

LESSOR IDENTITY DISCLOSURE

All of the following information must be accurately completed. The LESSOR NAME, LESSOR FEDERAL I.D.#, and LESSOR BUSINESS ADDRESS must be the same as the Business Name, Address, and Taxpayer Identification Number (TIN) shown on your IRS Form W-9 unless an Agency Agreement (Form GSRE-47) has been completed.

Date _____

LESSOR NAME: _____

LESSOR FEDERAL I.D.# (Last 4 digits of TIN, EIN or SSN): _____

LESSOR BUSINESS ADDRESS: _____

LESSOR COMMONWEALTH VENDOR #: _____

If an Agency Agreement (Form GSRE-47) has been authorized by Lessor, please complete Agent information:

AGENT NAME: _____

AGENT FEDERAL I.D.# (Last 4 digits of TIN, EIN or SSN): _____

AGENT BUSINESS ADDRESS: _____

Please indicate the legal status of your company and complete the appropriate section(s), A, B, C, D, E, or F.
 Attach organization chart and/or additional sheets if needed.:

<input type="checkbox"/> Corporation (Complete Section A)	<input type="checkbox"/> LLC (Complete Section B)	<input type="checkbox"/> Partnership, LLP, or LLLP (Complete Section C)	<input type="checkbox"/> Sole Proprietor (Complete Section D)	<input type="checkbox"/> Authority (Complete Section E)	<input type="checkbox"/> Other (Complete Section F)
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A. Corporation: List all **authorized** officers of the corporation below and percent of stock.

Name: _____ Title: President _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____ <input type="checkbox"/> Authorized Signatory (check if authorized to sign for entity)	Name: _____ Title: Vice President _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____ <input type="checkbox"/> Authorized Signatory (check if authorized to sign for entity)
Name: _____ Title: Secretary _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____ <input type="checkbox"/> Authorized Signatory (check if authorized to sign for entity)	Name: _____ Title: Treasurer _____ Address: _____ _____ Phone No.: _____ Email: _____ Percentage of Stock: _____ Signature: _____ <input type="checkbox"/> Authorized Signatory (check if authorized to sign for entity)

B. Limited Liability Company (LLC): List members. Also list managers if Lessor is a manager managed LLC.
If general or managing partner is a corporation, please complete also Section A.

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

C. Partnership, Limited Liability Partnership (LLP), or Limited Liability Limited Partnership (LLLP):
List all general, limited or special partners. Indicate any managing partner(s). **If general or managing partner is a corporation, please also complete Section A; if a LLP or LLLP, list partners.**

Name: _____
Title: _____
(General, Limited, Special, Managing)
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
(General, Limited, Special, Managing)
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
(General, Limited, Special, Managing)
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
(General, Limited, Special, Managing)
Address: _____

Phone No.: _____
Email: _____
Percentage of Stock: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

D. Sole Proprietor: If the Lessor is a sole proprietor or co-owner doing business under any name or designation other than that of the individual owning the sole proprietorship or co-ownership, please list under Business Name.

Sole Proprietor: _____
Business Name: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Business Name: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

E. Authority: List Chairman and Secretary of Authority below:

Name: _____
Title: Chairman _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: Secretary _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

F. Other: If the Lessor is one of the following: Borough, City, Trust, or other Entity, list person(s).

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)

Name: _____
Title: _____
Address: _____

Phone No.: _____
Email: _____
Signature: _____

Authorized Signatory (check if authorized to sign for entity)