DIRECT DEPOSIT REQUEST FORM



Date

1112112024

Please Complete this form clearly, print and sign.					
Driver's Name					
maikel Tejera Santos					
O .					
Routing Number					
071025661					
Account Number					
4845596164					
Please circle one					
CHECKING					
I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.					

Driver Signature

Form (Rev. October 2018)

(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.

	1 Name (as shown on your income tax return). Name is required on this line; do r	not leave this line blank.			
Print or type. See Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above	τ.*			
	3 Check appropriate box for federal tax classification of the person whose name following seven boxes. Individual/sole proprietor or C Corporation S Corporation single-member LLC	is entered on line 1. Ch	eck only one of the	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)	
	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 as single-member LLC that is disregarded 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.		Exemption from FATCA reporting code (if any)		
	Other (see instructions) >			(Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	nd address (optional)	
	11025 Lorites La				
	6 City, state, and ZIP code Naples, FL 3H 114				
	7 List account number(s) here (optional)	encount of the fact fact of the fact of th			
Par	Taxpayer Identification Number (TIN)				
March College Andrew	your TIN in the appropriate box. The TIN provided must match the name	given on line 1 to av	oid Social sec	urity number	
backu reside entitie	up withholding. For individuals, this is generally your social security numbers all alien, sole proprietor, or disregarded entity, see the instructions for Pass, it is your employer identification number (EIN). If you do not have a number (EIN). If you do not have a number (EIN).	per (SSN). However, that it, later. For other	for a	-92-2584	
T/N, 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.					
Par	t II Certification				
	r penalties of perjury, I certify that:				
2. l ar Se	e number shown on this form is my correct taxpayer identification number n not subject to backup withholding because: (a) I am exempt from back rvice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	cup withholding, or (b	i have not been n	otified by the Internal Revenue	
	m 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 profierty, 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			Date > ///2/	/21/	
Ge	neral Instructions	 Form 1099-DIV (d funds) 	lividends, including	those from stocks or mutual	
Secti	references are to the Internal Revenue Code unless otherwise • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
Futu	re developments. For the latest information about developments	,	1099-B (stock or mutual fund sales and certain other		

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.

Florida





400LN T262-540-81-374-0 9CLASS A

TEJERA SANTOS MANKEL 1025 SW 30TH AVE APT 508 MIAMI FL 33135 1 COB 10/14/1981 95 SEX M 46 EXP 10/14/2026 16 HGT 5'-09" 12 REST NONE 98 END N

SAFE DRIVER 4a ISS 09/19/2018 500 S071919140621 REPLACED 10/14/2019

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





Account details

BMO Premium Business Checking

4845596164

\$2,050.10

AVAILABLE BALANCE

Routing number

071025661

Current balance

\$2,050.10

Last business day balance

\$2,061.63



View statements



Pay bills

Account transactions





Pay & transfer



Deposit a check



More