

Florida

CDL



ADL S217-373-53-200-0 CLASS A

SIMPSON

STENNETTE S

6145 HWY 7TH AVE APT 813

M/A/HI, FL 33127-1245

DOB 01/09/1987 SEX M

EXP 01/09/2027 HGT 5'-07"

REST NONE END NONE

ISS 12/04/2018

SOC R072407240305

REPLACED 07/24/2024

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



DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name

Stennette Simpson

Routing Number

2560-7497-4

Account Number

7170840297

Please circle one

☒ CHECKING

☐ SAVING

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

Driver Signature

✓
Simpson

Date

12/13/24

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 not leave this line blank.

Skennette Simpson

2 Business name/disregarded entity name, if different from above

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6145 NW 7th Ave Apt 813

6 City, state, and ZIP code

Miami FL 33127

Requester's name and address (optional)

7 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 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

053 - 82 - 8326

or

Employer identification number

-

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 ▶

Simpson

Date ▶ 12/13/24

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.

12/13/2024

STENNETTE SIMPSON
6145 NW 7TH AVE APT 813
MIAMI, FL

Re: Direct Deposit

Please present this letter to your employer to set up your direct deposit.

Contact Information

NameSTENNETTE SIMPSON
Address6145 NW 7TH AVE APT 813
MIAMI, FL

Phone Number7865465392
Email AddressAcesap395@gmail.com

Banking Information

Routing Number256074974
Account NumberEveryDay Checking - 7170840297
Deposit Amount100%

Financial Institution

NameNavy Federal Credit Union
AddressPO Box 3000
Merrifield, VA 22119-3000
Phone Number1-888-842-6328

Signature

I authorize my employer to initiate the direct deposit of my paycheck into the account listed above. I understand my typed name will appear on the signature and have the same legal effect as a hand-written signature. I understand direct deposit will not be initiated until I have submitted this form to my employer and has been fully processed.

SignatureSTENNETTE SIMPSON
Date12/13/2024

STENNETTE SIMPSON
6145 NW 7TH AVE APT 813
MIAMI, FL

NON-NEGOTIABLE

12/13/2024 ET
DATE

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PAY TO THE
ORDER OF

\$

DOLLARS

FOR

256074974 7170840297
ROUTING NUMBER ACCOUNT NUMBER

VOID

NAVY
FEDERAL
Credit Union

Secure
Features
Details on
Back