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In o	order to remit	payment to you, please complete the W-9 be	elow and fax	back to	: ,						
FRO	OM: Oish	i's Property Management	FAX #:	(808) 94	42-18:	11					
BY:		PH #: (808) 949-	9499 ext	D	ATE: _			_/_		_	
Depart	W-9 October 2018) trant of the Treasury al Revenue Service	Request for Taxpa Identification Number and Go to www.irs.gov/FormW9 for instructions are	Certificati			re	que	orm ster. to the	Do	no	
	1 Name (as shown o	n your income tax return). Name is required on this line; do not leave thi	s line blank.		The grave A state of the state of						
	2 Business name/dis	sregarded entity name, if different from above									
page	following seven boxes. Individual/sole proprietor or S Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C 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. Other (see instructions) 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address 6 City, state, and ZIP code							ounts maintained outside the U.S., (optional)			
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