

# DIRECT DEPOSIT REQUEST FORM



|  | V V  |
|--|--|
| Please Complete this form clearly  | y, print and sign.   |
| The state of the s | and the second s |
| chase  |  |
| Driver's Name  |  |
|  |  |
| Dayton Cam   | panion.  |
|  |  |
| Routing Number   |  |
| Nodding ivaniber   |  |
| 267084 (3)   |  |
|  |  |
| A manufacture by   |  |
| Account Number   |  |
| 578857776  |  |
| Please circle one  |  |
| CHECKING   | SAVING   |
|  | SAVING   |
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| Authorize Royal and BR7 to auto  | omatically deposit my paycheck into account  |
| listed above.  | offiatically deposit my paycheck into account  |
|  |  |
|  |  |
|  |  |
| Driver Signature   |  |
|  | Date   |
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| Jal  | 5/1/2/   |
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C515-160-85-217-0 \*\*\*\*

CAMPANIONI GONZALEZ

THE REPORT RICHES IN SAFE TORS

90B 06/17/1985 Jesex M

PRESTAINE SEEND NONE

SAFE DRIVER 44 ISS 05/16/2021 500 L862107160036

SEE 4 (155) 07/16/2021

Operation of a motor vehicle constitutes consent to any sobriety test required by law



| Account nur         | mber     |        | 578857776    |  |  |
|---------------------|----------|--------|--------------|--|--|
| Routing nur         | nber     |        | 267084131 ②  |  |  |
| Interest rate       | 9        |        | 0.00%        |  |  |
| Interest in 2       | \$0.00   |        |              |  |  |
| Last statement date |          |        | Mar 29, 2024 |  |  |
| Hide details 🔨      |          |        |              |  |  |
|                     |          | ė Į.   | (O)          |  |  |
| Pay                 | Transfer | Accept | More         |  |  |

# (Rev. October 2018) Department of the Treasury

**Request for Taxpayer Identification Number and Certification** 

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

| michia  | nevertice delvice Go to www.irs.gov/rormwy for in   |                                  | information.  | - 1          |                                   |  |  |  |  |
|---|---|----------------------------------|---|--------------|-----------------------------------|--|--|--|--|
|   | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |                                  |   |              |                                   |  |  |  |  |
|   | 2 Business name/disregarded entity name, if different from above  |                                  |   |              |                                   |  |  |  |  |
|   |   |                                  |   |              |                                   |  |  |  |  |
|   | Dayton Freight Transport LCC  |                                  |   |              |                                   |  |  |  |  |
| е 3.  | 3 Check appropriate box for federal tax classification of the person whose na   | 4 Exemption                      | Exemptions (codes apply only to                                   |              |                                   |  |  |  |  |
| oag   | following seven boxes.  |                                  | 5   |              | ties, not individuals; see        |  |  |  |  |
| n n   | Individual/sole proprietor or C Corporation S Corporation   | instructions on page 3):         |   |              |                                   |  |  |  |  |
| Print or type.<br>See Specific Instructions on page   | Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC  |                                  |   |              | Exempt payee code (if any)        |  |  |  |  |
| Print or type.<br>c Instructions  | Limited liability company. Enter the tax classification (C=C corporation,   | C C                              |   | Exempt pay   | ree code (ii ariy)                |  |  |  |  |
| or t  | Note: Check the appropriate box in the line above for the tax classificat   |                                  |   |              |                                   |  |  |  |  |
| nt  | LLC if the LLC is classified as a single-member LLC that is disregarded   | per of the IIC ie                | Exemption from FATCA reporting                                    |              |                                   |  |  |  |  |
| C Pri   | another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the | nurnoses Otherwise a single-     | member IIC that   | code (if any | de (if any)                       |  |  |  |  |
| cif   | Other (see instructions) ▶  | tax classification of its owner. |   | /A!! 4-      |                                   |  |  |  |  |
| Spe   | 5 Address (number, street, and apt. or suite no.) See instructions.   | . 18                             | equester's name a   |              | unts maintained outside the U.S.) |  |  |  |  |
| 99  | 11901 Colony /2605 RL   | 17)                              | equester s name a   | nu audress   | (ориона)                          |  |  |  |  |
| S   | 6 City, state, and ZIP code   |                                  |   |              |                                   |  |  |  |  |
|   | New Part Richer . F/  | 34654                            |   |              |                                   |  |  |  |  |
| Ì   | 7 List account number(s) here (optional)  | 21021                            |   |              |                                   |  |  |  |  |
|   | ,   |                                  |   |              |                                   |  |  |  |  |
| Par   | Taxpayer Identification Number (TIN)  |                                  |   |              |                                   |  |  |  |  |
| ALCOHOLD CANADA   | our TIN in the appropriate box. The TIN provided must match the na  | mo given on line 1 to eval       | Social soci   | urity numbe  |                                   |  |  |  |  |
| backu   | o withholding. For individuals, this is generally your social security nu   | mber (SSN) However for a         | a a   | arry riding  | 7                                 |  |  |  |  |
| resident allen, sole proprietor, or disregarded entity, see the instructions for Part Llater, For other   |   |                                  |   |              |                                   |  |  |  |  |
| TIN, la   | s, it is your employer identification number (EIN). If you do not have a ter.   | number, see How to get a         |   |              | 1 1 ( 1 )                         |  |  |  |  |
| Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and  Employer identification number  |   |                                  |   |              |                                   |  |  |  |  |
| Number To Give the Requester for guidelines on whose number to enter.   |   |                                  |   |              |                                   |  |  |  |  |
| 87  |   |                                  |   | -11663171    |                                   |  |  |  |  |
| Part  | II Certification  |                                  |   | 1. 10        | 0-1111                            |  |  |  |  |
| Under   | penalties of perjury, I certify that:   |                                  |   |              |                                   |  |  |  |  |
| 1. The  | number shown on this form is my correct taxpayer identification num   | ber (or I am waiting for a n     | number to be issu   | ued 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   |   |                                  |   |              |                                   |  |  |  |  |
| Sen<br>no la  | rice (IRS) that I am subject to backup withholding as a result of a failuinger subject to backup withholding; and                                     | re to report all interest or o   | dividends, or (c) t   | the IRS has  | s notified me that I am           |  |  |  |  |
|   | a U.S. citizen or other U.S. person (defined below); and  |                                  |   |              |                                   |  |  |  |  |
|   | FATCA code(s) entered on this form (if any) indicating that I am exem   | ant from FATCA reporting is      | s correct   |              |                                   |  |  |  |  |
|   |   |                                  |   | not to back  | un withholding become             |  |  |  |  |
| 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  | Signature of  |                                  | -   | 1 -          | 2./                               |  |  |  |  |
| Here  | U.S. person ▶   | Dat                              | te▶ 5.  | -1-6         | 4                                 |  |  |  |  |
| Ger   | eral Instructions   | Form 1099-DIV (divide funds)     | ends, including t   | those from   | stocks or mutual                  |  |  |  |  |
| Section   | references are to the Internal Revenue Code unless otherwise  |                                  | ,   |              |                                   |  |  |  |  |
| noted.  |   | TOTAL TOOS-INIGO (Val            | Form 1099-MISC (various types of income, prizes, awards, or gross |              |                                   |  |  |  |  |

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-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.

## Electronic Articles of Organization For Florida Limited Liability Company

L21000322045 FILED 8:00 AM July 15, 2021 Sec. Of State icmiller

## Article I

The name of the Limited Liability Company is: DAYTON FREIGHT TRANSPORT LLC

### Article II

The street address of the principal office of the Limited Liability Company is:

11901 COLONY LAKES BLVD NEW PORT RICHEY, FL. 34654

The mailing address of the Limited Liability Company is:

11901 COLONY LAKES BLVD NEW PORT RICHEY, FL. 34654

### Article III

The name and Florida street address of the registered agent is:

DAYTON CAMPANIONI MR 11901 COLONY LAKES BLVD NEW PORT RICHEY, FL. 34654

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAYTON CAMPANIONI

## Article IV

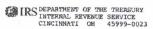
The effective date for this Limited Liability Company shall be:

07/19/2021

Signature of member or an authorized representative

Electronic Signature: DAYTON CAMPANIONI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



Date of this notice: 07-14-2021

Employer Identification Number: 87-1663171

Porm: SS-4

Number of this notice: CP 575 G

DAYTON FREIGHT TRANSPORT LLC DAYTON CAMPANIONI SOLE MBR 26511 SW 146TH CT APT 109 HOMESTEAD, FL 33032 For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-1663171. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DAYT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

07-14-2021 DAYT O 999999999 SS-4