A PLUS SEWER SERVICE, INC.

Statement / Invoice

603 County Rt 50
New Hampton NY 10958
845-294-6103 f-845-374-0061

Date	Invoice #
2/6/2023	30085

Bill To

CMI Mgt C/O Joe Bayne
Bullville Reserve Center
2400NY Rt 17K
Bullville NY 22312

P.O. No.	Terms
	Due on receipt

Description	Qty	Rate	Amount
Service call out- Pulled out sewage pump and found that it is burned out and the pipe is rotted also. Both pumps need to be replaced.		1,200.00	1,200.00

Thank You for giving A Plus Sewer Service the opportunity to be of service to you.

Please make all checks payable to A Plus Sewer Service.

A Service Charge of 1.5% per month, 18 % APR will be added to all over due Accounts. Also customer is liable for all legal and collection fees. Acounts are over due on the 31st day past the invoice data. Returned check fees are $20.00.

Subtotal	$1,200.00
Sales Tax (8.125%)	$97.50
Total	$1,297.50
Payments/Credits	$0.00
Balance Due	$1,297.50

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
A Plus Sun Stone Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
603 County Rt 50

Requester's name and address (optional)

City, state, and ZIP code
New Hampton NY 10958

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Employer identification number
[2][0] - [2][0][4][2][3][4][6]

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here | **Signature of U.S. person ▶** John Gotthardt | **Date ▶** 2/6/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

CMI
Management, Inc.

SIMPLIFIED REPRESENTATIONS AND CERTIFICATIONS

These Representations and Certifications must be completed, signed and returned with your W-9. All sections must be completed; however, if a section or portion of a section is not applicable, check the N/A box on the left side of the section or portion thereof. **FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM MAY BE CAUSE FOR CMI MANAGEMENT, INC TO REJECT YOUR INVOICE.**

1. COMPANY INFORMATION

Company name: A Plus Sewer Service Inc.

Company address: 603 County Rt 50 New Hampton NY 10958

Remit to address: "Same as" above"

Telephone Number: 845-294-6103 Fax Number: 845-374-0041

Taxpayer Identification No.: 20-2042346 (Employer Identification Number or Social Security Number)

D-U-N-S Number: _____

Authorized POC : _____ POC Title: _____

POC Telephone: _____ Fax: _____ Email: _____

2. TYPE OF BUSINESS ORGANIZATION

(a) Legal name of business organization, if different from company name:

_____

(b) The Company represents that it operates as a: *(Check applicable category and provide additional information, if requested.)*

- ☑ sole proprietorship or individual
- ☐ partnership comprised of the following partners _____
- ☐ corporation incorporated under the laws of the State of _____
- ☐ limited liability company organized under the laws of the State of _____
- ☐ educational institution
- ☐ government entity
  - ☐ federal
  - ☐ state
  - ☐ local
- ☐ international organization (per 22 U.S.C. 288-288f)
- ☐ nonprofit organization
- ☐ joint venture comprised of the following entities _____

☐ other *(Describe below.)*

_____

_____

3. SMALL BUSINESS PROGRAM REPRESENTATIONS

(a) The following listed NAICS code and size standard are applicable solely for the Offeror's representation in paragraph (c) below:

(1) The North American Industry Classification System (NAICS) code for this acquisition is _____

(2) The small business size standard for the listed NAICS code is _____

(3) The small business size standard for a company three year average which submits an offer in its own name including any subsidiaries.

(b) ***Definitions.***

"*Small business concern*" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is qualified as a small business under the criteria in 13 CFR part 121 and the size standard listed above.

An "*8(a) small business concern*" means a small business concern owned and operated by socially and economically disadvantaged individuals and eligible to receive federal contracts under the U.S. Small Business Administration's 8(a) Business Development Program and that appears on the List of Qualified 8(a) Small Business Concerns maintained by the U.S. Small Business Administration.

"*Service-disabled veteran*" means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"*Service-disabled veteran-owned small business concern*" means a small business concern (i) not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) the management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

"*Veteran-owned small business concern*" means a small business concern (i) not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and (ii) the management and daily business operations of which are controlled by one or more veterans.

"*Women-owned small business concern*" means a small business concern (i) that is at least 51 percent owned by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and (ii) whose management and daily business operations are controlled by one or more women.

(c) ***Representations***. Based on the applicable small business size standard and the definitions stated above, the Offeror represents as part of its offer that: *(Check appropriate box.)*

☑ It is a small business concern.

☐ It is a large business concern.

☐ **N/A** If the Offeror represents that it is a small business concern, the Offeror further represents that: *(Check all that apply.)*

- ☐ It is a women-owned small business concern.
- ☐ It is a veteran-owned small business concern.
- ☐ It is a service-disabled veteran-owned small business concern.
- ☐ It is a service-disabled veteran-owned small business concern.
- ☐ It is a small disadvantaged business concern and appears on the List of Qualified Small Disadvantaged Business Concerns maintained by the U.S. Small Business Administration (SBA) and is based on the criteria established in 13 CFR 124.1002.
- ☐ It is an 8(a) small business concern and appears on the List of Qualified 8(a) Small Business Concerns maintained by the U.S. Small Business Administration (SBA) and is based on the criteria established in 13 CFR 124.101-112.
- ☐ It is a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the SBA; and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the SBA in accordance with 13 CFR part 126.
- ☐ It is a joint venture that complies with the requirements of 13 CFR part 126; and the representation in the paragraph above is accurate for the HUBZone small business concern or concerns that are participating in the joint venture.
  (The Offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture. Furthermore, each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation with the proposal.)

  _____

(d) ***Notice***. Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract or subcontract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall:
(1) Be punished by imposition of fine, imprisonment, or both;
(2) Be subject to administrative remedies, including suspension and debarment; and
(3) Be ineligible for participation in programs conducted under the authority of the Act.

7. SIGNATURE / CERTIFICATION

By signing below, the Offeror certifies that these representations and certifications are accurate, current, and complete. The Offeror further certifies that it will immediately notify CMI of any changes to these representations and certifications which may occur from the date of this certification through the term of any resultant subcontract that may be awarded to the Offeror.

JoAnn Rotthardt
Signature of the Officer or Employee responsible for this submittal

Office Manager
Typed Name and Title of the Officer or Employee

1/30/2023
Date

Zone

Site Code	Site Name	Site Address
NY001	MAJ James J. O'Donovan AFRC	90 North Main Avenue, Albany, NY, 12203-1411
NY011	SSG Frederick J. III Jr. USARC	2500 NY Route 17K, Bullville, NY, 10915-0277
NY024	Staten Island USARC (Fort Wadsworth)	356 Battery Road, Staten Island, NY, 10305-5081
NY050	Orangeburg USARC	123 Route 303, Orangeburg, NY, 10962-2209
NY054	PFC Harold P. Lynch USARC	5363 Peru Street(Rte 9), Plattsburgh, NY, 12901-3536
NY059	AMSA # 8 (G)	101 Remsen Street, Rotterdam, NY, 12306-2184
NY060	SGT Horace D. Bradt USARC	1201 Hillside Avenue, Schenectady, NY, 12309-3501
NY128	Saugerties USARC	1001 Kings Highway, Saugerties, NY, 12477-4342