

SKYLAND CO-OP, INC. PO Box 280 – 202 South Main, Johnson, KS 67855
Application for Membership / Participation and Written Consent

TO: The Board of Directors of Skyland Co-op, Inc.

[redacted] ("Applicant"), does hereby apply for membership in Skyland Co-op, Inc. and agrees to conform to the Bylaws of this association.

Applicant (and Applicant's authorized agent, if applicable) warrants that Applicant is a producer of agricultural products.

APPLICANT DOES HEREBY CONSENT to include in Applicant's gross taxable income, in the manner provided in 26 U.S.C. §1385(a), the stated dollar amount of any written notice of allocation which is received by Applicant from this cooperative. Applicant further consents and agrees to treat the stated dollar amount of all per-unit retain certificates received by the Applicant in connection with products marketed through the cooperative as representing a cash distribution which the undersigned has constructively received and which has been reinvested in the cooperative. The said "consent" is **REVOCABLE** pursuant to the **EXPLANATION** below.

Applicant hereby acknowledges receipt of instructions regarding access to the Bylaws of Skyland Co-op, Inc., and does hereby agree to comply with and adhere to the provisions of the Bylaws and any amendments thereto.

Under the penalties of perjury, I certify that the information that is provided on this form is true, correct and complete.

Dated this [redacted] day of [redacted], 20 [redacted].

Social Security or Tax ID: [redacted] [redacted]

Please Print Applicant Name

Applicant Date of Birth or Formation: [redacted]

Applicant Address: [redacted] [redacted]

Signature Please

City, State, Zip Code: [redacted]

Please designate the applicant as One of the following:

- Individual / Sole Proprietor
- C Corporation President Sign [redacted] Secretary Sign [redacted]
- S Corporation President Sign [redacted] Secretary Sign [redacted]
- Partnership (Please have all Partners sign this Application) [redacted]
- Trust/Estate
- Limited Liability Company
- LLC President Sign [redacted] LLC Secretary Sign [redacted]

The foregoing consent is revocable by the Applicant in writing which delivered to the association, PROVIDED HOWEVER, that such revocation is effective with respect to patronage occurring after the close of the association's fiscal year in which said written revocation is received. CONSENT IS REQUIRED FOR THE COOPERATIVE TO RECEIVE AN INCOME TAX DEDUCTION FOR ITS PATRONAGE ALLOCATIONS, pursuant to Subchapter T of The Internal Revenue Code, sections 1381 through 1388. By signing this document, Applicant agrees to include the total amount of any patronage allocation or dividend (not just the cash portion thereof) in Applicant's gross income in the year during which qualified written notice of allocation is received. While you are required to sign the foregoing consent, it relates to you only to the extent that your purchases from the association, or sales to the association are related to your taxable income.

Board Approval Date: _____ (Date to Be Completed by Skyland Co-op, Inc. Employee)

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) Skyland Co-op Inc. PO Box 280, Johnson, KS 67855
	6 City, state, and ZIP code	
	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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
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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); 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 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 ▶	Date ▶
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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.