

Royal 3

W

DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

Willis D. Reeves

BUSINESS

Willis Reeves LLC

Routing Number

111000025

Account Number

488120448313

Please circle one

CHECKING

SAVING

I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.

Driver Signature

Willis D. Reeves

Date

9-9-24

Florida

CDL



CDL# R120-884-77-201-0



REEVES
EMILIS DEMETRIUS
8302 E GENESEE ST
TAMPA, FL 33610-5023

DOB 06/01/1977 SEX M
EXP 06/01/2030 HGT 5'08"
WEIGHT 140 EYES NONE

EXP 01/04/2023
ID# K71230100187



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

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.
Willis D Reeves

2. Business name (disregarded entity name, if different from above)
Willis Reeves 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) _____
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) _____
(See list of exemptions mentioned in the U.S.)

5. Address number, street, and apt. or suite no. (See instructions)
3302 E. Genesee St

6. City, state, and ZIP code
Tampa, FL 33610

7. List account number(s) here (optional)

8. Requester's name and address (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
93-2805567

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 **[Signature]** Date **9-9-24**

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.

Date of this notice: 08-09-2023

Employer Identification Number:
93-2805567

Form: SS-4

Number of this notice: CP 575 G

WILLIS REEVES LLC
WILLIS REEVES SOLE MBR
3302 E GENESEE ST
TAMPA, FL 33610

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 93-2805567. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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 election 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.

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L23000344464
FILED 8:00 AM
July 20, 2023
Sec. Of State
aanderson**

Article I

The name of the Limited Liability Company is:
WILLIS REEVES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3302 E GENESEE ST
TAMPA, FL. 33610

The mailing address of the Limited Liability Company is:
3302 E GENESEE ST
TAMPA, FL. 33610

Article III

The name and Florida street address of the registered agent is:
WILLIS REEVES
3302 E GENESEE ST
TAMPA, FL. 33610

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: WILLIS REEVES

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
WILLIS REEVES
3302 E GENESEE ST
TAMPA, FL. 33610

L23000344464
FILED 8:00 AM
July 20, 2023
Sec. Of State
aanderson

Article V

The effective date for this Limited Liability Company shall be:

07/20/2023

Signature of member or an authorized representative

Electronic Signature: WILLIS REEVES

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.

Close

Please follow these directions

1. Ensure the entire form is complete. If printing, sign and date it.
2. If providing this form directly to your Employer, they should review this and suitability. If Employer / Company prefers or requires their own form, number and ABA routing number below to complete their form.
3. Enter the account information on the form into your employers Human or provide it to your employer.

Employer or Company name:

Account type:

BFUN

Deposit amount:

%

Account Number:

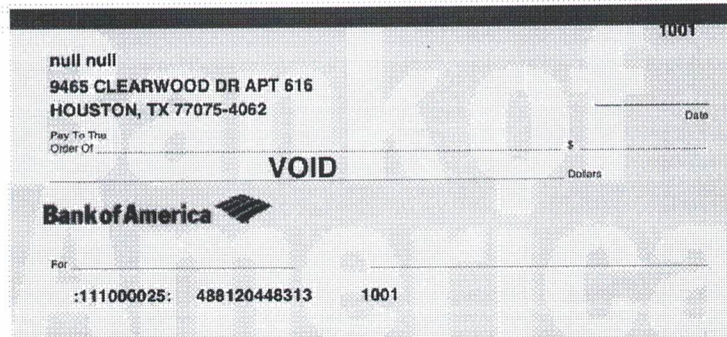
488120448313

State where opened:

TX

ABA routing number:

111000025



1001

null null
9465 CLEARWOOD DR APT 616
HOUSTON, TX 77075-4062

Pay To This Order Of _____ \$ _____
Date _____

VOID

Bank of America

For _____

:111000025: 488120448313 1001

I (we) authorize the above named Employer / Company to initiate credit e
America checking and / or Savings accounts indicated below and to cred
account. I (we) acknowledge that the origination of the ACH transaction t
comply with the provision of U.S. law.

Customer name:

Signature:

Date:

