

PLEASE MAKE CHECK(S) PAYABLE TO:

QUESTIONS? CONTACT:

Prescription for Florida's Prosperity 1103 Hays St. Tallahassee, FL 32301 Rick Porter 407-973-3010 Rick@Porter-Strategies.com

THIS CONTRIBUTION IS FROM:

| ☐ Business (Name of business): | □ Individual (First & Last Name): |
|--------------------------------------|------------------------------------------|
| 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) | mostercard DISCOVER® |
| 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.

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

| Delore | you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------------|------------------|--------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|-----|--|--|--|
| - | 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.) | | | | | | | | | | | | | | |
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| | 2 Business name/disregarded entity name, if different from above. | | | | | | | | | | | | | | |
| Print or type. Specific Instructions on page 3. | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor | | | | | | | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) | | | | | | | |
| Print or type. | 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. | | | | | | Exemption from Foreign Account Tax Compliance Act (FATCA) reporting | | | | | | | | |
| Pri | Other (see instructions) 527 IRC Political Organization | | | | | | | code (if any) | | | | | | | |
| Specifie | 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 | | | | | | | (Applies to accounts maintained outside the United States.) | | | | | | | |
| | | Requeste | er's | 's name and address (optional) | | | | | | | | | | | |
| | 103 Hays Street | | | | | | | | | | | | | | |
| | 6 City, state, and ZIP code | | | | | | | | | | | | | | |
| | Tallahassee, Florida 32301 | | | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | | | |
| Part | Taxpayer Identification Number (TIN) | | | | | | | | | | | _ | | | |
| Enter y | our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo |)KI 🗀 | So | cial s | ecuri | curity number | | | | | | | | | |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a | | | | | | | | ٦_ | | | | | | | |
| 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</i> | | | | | | - | | ╛╴ | | | | | | | |
| TIN, later. | | | | | | | | | | | | | | | |
| | | | | | | er identification number | | | | | | | | | |
| Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter. | | | | 6 | - | 2 | 4 3 | 2 | 0 | 1 | 3 | | | | |
| Part | I Certification | | | | | | | | | | | | | | |
| | 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 | a number | to | be i | ssue | d to | me); | and | | | | | | | |
| Serv | not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I ce (IRS) that I am subject to backup withholding as a result of a failure to report all interest or nger subject to backup withholding; and | l have no r dividen | t b ds, | een or (| notifi c) the | ied e IR | by the S has | Inte notif | rnal ied | Reve me th | nue at I a | m | | | |
| 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 | g is corre | ct. | | | | | | | | | | | | |
| acquisi other th | ation instructions. You must cross out item 2 above if you have been notified by the IRS that you be you have failed to report all interest and dividends on your tax return. For real estate transaction ion or abandonment of secured property, cancellation of debt, contributions to an individual retinan interest and dividends, you are not required to sign the certification, but you must provide you | ns, item 2 rement ar | 2 de ran | oes i | not ap | oply IRA | /. For r), and, | nortg gene | age | inter | est pa | id, | | | |
| Sign Here | Signature of | | 100 | | | | -2 | | | ì | | | | | |
| _ | | | | | | | | | | | | _ | | | |

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