Form **W-9**
(Rev. October 2018)
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.**

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SUNITA RITESH SAPRU

2 Business name/disregarded entity name, if different from above
MECHKITHH DESIGNS LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

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

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
13665 EL TORO ROAD

Requester's name and address (optional)

6 City, state, and ZIP code
FRISCO, TEXAS, 75035

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

**or**

**Employer identification number**
8 3 - 4 4 8 0 3 4 3

## 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** ▶ FOR MECHKITHH [signature] | **Date** ▶ 05/25/2020

## 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.*

## 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, *later.*

# BUSINESS CREDIT APPLICATION

## Name/Address

| Last | First | M.I. | Title |
|---|---|---|---|
| SAPRU | SUNITA | | CEO |
| Name of Business | MECHKITHH DESIGNS LLC | | Tax I.D. Number 83-4480343 |
| Address | 13865, EL TORO ROAD | | |
| City | State | Zip | Phone |
| FRISCO | TX | 75035 | 9726587596 |

## Resale Information

| Are products to be purchased for resale? | If yes, Resale Cert. # |
|---|---|
| ☑ Yes ☐ No | |

## Company Information

| | | |
|---|---|---|
| Type of Business: INTERIOR DESIGNING | | In Business Since: MAY 2019 |
| Legal Form Under Which Business Operates | ☑ Corporation ☐ Partnership | ☐ Proprietorship |
| If Division/Subsidiary, Name of Parent Company | | In Business Since |
| Name of Person Responsible for Business Transactions: SUNITA RITESH SAPRU | | Title: CEO |
| E-mail: info@mechkithhinteriors.com | Phone | Fax |
| Accounts Payable Contact | | Title |
| E-mail | Phone | Fax |

## Bank References

| Institution Name: BANK OZK | Institution Name |
|---|---|
| Address: 5178 Preston Road Friso 75034 | Address |
| Phone: 2146184210 | Phone |

## Trade References

| Company: MY TAX FILER | Company | Company |
|---|---|---|
| Contact: MR. RATNA | Contact | Contact |
| Address: 405TX-121, LEWISVILLE, 75067 | Address | Address |
| Phone: 8664750771 | Phone | Phone |
| Fax | Fax | Fax |
| Account Open Since: 2019 | Account Open Since | Account Open Since |
| Credit Limit: - | Credit Limit | Credit Limit |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

*Signature*

5/25/2020
*Date*

BMS
Window Decor

# Credit Card Authorization Form

BMS Window Decor requires that a valid credit card be on file for the first purchase. Subsequent orders may be paid by check if credit terms are extended after review of your application. You will receive a copy of the charge slip and paid invoice that will act as your record of each transaction.

Please select one option:

☑ I would like to pay for this and all future orders with the following credit card.

☐ I agree to pay for my first order with the following credit card, but would like to send checks by mail for all future orders.

Please select one:

☑ I would like my receipt(s) e-mailed to me at info@mechkithhinteriors.com

☐ I would like my receipt(s) faxed to me at _____

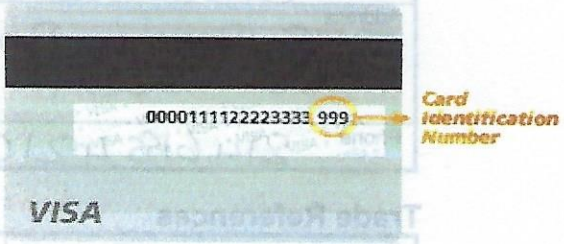
☐ I do not require a receipt.

**Credit Card Type:** ☑ Visa ☐ MasterCard ☐ American Express

**Credit Card Number:** 4988 - 6562 - 9049 - 3359

**Expiration Date:** 03/23 **Billing Zip Code:** 75035

**Security Code Number:** 500
(Located on the back of the credit card)




**Company Name:** MECHKITHH DESIGNS LLC

**Cardholder Name:** SUNITA R SAPRU

**Signature:** _____

*Please FAX this completed form to 972-820-5724 or email at - james@windowsdecor.com*

BMS WINDOW DECOR
1000 CROWLEY DR #100 CARROLLTON, TEXAS 75006~ P 972-810-0124 ~ F 972-820-5724 ~ WWW.BMSDECOR.COM

Comptroller of Public Accounts FORM 01-339 (Back) (Rev. 9-07/6)

# TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

| Name of purchaser, firm or agency | |
|---|---|
| MECHKITHH DESIGNS LLC | |
| Address *(Street & number, P.O. Box or Route number)* | Phone *(Area code and number)* |
| 13865, EL TORO ROAD | 9726587596 |
| City, State, ZIP code | |
| FRISCO, TX 75035 | |

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: BMS WINDOW DECOR

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

BLINDS AND WINDOW TREATMENTS

Purchaser claims this exemption for the following reason:

WILL BE FILING TAXES AT OUR END AFTER CHARGING THE CLIENTS

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

*I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

| sign here Purchaser | Title | Date |
|---|---|---|
| FOR MECHKITH | CEO | 5/25/2020 |

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.
*THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.*
Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.