

To Whom It May Concern:

In accordance with the State and Local Tax regulations, this letter is to request your company's taxpayer identification number and company status for our records for the calendar year 2022. We are required to obtain this information from all customers who wish to remain tax exempt. We have also attached a copy of the most current W-9 revision and request it be completed in its entirety and return to us.

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Please prov	vide a copy of BO	<u>ГН :</u>		
□ CUR	RENT CITY LICENS	<u>SE</u>		
□ CUR	RENT STATE SALE	S TAX LICENSE		
□ <u>W-9</u>	<u>FORM</u>			
Please also	supply us with the fo	ollowing information	:	
Company Name:				
Federal ID	Number:			
Accounts	Payable Contact:			
Phone Nu	mber:			
Fax Numb	er:			
E-Mail Add	dress:			
Mailing Ac	ddress:			
	plete this form in its <u>s,</u> via mail, fax, or en	•	t, along with copies of your <u>W-</u> s	9, State and
Mail to: Drive In Autosound Inc. PO Box 49699 Colorado Springs, CO 80949			Fax: (719)573-7130	

Thank you in advance for your prompt attention to this matter.

Attn: Accounting

Email: accounting@driveinautosound.com