then 0.

Is D.1 ≤ E.2.3. Y/N?

CIA = 60 months, G&I, Multifamily = 120 months

Is D.3 within limit Y/N?

EUL in months of measure with greatest kWh contribution

Is D.3 within limit Y/N?

Exception Analysis Loan Minimum Requirement Test

Does the loan amount from Exception Analysis meet the \$5K loan
 minimum requirement? YES

Based on minimum loan requirement of \$5K and supplemental
 Exception Analysis, this amount qualifies for an estimated OBF
 loan.

*Expected Useful Life (EUL): Each measure is expected to perform satisfactorily for a period of time. An EUL for each energy efficiency measure is assigned by the California Energy Commission (CEC).



SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243

February 2, 2018

Project Number: 318-17-0500990897
Project: Customized Solutions Approach
Customer Ref.: City of Commerce-Veterans Memorial Park

Trade Professional Information:

Corey Brophy
EcoGreen Solutions
27611 La Paz Rd, Suite A2
Laguna Niguel, CA 92677

Customer Information:

Robert Lipton
City of Commerce
2535 Commerce Way
Commerce, CA 90040

RE: NOTICE OF CUSTOMIZED SOLUTIONS CONTRACT AND INCENTIVE APPROVAL
SA # 3-000-0106-53

Dear Corey Brophy & Robert Lipton:

Thank you for submitting your Energy Management Solutions Incentive Application ("Application") for the Customized Solutions Program ("Program"). Your Application for incentives for the Project(s) described in your application has been reviewed and approved. Funds reserved are based on SCE approved savings estimate set forth below; however, the actual incentive payments will be made based on verified and actual savings' amounts:

SCE Final Approved Savings and Incentive Estimate				
SOLUTIONS DESCRIPTION	Code	kWh	kW	\$ Incentive Amount
Exterior LED Fixture mounted	LT-19132	14,710.1	0.00	\$ 1,176.81
Exterior LED Fixture mounted above 40 ft.	LT-19133	52,416.0	0.00	\$ 4,193.28
Total Approved Savings/Incentive Estimates		67,126.1	0.00	\$ 5,370.09
<i>Project Cost Adjustment</i>				
Total Estimated Incentive				\$ 5,370.09
10% Measurement and Verification Adder (if applicable)				

If you do not concur with the energy savings and incentive amounts shown above, you have 30 days from the date of this letter to notify SCE, so that we can attempt to resolve your concern(s). If you do not notify us of any concerns within 30 days of this letter, the savings/incentive estimates set forth above will be deemed correct. If you agree with the estimates, you may proceed to purchase and install the above solution code(s) at any time. This Project Approval incorporates by reference the Application, including the Applicant Agreement regarding Program Terms and Conditions.

Check out www.sce.com To see if you qualify for the Comprehensive Bonus.

(Rev. April 2017)

After your project is **completely installed**, operational, and meets all requirements of the Program, which is described in detail in the Customized Statewide Procedures Manual for Business and at www.sce.com/customized_solutions:

- **Complete, sign and submit the enclosed Customized Solutions Installation Report.**
- Submit final invoices and/or documentation to support project cost, clearly detailing all costs associated with the project (equipment, labor, tax, etc.).
- Submit complete engineering calculations to demonstrate energy savings and documentation, if applicable (including archival diskette, CD, etc.).
- Submit schematic drawings and/or manufacturer specification sheets, if applicable.
- Operating Report, if measurement and verification is required.
- Submit Pump Curve (if applicable)
- Submit Permit Closure for HVAC measures (if applicable)

NOTE:

As a reminder, the deadline for the project to be completely installed and operational is one year from the date of this Project Approval letter. Please submit the completed Installation Report within 30 days after installation and prior to the one year deadline.

Upon SCE review and approval of your completed Installation Report and supporting cost documentation, you will be notified in writing. Thereafter, SCE will process the incentive check or SCE utility bill credit, as applicable. If SCE is unable to approve your incentives based on the information provided, SCE may require you to submit other documents related to the Project, Project site, solutions, energy savings, or any other documents it requires, in its sole discretion, to make a decision on your Application.

If you have any questions, please contact your SCE Account Representative. You may also call us at (626) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to BusinessIncentives@sce.com. Please have your project number available for reference when you call and include it in any e-mail correspondence.

Business Incentives Team
Southern California Edison

WT2#/UPN/Service Contract ID	318-17-0500990897
Review Completion Date	12/04/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

		1	2
Approval	Status	Declined	Approved as submitted
	Additional Comments	During the pre-installation site inspection, the inspector reported that the existing fixtures had been removed and construction had commenced at the site. See photos in the inspection tab. The reviewer removed the interior fixture savings from this application as existing equipment must be in operation to be eligible for incentive.	The existing exterior fixtures in this application are mounted 7 feet and 8 feet above grade.
Solution Code	Submitted	LT-17492	LT-19132
	Description	Interior LED fixture replacement (utilizing approved luminaries)	
	Approved	LT-17492	LT-19132
	Description	Interior LED fixture replacement (utilizing approved luminaries)	
EUL	Submitted	12.00	12.00
	Approved		12.00
	Source		
RUL	Submitted	N/A	N/A
	Approved	N/A	N/A
	Source	N/A	N/A
Install Type	Submitted	ROB	ROB
	Approved		ROB
	Assessment		Approved as submitted
Project Baseline Technology	Submitted	T8 Fixtures	HPS and Incandescent Fixtures
	Approved	N/A	HPS and Incandescent Fixtures
Project Measure Technology	Submitted	LED fixtures	LED fixtures
	Approved	N/A	LED fixtures
Calculation Methodology	Approved	Easy Lighting Calculator V3.0	Easy Lighting Calculator V3.0
	Changes made		
	Additional Comments		
Project Savings	1st Period kWh Savings		14,710.10
	1st Period kW Savings		
	2nd Period kWh Savings		
	2nd Period kW Savings		
Project Therms Indirect	1st Period		
	2nd Period		
Project Cost Basis	Approved 1st Baseline	\$ -	\$ 1,614.22
	Approved 2nd Baseline		\$ -
	Cost Documentation [GMC]	Cost Estimate Reference	Cost Estimate Reference
	Cost Documentation [IMC]	Cost Estimate Reference	Cost Estimate Reference
	Early Retirement Cost [ERC]	\$ -	\$ -
Is Onsite Generation Present at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	There is no onsite generation at the facility that may impact the proposed measure savings.
Load Shifting employed at this customer site?		No load shifting strategies are in place that impact the demand reduction savings.	No load shifting strategies are in place that impact the demand reduction savings.
Customer site enrolled in Demand Response Programs?		The customer site is not enrolled in any SCE Demand Response Programs.	The customer site is not enrolled in any SCE Demand Response Programs.
Does Equipment Operate 2-5PM During DEER Peak Periods?		Yes	No
Is the Submitted M&V Plan Approved ?		Not Required	Not Required

WT2#/UPN/Service Contract ID	318-17-0500990897
Review Completion Date	12/04/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

		3	4
Approval	Status	Approved as submitted	Declined
	Additional Comments	The existing exterior fixtures in this application are 65 feet above grade.	During the pre-installation site inspection, the inspector reported that the existing fixtures had been removed and construction had commenced at the site. See photos in the inspection tab. The reviewer removed the interior fixture savings from this application as existing equipment must be in operation to be eligible for incentive.
Solution Code	Submitted	LT-19133	LT-58676
	Description		Interior LED recessed, surface and pendant-mounted downlights
	Approved	LT-19133	
	Description		
EUL	Submitted	12.00	12.00
	Approved	0.00	
	Source		
RUL	Submitted	N/A	N/A
	Approved	N/A	N/A
	Source	N/A	N/A
Install Type	Submitted	ROB	ROB
	Approved		
	Assessment	Approved as submitted	
Project Baseline Technology	Submitted	CFL fixtures	CFL Fixtures
	Approved	CFL fixtures	N/A
Project Measure Technology	Submitted	LED fixtures	LED fixtures
	Approved	LED fixtures	N/A
Calculation Methodology	Approved	Customized Analysis	
	Changes made	Other	
	Additional Comments	Hours of operation were changed by the applicant as the savings for this measure exceeded the Average Energy Usage Vs. Estimated Savings Comparison Sheet found in attachment "OBF Usage Vs Savings_318-17-0500990897_SA_3-000-0106-53.pdf". The applicant provided an update to the hours of operation in attachment "Email.pdf" of 780 hr/yr. (3 hr/day x 5 days/week x 52 weeks/ year). The reviewer updated the calculations in attachment "318-17-0500990897_QUOTES_quote 501050 - city of commerce - veteran's memorial park - r2 - 7.21.17-ple.xls".	
Project Savings	1st Period kWh Savings	52,416.00	
	1st Period kW Savings		
	2nd Period kWh Savings		
	2nd Period kW Savings		
Project Therms Indirect	1st Period		
	2nd Period		
Project Cost Basis	Approved 1st Baseline	\$ 112,556.08	\$ -
	Approved 2nd Baseline	\$ -	\$ -
	Cost Documentation [GMC]	Cost Estimate Reference	
	Cost Documentation [IMC]	Cost Estimate Reference	
	Early Retirement Cost [ERC]	\$ -	\$ -
Is Onsite Generation Present at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	
Load Shifting employed at this customer site?		No load shifting strategies are in place that impact the demand reduction savings.	
Customer site enrolled in Demand Response Programs?		The customer site is not enrolled in any SCE Demand Response Programs.	
Does Equipment Operate 2-5PM During DEER Peak Periods?		No	
Is the Submitted M&V Plan Approved ?		Not Required	



Energy Management Solutions Incentives Application for Business Customers **Customized Installation Report**

UPN#: 318-17-0500990897 **SA#:** 3-000-0106-53 **Customer Ref.:** City of Commerce-Veterans Memorial I
Customer Name: City of Commerce **Trade Professional:** EcoGreen Solutions

INSTRUCTIONS:

After your project is installed and operational, input the project installation commencement and completion dates in the fields provided in Section 3. Review the information from your Application Approval Letter. If nothing has changed, and the information in Customized Solutions and Energy Savings is correct, complete and sign Section 8 on page 2 of this Installation Report (IR) Form. If any information differs from Section 1 of this page or your Application Approval Letter, use Section 4 on page 2 of this IR Form to indicate the change. Then, mark the appropriate check box in section 8 on page 2 of this IR Form. If any Payment Information differs from Section 2 on page 1 of this IR Form, complete Section 5 on page 2. Review Sections 6 and 7 on page 2 of this IR Form and complete if applicable. Sign and return both pages to SCE at one of the addresses below.

Business Incentives
Southern California Edison
 P.O. Box 800
 Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: Contact your Account Manager
 or call (626) 635-6015

Section 1 - Customized Solutions, Energy Savings & On-Peak Demand Reduction Estimate:

NOTE: If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage		Installed Usage		Approved Savings		Incentive Rate	Project Cost	Incentive Amount
1	LT-19132	16,090.20	kWh	1,380.10	kWh	14710.1	kWh	\$ 0.08	\$ 9,883.50	\$ 1,176.81
			kW		kW	0.00	kW	\$ -		
2	LT-19133	70,324.80	kWh	17,908.80	kWh	52,416.00	kWh	\$ 0.08	\$ 175,980.00	\$ 4,193.28
			kW		kW	0.00	kW	\$ -		
3			kWh		kWh		kWh			
			kW		kW		kW			
4			kWh		kWh		kWh			
			kW		kW		kW			
5			kWh		kWh		kWh			
			kW		kW		kW			

Total Approved Energy Savings (kWh):	67126.10	Total Approved On-Peak Reduction (kW):	0.00
Total Project Cost (\$):	\$185,863.50	Calculated Savings Incentive:	\$5,370.09
		<small>* Includes Project Cost Adjustment (if Applicable)</small>	

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.

Section 2 - Payment Information: (As indicated on the Application)

A. Form of Payment: Incentive Check to third party

B. Payee Information: (Check to Customer, Check to TradePro or Check to Third Party)

Payee-Customer/ Business Name EcoGreen Solutions	Corey Brophy
27611 La Paz Rd, Suite A2	Attention to (only if required to be printed on the check) Laguna Niguel
Company/Business Mailing Address	Title CA
949-364-6800	City State
Contact Phone Number	Zip Code 92677
Contact E-Mail Address submissions@ecogreen-solutions.net	

C. Tax Identification Type: Federal Tax ID 800196823 Corporation
Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN) Identification Number Tax Status

D. Utility Bill Credit: 3- Exempt Reason

2- Service Account Number Customer Account Number

Section 3 - Installation Dates:

Complete both dates:

Installation Commencement Date:

Installation Completion Date:

Section 4 - Customized Solutions, Energy Savings & On-Peak Demand Reduction: (If different than page 1)**NOTE:** If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage	Installed Usage	Savings	Incentive Rate	Project Cost	Incentive Amount
1		kWh	kWh	kWh			
		kW	kW	kW			
2		kWh	kWh	kWh			
		kW	kW	kW			
3		kWh	kWh	kWh			
		kW	kW	kW			
4		kWh	kWh	kWh			
		kW	kW	kW			
5		kWh	kWh	kWh			
		kW	kW	kW			

Total Energy Savings (kWh):

Total On-Peak Reduction (kW):

Total Project Cost (\$):

Calculated Savings Incentive:

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.**Section 5 - Payment Information:** (Use this box to update Payment Information if different from page 1)**A. Form of Payment:**

(Check to Customer, Check to TradePro or Check to Third Party)

B. Payee Information:

Payee-Customer/ Business Name

Attention to (only if required to be printed on the check)

Title

Company/Business Mailing Address

City

State

Zip Code

Contact Phone Number

Contact E-Mail Address

C. Tax Identification Type:

Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN)

Identification Number

Tax Status

Exempt Reason

D. Utility Bill Credit: 3-

2-

Service Account Number

Customer Account Number

Section 6 - To be completed only if you have installed retrocommissioning (RCx) measures:**Attach the following supporting documentation with this Installation Report:**

- ☐ Verification data as evidence of implementation.
- ☐ Updated savings calculations, where applicable.
- ☐ Copies of invoices for implementation, as proof of the Customer's implementation costs.
- ☐ RCx Training Completion Form, including the training agenda, training materials, list of attendees, and measure persistence strategies.

See the RCx Program Guidelines for more information on these items.**Section 7 - To be completed only if you are requesting an HVAC Rebate:****1. HVAC Permit (if required).** If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.) Permit # _____ Agency _____**2. Contractor Certification.** If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor

Name (please print)

Date

Section 8 - Installation/Operation Statement and Signature:**Check appropriate boxes:**

- ☐ No changes to the proposed solutions have been made since the Project Application Review and Approval, and the Customer or Trade Professional verifies that the Application approved savings calculations are correct.
- ☐ Due to changes to the proposed measures, appropriate adjustments in the savings calculations have been made. For measures with changes made during installation, use this section, and Sections 4 on page 2, to calculate the revised installed energy usage, energy savings, peak demand reduction, and incentives. Attach the appropriate calculation backup: the output from the Estimation Software, Calculated Energy Savings Total or the calculation sheets that document the engineering calculations.

I, the Customer or Trade Professional below, certify that (i) the Energy Efficiency Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Energy Efficiency Solutions and any required monitoring data collection per approved M&V plan, are also certified.

Signature

Name (please print)

Title

Date

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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

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 Publication 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 28% 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 Part II instructions on page 3 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* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

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* on page 3 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.

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, list first, and then circle, the name of the person or entity whose number you entered in Part I of 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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

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.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), 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 the chart on page 4 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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.

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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. 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
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. 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* on page 2.

***Note.** 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 Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system 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.

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 contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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, 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 Part II instructions on page 3 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 the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. 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 the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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, and payments for services paid by a federal executive agency.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 domestic 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, below, and items 4 and 5 on page 4 indicate 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 the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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.

2016 Withholding Exemption Certificate**590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent

Name _____

Payee

Name _____

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____

ZIP code _____

Exemption Reason

Check only one reason box below that applies to the payee.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (____) _____

Payee's signature ► _____ Date _____

2016 Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to ftb.ca.gov and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to edd.ca.gov or call 888.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.

- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB. If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California non-wage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

Exemption Reason – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Keep Form 590 for your records. The certification remains valid for 5 years or until the payee's status changes. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**

916.845.4900

Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States

TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov

Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos

TTY/TDD: 800.822.6268 para personas con
discapacidades auditivas
o del habla

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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. 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
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation 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* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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.

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 at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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. 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.

Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

What's New

Backup Withholding – Beginning on or after January 1, 2010, with certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the Franchise Tax Board (FTB). The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp No.); or Secretary of State (SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit. For more information go to ftb.ca.gov and search for **backup withholding**.

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding. California residents or entities should complete and present Form 590 to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the FTB that the form should not be relied upon.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities

- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities
- A foreign government or any of its political subdivisions, agencies, or instrumentalities

Important – This form cannot be used for exemption from wage and real estate withholding.

- If you are an employee, any wage withholding questions should be directed to the FTB General Information number, 800.852.5711. Employers should call 888.745.3886 or go to www.edd.ca.gov.
- Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties with activities in California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication see General Information H, Publications, Forms, and Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee

until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the Franchise Tax Board.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes.

Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

An individual is still considered outside California for other than a temporary or transitory purpose if return visits to California do not total more than 45 days during any taxable year covered by an employment contract.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse/RDP absent from California for an uninterrupted period of at least 546 days to accompany a spouse/RDP under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, and FTB Pub. 1032, Tax Information for Military Personnel, or call the FTB at 800.852.5711 or 916.845.6500.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home
- To which you intend to return whenever you are absent

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders (Note: California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA).

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

F What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

G Withholding Agent

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see General Information H.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold and report the withholding using Form 592, Resident and Nonresident Withholding Statement, and remit the withholding using Form 592-V, Payment Voucher for Resident and Nonresident Withholding. Form 592-B, Resident and Nonresident Withholding Tax Statement, is retained by the withholding agent and a copy is given to the payee.

H Publications, Forms, and Additional Information

You can download, view, and print California tax forms and publications at ftb.ca.gov.

To have publications or forms mailed to you or to get additional nonresident withholding information, contact the Withholding Services and Compliance.

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Telephone: 888.792.4900
916.845.4900

Fax: 916.845.9512

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov
Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States
TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov
Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos
TTY/TDD: 800.822.6268 personas con
discapacidades auditivas
y del habla



SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243

February 2, 2018

Project Number: 318-17-0500990897
Project: Customized Solutions Approach
Customer Ref.: City of Commerce-Veterans Memorial Park

Trade Professional Information:

Corey Brophy
EcoGreen Solutions
27611 La Paz Rd, Suite A2
Laguna Niguel, CA 92677

Customer Information:

Robert Lipton
City of Commerce
2535 Commerce Way
Commerce, CA 90040

RE: NOTICE OF CUSTOMIZED SOLUTIONS CONTRACT AND INCENTIVE APPROVAL
SA # 3-000-0106-53

Dear Corey Brophy & Robert Lipton:

Thank you for submitting your Energy Management Solutions Incentive Application ("Application") for the Customized Solutions Program ("Program"). Your Application for incentives for the Project(s) described in your application has been reviewed and approved. Funds reserved are based on SCE approved savings estimate set forth below; however, the actual incentive payments will be made based on verified and actual savings' amounts:

SCE Final Approved Savings and Incentive Estimate				
SOLUTIONS DESCRIPTION	Code	kWh	kW	\$ Incentive Amount
Exterior LED Fixture mounted	LT-19132	14,710.1	0.00	\$ 1,176.81
Exterior LED Fixture mounted above 40 ft.	LT-19133	52,416.0	0.00	\$ 4,193.28
Total Approved Savings/Incentive Estimates		67,126.1	0.00	\$ 5,370.09
<i>Project Cost Adjustment</i>				
Total Estimated Incentive				\$ 5,370.09
10% Measurement and Verification Adder (if applicable)				

If you do not concur with the energy savings and incentive amounts shown above, you have 30 days from the date of this letter to notify SCE, so that we can attempt to resolve your concern(s). If you do not notify us of any concerns within 30 days of this letter, the savings/incentive estimates set forth above will be deemed correct. If you agree with the estimates, you may proceed to purchase and install the above solution code(s) at any time. This Project Approval incorporates by reference the Application, including the Applicant Agreement regarding Program Terms and Conditions.

Check out www.sce.com To see if you qualify for the Comprehensive Bonus.

(Rev. April 2017)

After your project is **completely installed**, operational, and meets all requirements of the Program, which is described in detail in the Customized Statewide Procedures Manual for Business and at www.sce.com/customized_solutions:

- **Complete, sign and submit the enclosed Customized Solutions Installation Report.**
- Submit final invoices and/or documentation to support project cost, clearly detailing all costs associated with the project (equipment, labor, tax, etc.).
- Submit complete engineering calculations to demonstrate energy savings and documentation, if applicable (including archival diskette, CD, etc.).
- Submit schematic drawings and/or manufacturer specification sheets, if applicable.
- Operating Report, if measurement and verification is required.
- Submit Pump Curve (if applicable)
- Submit Permit Closure for HVAC measures (if applicable)

NOTE:

As a reminder, the deadline for the project to be completely installed and operational is one year from the date of this Project Approval letter. Please submit the completed Installation Report within 30 days after installation and prior to the one year deadline.

Upon SCE review and approval of your completed Installation Report and supporting cost documentation, you will be notified in writing. Thereafter, SCE will process the incentive check or SCE utility bill credit, as applicable. If SCE is unable to approve your incentives based on the information provided, SCE may require you to submit other documents related to the Project, Project site, solutions, energy savings, or any other documents it requires, in its sole discretion, to make a decision on your Application.

If you have any questions, please contact your SCE Account Representative. You may also call us at (626) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to BusinessIncentives@sce.com. Please have your project number available for reference when you call and include it in any e-mail correspondence.

Business Incentives Team
Southern California Edison

WT2#/UPN/Service Contract ID	318-17-0500990897
Review Completion Date	12/04/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

		1	2
Approval	Status	Declined	Approved as submitted
	Additional Comments	During the pre-installation site inspection, the inspector reported that the existing fixtures had been removed and construction had commenced at the site. See photos in the inspection tab. The reviewer removed the interior fixture savings from this application as existing equipment must be in operation to be eligible for Incentive.	The existing exterior fixtures in this application are mounted 7 feet and 8 feet above grade.
Solution Code	Submitted	LT-17492	LT-19132
	Description	Interior LED fixture replacement (utilizing approved luminaries)	
	Approved	LT-17492	LT-19132
	Description	Interior LED fixture replacement (utilizing approved luminaries)	
EUL	Submitted	12.00	12.00
	Approved		12.00
RUL	Source		
	Submitted	N/A	N/A
	Approved	N/A	N/A
Install Type	Source	N/A	N/A
	Submitted	ROB	ROB
	Approved		ROB
Project Baseline Technology	Assessment		Approved as submitted
	Submitted	T8 Fixtures	HPS and incandescent Fixtures
Project Measure Technology	Approved	N/A	HPS and incandescent Fixtures
	Submitted	LED fixtures	LED fixtures
	Approved	N/A	LED fixtures
Calculation Methodology	Approved	Easy Lighting Calculator V3.0	Easy Lighting Calculator V3.0
	Changes made		
	Additional Comments		
Project Savings	1st Period kWh Savings		14,710.10
	1st Period kW Savings		
	2nd Period kWh Savings		
	2nd Period kW Savings		
Project Therms Indirect	1st Period		
	2nd Period		
Project Cost Basis	Approved 1st Baseline	\$ -	\$ 1,614.22
	Approved 2nd Baseline		\$ -
	Cost Documentation [GMC]	Cost Estimate Reference	Cost Estimate Reference
	Cost Documentation [IMC]	Cost Estimate Reference	Cost Estimate Reference
	Early Retirement Cost [ERC]	\$ -	\$ -
Is Onsite Generation Present at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	There is no onsite generation at the facility that may impact the proposed measure savings.
Load Shifting employed at this customer site?		No load shifting strategies are in place that impact the demand reduction savings.	No load shifting strategies are in place that impact the demand reduction savings.
Customer site enrolled in Demand Response Programs?		The customer site is not enrolled in any SCE Demand Response Programs.	The customer site is not enrolled in any SCE Demand Response Programs.
Does Equipment Operate 2-5PM During DEER Peak Periods?		Yes	No
Is the Submitted M&V Plan Approved ?		Not Required	Not Required

WT2#/UPN/Service Contract ID	318-17-0500990897
Review Completion Date	12/04/17
Technical Review Engineer	Doron Fishman
Consulting Firm	PL Energy

		3	4
Approval	Status	Approved as submitted	Declined
	Additional Comments	The existing exterior fixtures in this application are 65 feet above grade.	During the pre-installation site inspection, the inspector reported that the existing fixtures had been removed and construction had commenced at the site. See photos in the inspection tab. The reviewer removed the interior fixture savings from this application as existing equipment must be in operation to be eligible for incentive.
Solution Code	Submitted	LT-19133	LT-58676
	Description		Interior LED recessed, surface and pendant-mounted downlights
	Approved	LT-19133	
	Description		
EUL	Submitted	12.00	12.00
	Approved	0.00	
	Source		
RUL	Submitted	N/A	N/A
	Approved	N/A	N/A
	Source	N/A	N/A
Install Type	Submitted	ROB	ROB
	Approved		
	Assessment	Approved as submitted	
Project Baseline Technology	Submitted	CFL fixtures	CFL Fixtures
	Approved	CFL fixtures	N/A
Project Measure Technology	Submitted	LED fixtures	LED fixtures
	Approved	LED fixtures	N/A
Calculation Methodology	Approved	Customized Analysis	
	Changes made	Other	
	Additional Comments	Hours of operation were changed by the applicant as the savings for this measure exceeded the Average Energy Usage Vs. Estimated Savings Comparison Sheet found in attachment "OBF Usage Vs Savings_318-17-0500990897_SA_3-000-0106-53.pdf".	
		The applicant provided an update to the hours of operation in attachment "Email.pdf" of 780 hr/yr. (3 hr/day x 5 days/week x 52 weeks/ year). The reviewer updated the calculations in attachment "318-17-0500990897_QUOTES_quote 501050 - city of commerce - veteran's memorial park - r2 - 7.21.17-ple.xls".	
Project Savings	1st Period kWh Savings	52,416.00	
	1st Period kW Savings		
	2nd Period kWh Savings		
	2nd Period kW Savings		
Project Therms Indirect	1st Period		
	2nd Period		
Project Cost Basis	Approved 1st Baseline	\$ 112,556.08	\$ -
	Approved 2nd Baseline	\$ -	\$ -
	Cost Documentation [GMC]	Cost Estimate Reference	
	Cost Documentation [IMC]	Cost Estimate Reference	
	Early Retirement Cost [ERC]	\$ -	\$ -
Is Onsite Generation Present at this customer site?		There is no onsite generation at the facility that may impact the proposed measure savings.	
Load Shifting employed at this customer site?		No load shifting strategies are in place that impact the demand reduction savings.	
Customer site enrolled in Demand Response Programs?		The customer site is not enrolled in any SCE Demand Response Programs.	
Does Equipment Operate 2-5PM During DEER Peak Periods?		No	
Is the Submitted M&V Plan Approved ?		Not Required	



Energy Management Solutions Incentives Application for Business Customers Customized Installation Report

UPN#: 318-17-0500990897 SA#: 3-000-0106-53 Customer Ref.: City of Commerce-Veterans Memorial F
Customer Name: City of Commerce Trade Professional: EcoGreen Solutions

INSTRUCTIONS:

After your project is installed and operational, input the project installation commencement and completion dates in the fields provided in Section 3. Review the information from your Application Approval Letter. If nothing has changed, and the information in Customized Solutions and Energy Savings is correct, complete and sign Section 8 on page 2 of this Installation Report (IR) Form. If any information differs from Section 1 of this page or your Application Approval Letter, use Section 4 on page 2 of this IR Form to indicate the change. Then, mark the appropriate check box in section 8 on page 2 of this IR Form. If any Payment Information differs from Section 2 on page 1 of this IR Form, complete Section 5 on page 2. Review Sections 6 and 7 on page 2 of this IR Form and complete if applicable. Sign and return both pages to SCE at one of the addresses below.

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: Contact your Account Manager
or call (626) 635-6015

Section 1 - Customized Solutions, Energy Savings & On-Peak Demand Reduction Estimate:

NOTE: If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage		Installed Usage		Approved Savings		Incentive Rate	Project Cost	Incentive Amount
1	LT-19132	16,090.20	kWh	1,380.10	kWh	14710.1	kWh	\$ 0.08	\$ 9,883.50	\$ 1,176.81
			kW		kW	0.00	kW	\$ -		
2	LT-19133	70,324.80	kWh	17,908.80	kWh	52,416.00	kWh	\$ 0.08	\$ 175,980.00	\$ 4,193.28
			kW		kW	0.00	kW	\$ -		
3			kWh		kWh		kWh			
			kW		kW		kW			
4			kWh		kWh		kWh			
			kW		kW		kW			
5			kWh		kWh		kWh			
			kW		kW		kW			

Total Approved
Energy Savings (kWh): 67126.10

Total Approved
On-Peak Reduction (kW): 0.00

Total Project Cost (\$): \$185,863.50

Calculated Savings Incentive: \$5,370.09
* Includes Project Cost Adjustment (If Applicable)

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.

Section 2 - Payment Information: (As indicated on the Application)

A. Form of Payment: Incentive Check to third party

(Check to Customer, Check to TradePro or Check to Third Party)

B. Payee Information:

EcoGreen Solutions

Corey Brophy

Payee-Customer/ Business Name

Attention to (only if required to be printed on the check)

Title

27611 La Paz Rd, Suite A2

Laguna Niguel

CA

92677

Company/Business Mailing Address

City

State

Zip Code

949-364-6800

submissions@ecogreen-solutions.net

Contact Phone Number

Contact E-Mail Address

C. Tax Identification Type:

Federal Tax ID

800196823

Corporation

Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN)

Identification Number

Tax Status

Exempt Reason

D. Utility Bill Credit: 3-

2-

Service Account Number

Customer Account Number

Section 3 - Installation Dates:

Complete both dates:

Installation Commencement Date:

Installation Completion Date:

Section 4 - Customized Solutions, Energy Savings & On-Peak Demand Reduction: (If different than page 1)**NOTE:** If submitting more than 5 Solutions complete and attach the Customized Solution page from the Multiple Site/Solution Worksheet at www.sceonlineapp.com

Line #	Solution Code	Baseline Usage	Installed Usage	Savings	Incentive Rate	Project Cost	Incentive Amount
1		kWh	kWh	kWh			
		kW	kW	kW			
2		kWh	kWh	kWh			
		kW	kW	kW			
3		kWh	kWh	kWh			
		kW	kW	kW			
4		kWh	kWh	kWh			
		kW	kW	kW			
5		kWh	kWh	kWh			
		kW	kW	kW			

Total Energy Savings (kWh):

Total On-Peak Reduction (kW):

Total Project Cost (\$):

Calculated Savings Incentive:

NOTE: For projects requiring M&V, attach any required baseline or post-installation measurements and analysis, as specified in your approved M&V plan.**Section 5 - Payment Information:** (Use this box to update Payment Information if different from page 1)**A. Form of Payment:**

(Check to Customer, Check to TradePro or Check to Third Party)

B. Payee Information:

Payee-Customer/ Business Name

Attention to (only if required to be printed on the check)

Title

Company/Business Mailing Address

City

State

Zip Code

Contact Phone Number

Contact E-Mail Address

C. Tax Identification Type:

Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN)

Identification Number

Tax Status

Exempt Reason

D. Utility Bill Credit: 3-

2-

Service Account Number

Customer Account Number

Section 6 - To be completed only if you have installed retrocommissioning (RCx) measures:

Attach the following supporting documentation with this Installation Report:

- ☐ Verification data as evidence of implementation.
- ☐ Updated savings calculations, where applicable.
- ☐ Copies of invoices for implementation, as proof of the Customer's implementation costs.
- ☐ RCx Training Completion Form, including the training agenda, training materials, list of attendees, and measure persistence strategies.

See the RCx Program Guidelines for more information on these items.

Section 7 - To be completed only if you are requesting an HVAC Rebate:1. **HVAC Permit (if required).** If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.) Permit # _____ Agency _____2. **Contractor Certification.** If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor

Name (please print)

Date

Section 8 - Installation/Operation Statement and Signature:

Check appropriate boxes:

- ☐ No changes to the proposed solutions have been made since the Project Application Review and Approval, and the Customer or Trade Professional verifies that the Application approved savings calculations are correct.
- ☐ Due to changes to the proposed measures, appropriate adjustments in the savings calculations have been made. For measures with changes made during installation, use this section, and Sections 4 on page 2, to calculate the revised installed energy usage, energy savings, peak demand reduction, and incentives. Attach the appropriate calculation backup: the output from the Estimation Software, Calculated Energy Savings Total or the calculation sheets that document the engineering calculations.

I, the Customer or Trade Professional below, certify that (i) the Energy Efficiency Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Energy Efficiency Solutions and any required monitoring data collection per approved M&V plan, are also certified.

Signature

Name (please print)

Title

Date

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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

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 Publication 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 28% 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 Part II instructions on page 3 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* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

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* on page 3 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.

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, list first, and then circle, the name of the person or entity whose number you entered in Part I of 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 in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in 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

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.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), 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 the chart on page 4 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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.

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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. 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
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ³
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. 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* on page 2.

*Note. 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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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.

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 contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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, 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 Part II instructions on page 3 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

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.

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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. 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 the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

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 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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, and payments for services paid by a federal executive agency.

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration 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. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 domestic 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, below, and items 4 and 5 on page 4 indicate 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 the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

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.

2016 Withholding Exemption Certificate**590**

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent

Name _____

Payee

Name _____

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____

ZIP code _____

Exemption Reason

Check only one reason box below that applies to the payee.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (____) _____

Payee's signature ► _____ Date _____

2016 Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For more information, go to ftb.ca.gov and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to edd.ca.gov or call 888.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from the real estate withholding requirement.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.

- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed exemption certificate, the withholding agent may accept a letter from the payee as a substitute explaining why they are not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

If an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided.

Do not submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California non-wage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or it has qualified through the CA SOS to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Follow the country's practice for entering the city, county, province, state, country, and postal code, as applicable, in the appropriate boxes. **Do not** abbreviate the country name.

Exemption Reason – Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Keep Form 590 for your records. The certification remains valid for 5 years or until the payee's status changes. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**

916.845.4900

Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov

Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States

TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov

Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos

TTY/TDD: 800.822.6268 para personas con
discapacidades auditivas
o del habla

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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation 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* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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.

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 at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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. 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.

Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

What's New

Backup Withholding – Beginning on or after January 1, 2010, with certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the Franchise Tax Board (FTB). The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp No.); or Secretary of State (SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit. For more information go to ftb.ca.gov and search for **backup withholding**.

General Information

For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding. California residents or entities should complete and present Form 590 to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the FTB that the form should not be relied upon.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities

- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities
- A foreign government or any of its political subdivisions, agencies, or instrumentalities

Important – This form cannot be used for exemption from wage and real estate withholding.

- If you are an employee, any wage withholding questions should be directed to the FTB General Information number, 800.852.5711. Employers should call 888.745.3886 or go to www.edd.ca.gov.
- Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties with activities in California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication see General Information H, Publications, Forms, and Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee

until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the Franchise Tax Board.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

An individual is still considered outside California for other than a temporary or transitory purpose if return visits to California do not total more than 45 days during any taxable year covered by an employment contract.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse/RDP absent from California for an uninterrupted period of at least 546 days to accompany a spouse/RDP under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, and FTB Pub. 1032, Tax Information for Military Personnel, or call the FTB at 800.852.5711 or 916.845.6500.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home
- To which you intend to return whenever you are absent

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders (Note: California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA).

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

F What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

G Withholding Agent

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see General Information H.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold and report the withholding using Form 592, Resident and Nonresident Withholding Statement, and remit the withholding using Form 592-V, Payment Voucher for Resident and Nonresident Withholding. Form 592-B, Resident and Nonresident Withholding Tax Statement, is retained by the withholding agent and a copy is given to the payee.

H Publications, Forms, and Additional Information

You can download, view, and print California tax forms and publications at ftb.ca.gov.

To have publications or forms mailed to you or to get additional nonresident withholding information, contact the Withholding Services and Compliance.

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Telephone: 888.792.4900

916.845.4900

Fax: 916.845.9512

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov
Telephone: 800.852.5711 from within the
United States
916.845.6500 from outside the
United States
TTY/TDD: 800.822.6268 for persons with
hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov
Teléfono: 800.852.5711 dentro de los
Estados Unidos
916.845.6500 fuera de los Estados
Unidos
TTY/TDD: 800.822.6268 personas con
discapacidades auditivas
y del habla



SEND TO: Southern California Edison, Business Incentives
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243

12/22/2017

Project Number: 318-17-0500990897

Project: Express Pending

Customer Reference: City of Commerce-Veterans Memorial Park

Trade Professional Information:

Corey Brophy
EcoGreen Solutions
27611 La Paz Rd, Suite A2
Laguna Niguel, CA 92677

Customer Information:

Robert Lipton
City of Commerce
2535 Commerce Way
Commerce, CA 90040

RE: **EXPRESS SOLUTIONS – Installation Report & Previous Participation Notification -**
SA #3-000-0106-53

Dear Corey Brophy & Robert Lipton:

Thank you for submitting an application for the Express Solution(s) you plan to install. We have completed an initial review of the planned solutions and determined the following solutions ***within the technology for which you are applying*** may not be eligible because of previous participation:

Site Address	Year	Technology	Solution Description	Quantity
n/a		n/a	n/a	n/a

Please note: Your projects contains Express solutions that will expire in 2018, and also includes Customized solutions and On-Bill Financing. This letter authorizes you to proceed with the installation of the Express solutions only. The approval to install your Customized solutions will be sent to you at a later date. Your On-Bill financing application will reflect the loan approval for the Express solutions only and will be processed after Express Installation Report (IR) and rebate approval. Separately, the financing for the Customized solutions will also be processed after Customized Installation Report (IR) approval and incentive approval.

If you wish to proceed with the project, complete and sign the enclosed Express Solutions Installation Report (IR) after you have installed all eligible solutions. Then, to resume the application process, submit the following documents within 60 days of measure installation or the final invoice date, whichever is later:

- Your signed Express Solutions Installation Report (**IR**)
- Itemized proof of purchase, including invoice(s), with purchase and installation dates.
- Specification sheet(s) for the installed solution(s)/measure(s)
- SCE Product Location Form
- TradePro Participant Agreement (if applicable)
- Permit Closure for HVAC measures (if applicable)
- CA 590
- W9

If you submitted your Express Application and SCE received it before December 2, 2017, you must submit the Installation Report no later than March 2, 2018. All 2017 Express Applications for which the IR is not received by March 2, 2018 will be cancelled.

Upon receipt of these documents, we will confirm your eligibility. You may be contacted if information is missing or incomplete. After successful review, SCE will provide the appropriate incentive to you or your designated payee.

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to ***BusinessIncentives@sce.com***. Please have your project number available for reference when you call, or include it in your e-mail.





Energy Management Solutions Incentives Express Installation Report

INSTRUCTIONS: After your Proposed Express Solutions project is installed and operational, enter the project installation date in the field provided. Review the information from your original Incentive Application below under Sections 1-4. If nothing has changed, complete and sign Section 9 on this Installation Report (IR) Form and submit it to SCE at one of the addresses below. If any information has changed on your application since you sent it to SCE, indicate the change on Section 5-8 of this form, sign Section 9 and return both pages to SCE.

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: (626) 635-6015

UPN #: 318-17-0500990897

SA #: 3 - 000-0106-53

NOTE: If submitting a project for more than one service account or more than 5 Express Solutions complete and attach the Multiple Site Form (www.sceonlineapp.com) with this completed Installation Report.

Installation Date: (Date all installations were complete and operating properly)

Section 1 - Customer Information (From Original Application)

City of Commerce Robert Lipton
Company/Business Name Contact Name
2535 Commerce Way Commerce CA 90040
Company/Business Mailing Address City State Zip
323-887-4450 FacilitiesSupervisor@CA.US
Contact Phone Number Contact E-Mail Address

Section 2 - Customer's Trade Professional (From Original Application)

Corey Brophy EcoGreen Solutions
Customer's Trade Professional Business Name Contact Name
27611 La Paz Rd, Suite A2 Laguna Niguel CA 92677
Customer's Trade Professional Mailing Address City State Zip
949-364-4800 Submissions@ecogreen-solutions.net
Customer's Trade Professional Phone Number Customer's Trade Professional E-Mail Address

Section 3 - Express Solutions* (From Original Application)

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	Number of Units Installed		Incentive \$ Per Unit	Incentive Total
			A	X	B	= C
LT-18918	255 to 325 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		11.00		300.00	3,300.00
LT-18918	255 to 325 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		3.00		300.00	900.00
LT-18918	255 to 325 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		2.00		300.00	600.00
LT-30938	255 to 325 Watt Exterior LED fixture 24 to 40 ft. with IAMS		5.00		300.00	1,500.00

Note: If your project consists of more than 5 solutions please refer to the attachment.

YOUR ESTIMATED INCENTIVE TOTAL: \$6,300.00

Section 4 - Payment Information (From Original Application)

A. Form Of Payment: Incentive Check to Third Party
Form of Payment
B. Payee Information:
Ecogreen Solutions Inc Corey Brophy
Payee-Customer/Business Name Attention To (name on check)
27611 La Paz Rd, A2 Laguna Niguel CA 92677
Company/Business Mailing Address City State Zip
949-364-6800 Submissions@eco-greensolutions.net
Contact Phone Number Contact E-Mail Address
C. Tax Identification Type: Federal Tax ID 800196823 Corporation
Federal Tax ID/Employer ID Number (EIN) Social Security Number (SSN) Identification Number Tax Status
D. Utility Bill Credit:
3 - Exempt Reason 2 -
Service Account Number Customer Account Number

Section 5 - Customer Information (Use this box to update Customer information if different from above)

Contact Name Title
Company/Business Mailing Address City State Zip
Contact Phone Number Contact E-Mail Address

UPN # 318-17-0500990897
SA # 000-0106-53

Section 6 - Customer's Trade Professional (Use this box to update Trade Professional information if different from page 1)

Customer's Trade Professional Business Name	Contact Name		
Customer's Trade Professional Mailing Address	City	State	Zip
Customer's Trade Professional Phone Number	Customer's Trade Professional E-Mail Address		

Section 7 - Express Solutions* (Use this box to update Express Solutions information if different from page 1)

Refer to the Energy Management Solutions Guide or www.sceonlineapp.com for Solution Codes, Solution Descriptions, Incentive Amounts and Program Equipment Eligibility Requirements. Then calculate your Express Solutions incentive total*.

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	# of Units Installed		Incentive \$ Per Unit	Incentive Total \$
			A	X	B	= C

*If submitting more than 5 Express Solutions complete and attach the Express Solution page of the Multiple Site/Solution Worksheet at www.sceonlineapp.com

**YOUR ESTIMATED REVISED
INCENTIVE TOTAL:**

Section 8 - Payment Information (Use this box to update Payment Information if different from page 1)

A. Form of Payment (Please check one)

- ☐ Check to Customer (Complete B & C)
☐ Utility Bill Credit to Customer (Complete D)
☐ Check to 3rd Party (Complete B, C & E)

B. Payee Information

Payee-Customer/Business Name	Contact Name	Title
Company/Business Mailing Address	City	State Zip
Contact Phone Number	Contact E-Mail Address	

**C. Tax Identification Type
(Please check one)**

- ☐ Federal Tax ID / Employer ID Number (EIN)

- ☐ Social Security Number

Tax Status (Please check one)

- ☐ Corporation/LLC
☐ Individual/Sole Proprietor/General Part.
☐ Tax-Exempt, Non-profit

Exempt Reason

D. Utility Bill Credit (Please complete this section if you prefer payment in the form of a bill credit to the customer of record)

Service Account Number	Customer Account Number
3 -	2 -

E. Payment Release Authorization (Please complete this section if an Trade Professional is to receive the check)

As the Customer, I am authorizing this payment of my incentive to the Third Party named in section B, above, and I understand that I will not be receiving the incentive check from SCE. I also understand that my release of this payment to the Trade Professional does not exempt me from the requirements outlined in the Application package.

Customer Name (please print)	Signature	Title	Date
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Section 9 - Installation and Operation Statement

I, the Customer or Trade Professional above, certify that (i) the Express Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Express Solution is also certified.

Name (Please print)	Signature	Title	Date
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To be completed only if you are requesting an HVAC Rebate:

1. HVAC Permit (if required). If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.)

Permit # _____ Agency _____

2. Contractor Certification. If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.

- ☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor	Name (please print)	Date
-------------------------	---------------------	------

Commerce, City of
Veterans Memorial Park
6364 Zindell Ave.
Commerce CA 90040
3-000-0106-53

EcoGreen Sales Rep: Nick Rugulo
Customer Contact: Robert Lipton
Title of Contact: Parks & Rec Director
Customer Phone: 323-887-4450
Customer Email: Director-ParksRecreation@ci.commerce.ca.us

ENERGY AUDIT

Approx Building Size - SF
Energy Rate 0.15 KWh



EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
CFL	w	5	10 7 / 3676	Basement Men's RR	Skip	w		w			
Screw	w	5	10 7 / 3676	Basement Women's RR	Skip	w		w			
Screw	w	1	10 7 / 3676	Lobby Storage	Skip	w		w			
AL	w	3	10 7 / 3676	Men's Bathroom	Skip	w		w			
AL	w	3	10 7 / 3676	Women's Bathroom	Skip	w		w			
PL	w	2	10 7 / 3676		Skip	w		w			
PL	w	2	10 7 / 3676	Stairs	Skip	w		w			
2'w1	w	2	10 7 / 3676		Skip	w		w			
2'w1	w	1	10 7 / 3676	Hallway	Skip	w		w			
2'w1	w	1	10 7 / 3676	Meeting Room	Skip	w		w			
4'w1	w	5	10 7 / 3676	Storage	Skip	w		w			
4'w1	w	6	10 7 / 3676		Skip	w		w			
4'w1	w	2	10 7 / 3676	Hallway to Handball	Skip	w		w			
4'w1	w	3	10 7 / 3676	Hallway to Handball	Skip	w		w			
4'w1	w	1	10 7 / 3676	Hallway to Basketball	Skip	w		w			
4'w1	w	8	10 7 / 3676	Basement Men's RR	Skip	w		w			
4'w1	w	8	10 7 / 3676	Basement Women's RR	Skip	w		w			
4'w1	w	2	10 7 / 3676	Hallway	Skip	w		w			
4'w1	w	5	10 7 / 3676	Hallway	Skip	w		w			
4'w1	w	5	10 7 / 3676	Hallway	Skip	w		w			
4'w1	w	30	10 7 / 3676	Exercise Room	Skip	w		w			
4'w1	w	1	10 7 / 3676	Arts + Crafts - 109	Skip	w		w			
4'w2	w	1	10 7 / 3676	Bathroom	Skip	w		w			
4'w2	w	1	10 7 / 3676	Storage	Skip	w		w			
4'w1	w	1	10 7 / 3676	Meeting Room	Skip	w		w			
4'w1	w	6	10 7 / 3676	Kitchen	Skip	w		w			
4'w1	w	3	10 7 / 3676	Lobby - Men's RR	Skip	w		w			
4'w1	w	2	10 7 / 3676	Upstairs Storage	Skip	w		w			
4'w1	w	2	10 7 / 3676	Upstairs Storage	Skip	w		w			
4'w1	w	5	10 7 / 3676	Upstairs Storage	Skip	w		w			
2x4w2	w	12	10 7 / 3676	Racquetball Gallery	Skip	w		w			
4w2	w	4	10 7 / 3676	Storage	Skip	w		w			
4'w2	w	1	10 7 / 3676	Storage	Skip	w		w			
4'w2	w	1	10 7 / 3676	Storage	Skip	w		w			
4'w2	w	1	10 7 / 3676	Storage	Skip	w		w			
4'w2	w	12	10 7 / 3676	Storage	Skip	w		w			
2x4w2	w	2	10 7 / 3676	Back Stairs to Basketball	Skip	w		w			
2x4w2	w	16	10 7 / 3676	Arts + Crafts - 109	Skip	w		w			
2x4w2	w	2	10 7 / 3676	Hallway	Skip	w		w			
2x4w2	w	8	10 7 / 3676	Office	Skip	w		w			
2x4w2	w	24	10 7 / 3676	Lobby	Skip	w		w			
4'w2	w	1	10 7 / 3676	Unisex Storage	Skip	w		w			
2x4w4	w	5	10 7 / 3676	Hallway	Skip	w		w			
2x4w4	w	12	10 7 / 3676	Meeting Room	Skip	w		w			
2x4w4	w	16	10 7 / 3676	Game Room	Skip	w		w			
6w2	w	22	10 7 / 3676	Handball - 205	Skip	w		w			
6w2	w	22	10 7 / 3676	Handball - 204	Skip	w		w			
Can	w	9	11 7 / 4100	Recessed cans under awning	Skip	w		w			
AL	w	4	11 7 / 4100	Wall packs by outdoor basketball	Skip	w		w			
AL	w	3	11 7 / 4100	3-arm poles mounted floods	Skip	w		w			
AL	w	5	11 7 / 4100	Area light mounted under awning	Skip	w		w			
AL	w	13	11 7 / 4100	2-arm pole mounted AL's	Skip	w		w			
AL	w	6	11 7 / 4100	Recessed square cans; unknown wattage	Skip	w		w			
AL	w	4	11 7 / 4100	High mounted AL's; no access	Skip	w		w			
AL	w	9	11 7 / 4100	Wallpacks by picnic tables	Skip	w		w			
AL	w	4	11 7 / 4100	Wallpacks on bathroom hut	Skip	w		w			
AL	w	1	11 7 / 4100	Men's Bathroom	Skip	w		w			

Commerce, City of
Veterans Memorial Park
6364 Zindell Ave.
Commerce CA, 90040
3-000-0106-53

EcoGreen Sales Rep: Nick Rugulo
Customer Contact: Robert Lipton
Title of Contact: Parks & Rec Director
Customer Phone: 323-887-4450
Customer Email: Director-ParksRecreation@ci.commerce.ca.us

ENERGY AUDIT

Approx Building Size - SF
Energy Rate 0.15 KWh



In Reference to Quote # 501050

EXISTING				Suggested Replacements & Savings							
Existing Bulb	Watts/Fix	# of Fixture	Operating Hours-Day / Yr	Location	Replacement Bulb	Watts/Fix	# of Fixtures	Watts/bulbs Saved	Usage Saved	KWh Saved	Annual Savings
AL	w	1	11 7 / 4100	Women's Bathroom	Skip	w		w			
AL	w	56	3 7 / 1095	Baseball field lights	Skip	w		w			
AL	1080 w	11	11 7 / 4100	Outdoor B-Ball Pole AL's; 6 poles, 2 fixtures missin	LED Flood	320 w	11	8360 w	70.4%	34,275	\$5,141.23
AL	w	1	11 7 / 4100	3-arm poles mounted floods	Skip	w		w			
MH/HPS	w	40	10 7 / 3676	Basketball Court	Skip	w		w			
AL	1080 w	5	11 7 / 4100	4-arm parking lot lights	LED Flood	320 w	5	3800 w	70.4%	15,579	\$2,336.92
AL	1080 w	3	11 7 / 4100	Baseball field lights	LED Flood	320 w	3	2280 w	70.4%	9,348	\$1,402.15
AL	1080 w	2	11 7 / 4100	Batting Cages	LED Flood	320 w	2	1520 w	70.4%	6,232	\$934.77
	w		/			w		w			
	w		/			w		w			
	w		/			w		w			

In Reference to Quote # 501050

	Potential Write-Off Amount			
	Capital	Interest	Total	
Year 1	9,359	#VALUE!	#VALUE!	
Year 2	9,359	#VALUE!	#VALUE!	
Year 3	9,359	#VALUE!	#VALUE!	
Year 4	9,359	#VALUE!	#VALUE!	
Year 5	9,359	#VALUE!	#VALUE!	
Totals	\$46,792.80	#VALUE!	#VALUE!	

$$\Delta \text{Payback Period Yrs} = (\text{Total Project Cost} - \text{Rebate} - \text{Tax Deduction} - \text{Tax Savings}) / (\text{Estimated Savings Per Year} + \text{Bulb Replacement Savings Per Yr})$$



SEND TO: Southern California Edison,
Business Incentives – OBF Program
P.O. Box 800, Rosemead, CA 91770-0800
E-mail: BusinessIncentives@sce.com | Fax: 626-633-3243
Questions? (866) 635-6015

12/21/2017

Customer Information:

Robert Lipton
City Of Commerce
2535 Commerce Way
Commerce, CA 90040

Trade Professional Information:

Corey Brophy
Ecogreen Solutions
27611 La Paz Rd Ste A2
Laguna Niguel, CA 92677-3999

RE: **NOTICE OF ON-BILL FINANCING (OBF) APPLICATION APPROVAL AND PARTIAL FUNDING RESERVATION**
PROJECT NUMBER: 318-17-0500990897 SA#: 3-000-0106-53

Dear Robert Lipton and Corey Brophy:

Your On-Bill Financing Application has been reviewed and approved, and funding for your On-Bill Financing (OBF) Loan has been reserved for the Express portion of your project. You will receive a revised Loan Reservation when Customized portion of your project is approved.

An OBF Loan Reservation for the Express project has been established in the amount of **\$40,844.40** and is subject to the following terms and conditions.

Terms and Conditions of Loan Reservation:

1. The reserved amount has been calculated based on the results of the review and approval of your Energy Efficiency Project Application, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Since the loan reservation amount is based on an approved project proposal, it is an estimate of what the actual loan amount may be.
 - 1a. An OBF Loan Term Calculation [LTC] is attached.
2. The actual loan amount will be calculated based on the results of the review and approval of your Energy Efficiency Project Installation Report, and according to the provisions and methodology of the OBF Loan Term Calculation [LTC]. Therefore, the actual amount of the OBF Loan may differ from the reserved amount presented above.
 - 2a. The actual amount of the OBF loan may be less than the reserved amount presented above.
 - 2b. The actual amount of the OBF loan shall not exceed the reserved amount presented above.
3. The expiration of the loan reservation shall be consistent with that of the project incentive.

Next Steps:

- You submit the completed Installation Report [IR] to SCE, and SCE will review it.
- SCE will calculate the actual final loan amount, based on the results of the IR approval, and the LTC provisions.
- SCE will issue 2 copies of the OBF Loan Agreement to you.
- You will sign, and have notarized, the Agreements and return to SCE.
- SCE will counter-sign the Agreements.
- SCE will provide you with 1 copy of the fully-executed Loan Agreement and will process the loan proceeds.

If you have any questions, please contact your SCE Account Representative. You may also call us at (866) 635-6015 Monday through Friday, from 8:00 a.m. to 5:00 p.m., or send an e-mail to Businessincentives@sce.com. Please have your Project Number available for reference when you call, or include it in your e-mail.

Sincerely,

Delia Williams
Program Manager - On Bill Financing
Southern California Edison Company.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning SCE is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

On-Bill Financing Program - Preliminary Loan Term Calculation (LTC1)

Completion Date/Time: 12/21/2017 1:54 PM
Project Number: 318-17-0500990897
Service Account: 3-000-0106-53
Customer Number: 1-0-000-1057
Customer Account Number: 2-00-437-0755
OBF Application Receipt Date: 9/7/2017

Project Type(s): Customized and Deemed
Market Segment: Government and Institutions
Business Name: COMMERCE, CITY OF
Reference Name: CITY OF COMMERCE -VETERANS MEMORIAL PARK
Address: 6364 ZINDELL AVE
City, CA Zip: COMMERCE, CA 90040

*** LTC1 ***

ACTUAL TERMS WILL BE CALCULATED
BASED ON FINAL REVIEW AND VERIFICATION
OF THE PROJECT INSTALLATION REPORT

LTC1 Reserved Amount is \$40,844.40
First month payment is \$340.37
119 subsequent monthly payments \$340.37

PROJECT ECONOMIC SUMMARY

A. AVERAGE ELECTRIC BILLING RATE – past 12 months (Cents/kWh) \$ 0.15916

B. ENERGY EFFICIENCY PROJECT SAVINGS

B.1. Estimated Annual Kilowatt Hour Savings (kWh) 25,662.4
 B.2. Estimated Annual Dollar(\$) Savings \$ 4,084.43
 B.3. Estimated Monthly Dollar(\$) Savings \$ 340.37

C. COSTS

C.1. Estimated Total Project Cost \$ 52,027.50
 C.2. Excess Project Cost \$ -
 C.3. Estimated Total Rebate/Incentive \$ 6,300.00
 C.4. Other \$ -
 C.5. Estimated Potential Loan Amount (Gross Amount) \$ 45,727.50
 C.6. LTC1 Reserved Amount \$ 45,727.50
 C.7. LTC2 Reserved Amount

D. LOAN

D.1. Gross Amount for Potential Financing \$ 45,727.50
 D.2. Monthly Loan Repayment Amount \$340.37
 D.3. Actual loan term (Months) 135
 D.4. Actual loan term (Years) 11.3

E. LOAN LIMIT TESTS

E.1. Market Segment Amount of Loan Test (Min/Max Loan Amount)

E.1.1. Market Segment Minimum Loan Amount \$ 5,000
 E.1.2. Market Segment Maximum Loan Amount \$ 250,000
 E.1.3. Within Market Segment Limit? Y

E.2. Customer Loan Limit Test (Previous Loans for this Service Account)

E.2.1. Service Account Loan Amount Limit \$ 250,000
 E.2.2. Previous Loans Reserved for this Service Account \$ -
 E.2.3. Estimated Amount Eligible for Loans \$ 250,000.00
 E.2.4. Within Available Amount? Y

E.3. Length of Loan Test

E.3.1. Loan Length Limit (months) 120
 E.3.2. Within Loan Length Limit? N

E.4. Expected Useful Life (EUL)* Loan Length Limit Test

E.4.1. Applicable Measure EUL (months) 120
 E.4.2. Within EUL Loan Length Limit? Y

E.5. EXCEPTION ANALYSIS (If any E.1 thru E.4. yields a "No")

E.5.1. First Payment Amount \$ 340.37
 E.5.2. Subsequent Monthly Loan Repayment Amount \$ 340.37
 E.5.3. Subsequent Monthly Payments 119
 E.5.4. Net Amount for Financing \$ 40,844.40

EXPLANATION

Based on Billing History

From Approved Project Application

Estimated Annual kWh Savings x Average Rate = \$ savings (B.1 x A)
 Estimated Monthly \$ Savings (B.2 / 12)

From Approved Project Application

Based on 20% Basic Lighting Cap Rule

From Approved Project Application

(C.1) - (C.2) - (C.3) - (C.4)

From LTC1 calculation following Approved Project Application

Lesser of (C.5) or (E.1.2) or (E.2.3) or other rules apply
 (B.3)

Time required to repay loan in months (subject to
 exception analysis below)

Time required to repay loan in years: (D.3) / 12

Minimum Loan Amount per Service Account or Bundle
 Com, Ind, Ag = \$100,000, G&I, Multifamily = \$250,000
 Is D.1 within loan amount limits Y/N?

(E.1.2) or \$1M for G&I Facility

Total of previous OBF loans + reservations

(E.2.1) - (E.2.2), If < 0, then 0.

Is D.1. ≤ E.2.3. Y/N?

CIA = 60 months, G&I, Multifamily = 120 months
 Is D.3 within limit Y/N?

EUL in months of measure with greatest kWh contribution
 Is D.3 within limit Y/N?

Exception Analysis Loan Minimum Requirement Test

Does the loan amount from Exception Analysis meet the \$5K loan
 minimum requirement? YES

Based on minimum loan requirement of \$5K and supplemental
 Exception Analysis, this amount qualifies for an estimated OBF
 loan.

*Expected Useful Life (EUL): Each measure is expected to perform satisfactorily for a period of time. An EUL for each energy efficiency measure is assigned by the California Energy Commission (CEC).

INSTRUCTIONS: After your Proposed Express Solutions project is installed and operational, enter the project installation date in the field provided. Review the information from your original Incentive Application below under Sections 1-4. If nothing has changed, complete and sign Section 9 on this Installation Report (IR) Form and submit it to SCE at one of the addresses below. If any information has changed on your application since you sent it to SCE, indicate the change on Section 5-8 of this form, sign Section 9 and return both pages to SCE.

Business Incentives
Southern California Edison
P.O. Box 800
Rosemead, CA 91770-0800

E-mail: BusinessIncentives@sce.com
Fax: (626) 633-3243
Questions: (626) 635-6015

UPN #: 318-17-0500992135

NOTE: * If submitting a project for more than one service account or more than 5 Express Solutions complete and attach the Multiple Site Form (www.sceonlineapp.com) with this completed Installation Report.

SA #: 3 - 000-0105-13

Installation Date: (Date all installations were complete and operating properly)

Section 1 - Customer Information (From Original Application)

City of Commerce	Robert Lipton		
<small>Company/Business Name</small>	<small>Contact Name</small>	<small>Title</small>	
2535 Commerce Way	Commerce	CA	90040
<small>Company/Business Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
323-887-4450	facilitiesupervisor@ci.commerce.ca.us		
<small>Contact Phone Number</small>	<small>Contact E-Mail Address</small>		

Section 2 - Customer's Trade Professional (From Original Application)

EcoGreen Solutions	Corey Brophy		
<small>Customer's Trade Professional Business Name</small>	<small>Contact Name</small>	<small>Title</small>	
27611 LA Paz RD, Ste A2	Laguna Niguel	CA	92677
<small>Customer's Trade Professional Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
949-364-6800	submissions@ecogreen-solutions.net		
<small>Customer's Trade Professional Phone Number</small>	<small>Customer's Trade Professional E-Mail Address</small>		

Section 3 - Express Solutions* (From Original Application)

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	Number of Units Installed		Incentive \$ Per Unit	Incentive Total
			A	X	B	= C
LT-18911	68 to 90 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		5		75.00	375.00
LT-18911	68 to 90 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		2		75.00	150.00
LT-18912	91 to 113 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		3		75.00	225.00
LT-18912	91 to 113 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		3		75.00	225.00
LT-18917	227 to 254 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		7		225.00	1,575.00
LT-18917	227 to 254 Watt Exterior LED Fixture 15 to <24 ft. with IAMS		20		225.00	4,500.00
LT-27397	68 to 90 Watt Exterior LED fixture 24 to 40 ft. with IAMS		2		75.00	150.00
LT-30938	255 to 325 Watt Exterior LED fixture 24 to 40 ft. with IAMS		67		300.00	20,100.00
LT-73969	91 to 113 Watt Exterior LED fixture 24 to 40 ft. with IAMS		2		75.00	150.00

Note: If your project consists of more than 5 solutions please refer to the attachment.

YOUR ESTIMATED INCENTIVE TOTAL: \$27,450.00

Section 4 - Payment Information (From Original Application)

A. Form Of Payment: Incentive Check to Trade Pro
Form of Payment

B. Payee Information:

EcoGreen Solutions Inc			
<small>Payee-Customer/Business Name</small>	<small>Attention To (name on check)</small>	<small>City</small>	<small>Title</small>
27611 LA Paz Road Suite A2	Laguna Niguel	CA	92677
<small>Company/Business Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
949-364-6800	SUBMISSIONS@ECOGREEN-SOLUTIONS.NET		
<small>Contact Phone Number</small>	<small>Contact E-Mail Address</small>		

C. Tax Identification Type:

Federal Tax ID	6823	Corporation
<small>Federal Tax ID/Employer ID Number (EIN)/ Social Security Number (SSN)</small>	<small>Identification Number</small>	<small>Tax Status</small>

D. Utility Bill Credit:

Exempt Reason

3 -

Service Account Number

2 -

Customer Account Number

Section 5 - Customer Information (Use this box to update Customer information if different from above)

Contact Name	Title		
Company/Business Mailing Address		City	State
			Zip
Contact Phone Number	Contact E-Mail Address		

UPN # 318-17-0500992135
SA # 000-0105-13

Section 6 - Customer's Trade Professional (Use this box to update Trade Professional information if different from page 1)

Customer's Trade Professional Business Name	Contact Name
Customer's Trade Professional Mailing Address	City State Zip
Customer's Trade Professional Phone Number	Customer's Trade Professional E-Mail Address

Section 7 - Express Solutions* (Use this box to update Express Solutions information if different from page 1)

Refer to the Energy Management Solutions Guide or www.sceonlineapp.com for Solution Codes, Solution Descriptions, Incentive Amounts and Program Equipment Eligibility Requirements. Then calculate your Express Solutions incentive total*.

Solution Code	Solution Description	Description of Replaced Equipment (e.g., lighting type, wattage, etc.)	# of Units Installed		Incentive \$ Per Unit	Incentive Total \$
			A	X	B	= C

*If submitting more than 5 Express Solutions complete and attach the Express Solution page of the Multiple Site/Solution Worksheet at www.sceonlineapp.com

YOUR ESTIMATED REVISED INCENTIVE TOTAL:

Section 8 - Payment Information (Use this box to update Payment Information if different from page 1)

A. Form of Payment (Please check one)

- ☐ Check to Customer (Complete B & C)
☐ Utility Bill Credit to Customer (Complete D)
☐ Check to 3rd Party (Complete B, C & E)

B. Payee Information

Payee-Customer/Business Name	Contact Name	Title
Company/Business Mailing Address	City	State Zip
Contact Phone Number	Contact E-Mail Address	

C. Tax Identification Type (Please check one)

- ☐ Federal Tax ID / Employer ID Number (EIN)
☐ Social Security Number

Tax Status (Please check one)

- ☐ Corporation/LLC
☐ Individual/Sole Proprietor/General Part.
☐ Tax-Exempt, Non-profit

Exempt Reason

D. Utility Bill Credit (Please complete this section if you prefer payment in the form of a bill credit to the customer of record)

Service Account Number	Customer Account Number
3 -	2 -

E. Payment Release Authorization (Please complete this section if an Trade Professional is to receive the check)

As the Customer, I am authorizing this payment of my incentive to the Third Party named in section B, above, and I understand that I will not be receiving the incentive check from SCE. I also understand that my release of this payment to the Trade Professional does not exempt me from the requirements outlined in the Application package.

Customer Name (please print) Signature Title Date

Section 9 - Installation and Operation Statement

I, the Customer or Trade Professional above, certify that (i) the Express Solutions have been completely installed, functionally tested and proven capable of operating and being maintained to perform in conformity with their design intent, and (ii) that a licensed contractor was used, where applicable, and all applicable permitting requirements for this installation were followed. The installation date of operation of the Express Solution is also certified.

Name (Please print) Signature Title Date

To be completed only if you are requesting an HVAC Rebate:

1. HVAC Permit (if required). If a permit and/or proof of permit closure is required for HVAC installation/replacement, I have provided the permit number and/or permit closure documentation. (If no permit is required, leave this section blank.)

Permit # Agency

2. Contractor Certification. If a Contractor or Trade Professional was used for any HVAC installation/replacement, this section must be completed by the contractor.

- ☐ By checking this box, I certify I am a licensed contractor and have followed applicable permitting requirements and, if required, that the HVAC permit information above is correct.

Signature of Contractor Name (please print) Date