



LCG, Inc. Subcontractor Packet

ATTN: SUBCONTRACTORS

PRIOR TO STARTING ANY WORK:

Prior to starting any work for LCG, Inc., we must have the following on file, no exceptions:

1. 1. W-9 (blank copy attached)
2. Certificate of Insurance with General Liability and Workers Comp coverage
 - **General Liability minimum: \$1,000,000/\$2,000,000 each aggregate**
 - **Workers Comp minimum: \$100,000/500,000/100,000**
 - **Certificate MUST List "LCG, Inc." at 4625 Church Rd, Ste 100, Cumming, GA 30028 as the Certificate Holder**
 - **"LCG, Inc." Must be listed as additional insured in the "Description of Operations" box with appropriate endorsements attached.**
3. Approved LCG Subcontract Agreement, signed by an authorized agent of LCG, Inc.

PAYMENT PROCESS:

In order to process payment for any jobs completed by subcontractors for LCG, Inc. we must have the following information prior to release of payment:

1. **Lien Waiver & Release with EVERY invoice submitted (blank copy attached).** KEEP A COPY of this Lien Waiver & Release on file to submit with future invoicing. Payments will not be processed without a Lien Waiver & Release on file.
2. W-9 on file
3. Certificate of Insurance with General Liability & Workers Comp coverage on file

Please fax all completed information to 678-455-0465

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+
or
Employer identification number
+

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CONDITIONAL WAIVER AND RELEASE
UPON PROGRESS OR FINAL PAYMENT

THE UNDERSIGNED CONTRACTOR REPRESENTS:

That upon receipt by the undersigned of a check in the sum of \$ _____ payable to _____ (single or joint payees of check) and when the check has been properly endorsed and has been paid by the bank upon which it is drawn, this document shall become effective to release any mechanic's lien, stop notice, or bond right the undersigned has on the job located at and furthermore putting into affect a minimum of a 1 year warranty per contracted work performed unless otherwise stated.

Name of Project:

Project Address:

Job Desc/Invoice #:

Name of Contractor:

LCG, Inc.

to the following extent (check box 1 or 2):

This release covers a progress payment for labor, services, equipment, and/or material furnished at the above described location through _____ (date) only and does not cover any retention or items furnished after said date;

This release covers the final payment to the undersigned for all labor, services, equipment, and/or material furnished on the job.

The undersigned certifies that any and all contractors, subcontractors, laborers, suppliers, equipment and materialmen that have provided labor, materials or services to the undersigned used in or in connection with the performance of this contract have been paid and satisfied in full, and there are no outstanding claims of any character arising out of, or related to, the undersigned's activities on, or improvements to, the property. Furthermore, in consideration of the payments received, and upon receipt of this request in the amount as listed above the undersigned does hereby waive, release and relinquish all claim or right of lien which the undersigned may now have upon the premises above described except for claims or right of lien for contract and/or change order work performed to the extent that payment is being retained or will be subsequently become due.

Date

Signature of Authorized Officer & Title

Print Name of Authorized Officer

Company Name

Address

Phone Number

Note: This form is not effective until the check that constitutes progress or final payment has been properly endorsed and has cleared the bank.