



SPIRIT MOUNTAIN
CASINO

27100 SW Salmon River Hwy
Grand Ronde, OR 97396

PO Box 39
Grand Ronde, OR 97347

TAXPAYER IDENTIFICATION NUMBER REQUEST

Date: 5/20/08
To: _____
Attention: _____
Phone: _____
Fax: _____

Requested By: _____
From: Sponsorship Committee
Phone: 503-879-3054
Return Fax #: 503-879-6049

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 30.5% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal Law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 30.5% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as credit for your federal income tax return.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status.
Complete Part 2 if you are exempt from Form 1099 reporting. (Part 1 & 3 must also be completed)
Complete Part 3 to sign and date the form, and return to us via fax or mail.

Part 1 Tax Status: (complete one row of boxes)

Individuals:	Individual's Name: _____	Individual's Social Security # ____-____-____
A sole proprietor may have a "doing business as" trade name, but the LEGAL name is the name of the business owner		
Sole Proprietor:	Business Owner's Name _____	SS# or Employee Identification # ____-____-____ OR ____-____-____
A partnership may have a "doing business as" trade name and/or a name based on the names of the partner		
Partnership:	Name of Partnership _____	Partnership's Employee Identification # ____-____-____
A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation		
Corporation, Exempt charity or other entity:	LEGAL name of Corporation or Entity _____	Employee Identification Number ____-____-____

ALSO FILL OUT PART 2 BELOW

Part 2 Exemption: If exempt from Form 1099 reporting, check here:
and check your qualifying exemption reason below
 Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
 Tax Exempt Charity under 501(a), or IRA
 The United States or any of its agencies or instrumentality's
 A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
 A foreign government or any of its political subdivisions

Part 3 Signature: I am a U.S. person (including a U.S. resident alien). I certify under penalty of perjury that the TIN provided above is correct.

Person completing this form: _____ Date: _____

Signature: _____ Title: _____

Remit to Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please return this form to the fax number above or in the enclosed envelope if provided. Thank you for your cooperation.