



Borland Software Corporation
100 Enterprise Way
Scotts Valley, CA. 95066 USA
Karen Giles 831-431-1029
Dev. Rel. Fax: 831-431-4119

**BORLAND SOFTWARE CORPORATION
TAXPAYER IDENTIFICATION REQUEST**

Dear Vendor:

Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. We are required by law to obtain a tax identification number when making a reportable payment to you. Failure to provide this information could result in a tax withholding of up to 30%, applicable state withholding and penalties. Please complete this substitute W9 form and return via fax or mail to the above location.

Please be advised that failure to respond may cause a delay in the processing of your payments.

Substitute W9	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION	Return this form to the requester. Do NOT send to the IRS.
Taxpayer's Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below).		
Business Name		
PART I Please check appropriate box and enter your Taxpayer Identification Number (TIN) below on the appropriate line. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership/LLC/LLP <input type="checkbox"/> Other _____ I am a resident of, have a permanent place of business in or am subject to the laws of California at the address shown below and will file a California return. I will promptly notify you if my status changes. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU CHECKED <u>INDIVIDUAL/SOLE PROPRIETOR</u> , ENTER INDIVIDUAL'S NAME AND SOCIAL SECURITY NUMBER _____ SSN: _____ - _____ - _____ IF YOU CHECKED OTHER THAN <u>INDIVIDUAL/SOLE PROPRIETOR</u> , ENTER APPLICABLE FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CALIFORNIA CORPORATION NUMBER (IF APPLICABLE) _____ TIN: _____ - _____ - _____		
Address (number, street, and apt. or suite no.)		<u>TAXPAYER'S PHONE NUMBER</u>
City, State and ZIP Code		<u>TAXPAYER'S FAX NUMBER</u>
In order to make this form complete and enable us to make payment to you, please answer Part II on page 2, print your name, sign and date.		

PART II**Business Size/Classification:**

Borland Software Corporation supports and participates in the Government's small and disadvantaged business programs. Our participation requires written representation from our supplier's and contractors as to their business status according to the following:

- A. ☐ Small Business Enterprise – An enterprise independently owned and operated with 500 or fewer employees.
- B. ☐ Small Disadvantaged Business – An enterprise meeting the criteria that is at least 51% owned and controlled by socially and economically disadvantaged group members. Socially and economically disadvantaged in defined to include Black Americans, Hispanic Americans, Native Americans and Asian-Pacific Americans.
- C. ☐ Women Owned Small Business – An enterprise at least 51% owned and controlled by women members regardless of their ethnic background.
- D. ☐ Historically Black Colleges and Universities and Minority Institutions.
- E. ☐ Hubzone Small Business.
- F. ☐ Veteran-Owned Small Business (self-certified): Is a small business; and is at least 51% owned, controlled and active involvement in day-to-day operations by one or more veterans.
- G. ☐ Service Disabled Veteran Owned Small Business: Is a veteran with a disability that is service-connected.
- H. ☐ None of the above apply

Under penalties of perjury, I certify that the number shown on this form is my correct TIN and that all other requested information is correct, that I am a U.S. person, and that I am not subject to backup withholding because (1) I am exempt from withholding or (2) I have not been notified by a tax agency, including the Internal Revenue Service that I am subject to backup withholding.

Print Name		
Sign Here		Date