# (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.

Befo	re y	you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below	st infor	maı	tion				L	ond		e mo,			
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 is name on line 2.)														
	BrainStorm Events, Inc.														
	2	2 Business name/disregarded entity name, if different from above.													
	BrainStorm														
	38	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.								, .					
		The tall thing street business.							4 Exemptions (codes apply only to certain entities, not individuals:						
		☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate							structi	ions o	n page	3):			
		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)						mnt n	91/00	code	if am i				
		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.					Exempt payee code (if any)								
		box for the tax classification of its owner.	should instead check the appropriate					Exemption from Foreign Account Tax Compliance Act (FATCA) reporting							
		Other (see instructions)						code (if any)							
	3b	b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification,							-						
										(Applies to accounts maintained outside the United States.)					
	E	and both you have any loreign partners, owners, or beneficiaries. See instructions								e Unit	ed Sta	ites.)			
	3	Address (number, street, and apt. or suite no.). See instructions.  468 Maple St (Mailing Address = PO Box 905)	Reques	ter's	s na	me a	and a	ddres	s (opt	ional)					
	6	Ity, state, and ZIP code													
	-	West Salem WI 54669													
	7	7 List account number(s) here (optional)													
		(e) not (e) not (e) to the													
Par	1	Taxpayer Identification Number (TIN)		-											
							curity number								
backup with lolding, For individuals, this is deperally your social security purpose (CCA). However,					T	7			Г	T	T-T-				
Coluct	ir a	mieri, sole proprietor, or disredarded entity, see the instructions for Dart I later For other					-			-					
TIN, la	er.	it is your employer identification number (EIN). If you do not have a number, see How to get a				_			L						
T.					imployer 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.						7									
						-	0	2	7	9 6	1	9			
Part		Certification			2000										
Jnder	per	nalties of perjury, I certify that:													
l. Ine	nur	nber shown on this form is my correct taxpayer identification number (or I am waiting for a	a numbe	er to	be	issi	ued t	o me	); an	d					
	110	subject to backup withinbiding decause (a) I am exempt from backup withholding and (b)	1 1	- 4 1-							Rev	enue			
		(IRS) that I am subject to backup withholding as a result of a failure to report all interest of er subject to backup withholding; and	r divide	nds	, or	(c) t	the IF	RS ha	s no	tified	me t	nat I am			
. I am	aL	J.S. citizen or other U.S. person (defined below); and													
. The	A	FCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is corr	ect											
Certific	atio	on instructions. You must cross out item 2 above if you have been potified by the IDC that we				euh	iect t	o ha	okun	with	aldia				
ther th	an	or abandonment of secured profesty care listion of debt, contributions to an individual reti- interest and dividends, you are not required to sign the certification, but you must provide yo	rement a	ırrar	nger	nen	t (IRA	), and	d, ge	nerall	y, pay	ments			
Sign	T	Signature of	ur correc	et TI	IN. S	See	the ir	nstruc	ctions	for F	Part II,	later.			
lere		IIS neven	ate	10/	/17	/20	)24								
			46	- 01		, 20					-				
Gen	eı	ral Instructions  New line 3b has be	en adde	ed to	o th	is fo	orm.	A flo	w-thr	ough	entit	/ is			

Section references are to the Internal Revenue Code unless otherwise

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.

d 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