

NICK 
DiCEGLIE
FOR STATE SENATE

Yes! You can count on me/us participating at the following level:

\$1,000 \$500 \$250 \$100 OTHER _____

THIS CONTRIBUTION IS FROM:

Business (Name of business):

 Individual (First & Last Name):

PLEASE MAKE CHECK(S) PAYABLE TO:

“Nick DiCeglie Campaign”
9800 4th St. N. Suite 200
St. Petersburg, FL 33702

Contact: Rick Porter
Rick@Porter-Strategies.com
www.NickDiCeglie.com







The maximum personal or corporate contribution is \$1,000 per election. Contributions are not deductible for federal income tax purposes. The individual making the contribution must sign the check. A husband and wife must each sign separate checks. Foreign nationals are prohibited from contributing unless they have a green card. Donor information accompanying checks must include donor’s full name, street mailing address, occupation (if corporation, type of business), phone number(s) and email address.

CONTRIBUTOR INFORMATION

Contact Name Prefix _____ First _____ Middle _____ Last _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Work Phone _____
Type of Business (For Corporations) _____
Cell Phone _____ Email _____
Employer _____ Occupation _____

CREDIT CARD CONTRIBUTIONS

Credit Card: (Check One)    
This Card Is Used For: Business Personal If business, name of business _____
Card Number _____ Amount \$ _____
Expiration Date _____ CSC _____ Cardholder Name _____
Signature _____ Date _____

**CONTRIBUTIONS ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.
THE MAXIMUM CONTRIBUTION ALLOWED BY FLORIDA LAW IS \$1,000 PER INDIVIDUAL OR BUSINESS.**

Event Code: _____

Paid by Nick DiCeglie, Republican, for State Senate.

Request for Taxpayer Identification Number and Certification

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

**Give form to the
requester. Do not
send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Nick DiCeglie Campaign
	2	Business name/disregarded entity name, if different from above.
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) Candidate Campaign
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions. 2840 West Bay Drive #211
	6	City, state, and ZIP code Belleair Bluffs, Florida 33770
	7	List account number(s) here (optional)
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)	Social security number																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>											-	-							
-	-																			
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	or																			
	Employer identification number																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;">8</td> <td style="width: 10%; height: 20px;">2</td> <td style="width: 10%; height: 20px;">-</td> <td style="width: 10%; height: 20px;">2</td> <td style="width: 10%; height: 20px;">6</td> <td style="width: 10%; height: 20px;">3</td> <td style="width: 10%; height: 20px;">2</td> <td style="width: 10%; height: 20px;">8</td> <td style="width: 10%; height: 20px;">3</td> <td style="width: 10%; height: 20px;">1</td> </tr> </table>	8	2	-	2	6	3	2	8	3	1									
8	2	-	2	6	3	2	8	3	1											

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person
	Date 3-14-2024

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

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

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

Purpose of Form

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