

DUPLICATE
VIRGINIA TOBACCO INDEMNIFICATION AND COMMUNITY REVITALIZATION COMMISSION
2009 Phase I Verification for Payment

This Verification Form must be completed and postmarked by May 20, 2009

SECTION I: PRODUCER/QUOTA OWNER INFORMATION

NAME:
ADDRESS:
ADDRESS 2:
CITY, STATE &
ZIP:
PHONE #:
SSN/TAX ID:

County:
Farm Serial No:
Tract No:
Tobacco Type:
Claimant Type:

Basic Quota:
or
Payment LBs:

The information above was taken from the forms that were distributed during the Years 2000 through 2008 Phase I and II indemnification programs. Flue-Cured and Burley Producer information is based on the 1998 Crop Year. Flue-Cured and Burley Quota Owner information is based on the 1999 Crop Year. **If ALL information is correct, sign and date Section II and Section III and return the form by May 20, 2009**, to Troutman Sanders LLP, Tobacco Indemnification Program, P.O. Box 1198, Richmond, VA 23218-1198. **It is your responsibility to notify us of any changes to your claim. Failure to do so may delay or withhold payment of your claim.**

Failure, for any reason whatsoever, to apply for any indemnification payment from the Tobacco Indemnification and Community Revitalization Commission (Commission) by the deadline established for the receipt of verification forms shall forever bar you from receiving such payment unless appropriate written application is made to the Commission and received within one year of the established deadline.

In addition to any other penalties provided by law, any person who knowingly makes any false, fictitious or fraudulent statements or representations or otherwise knowingly provides any false, fictitious or fraudulent information to the Commission shall forfeit his opportunity or eligibility to receive any payments from the Fund.

SECTION II: CERTIFICATIONS AND AUTHORIZATIONS. I certify to the Commission that all the information in this Verification for Payment is true and complete to the best of my knowledge. I acknowledge that all information in this Verification for Payment, and all information in the Application for Payment from which the information herein was derived, may be used and distributed by the Commonwealth of Virginia, the Commission and their agents for such purposes as may be necessary or appropriate to make payments under, administer or enforce any tobacco indemnification program including, but not limited to, the Tobacco Trust (Phase II), the Tobacco Indemnification and Community Revitalization Fund (Phase I), the Tobacco Loss Assistance Program (TLAP) and the Tobacco Transition Payment Program (TTPP); and by my signature below, I authorize the use of all such information for such purposes.

Signature

Date

SECTION III: IRS W-9 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. 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 Treas. Reg. section 301.7701-7).

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.

Signature

Soc. Sec./Fed. Taxpayer ID#

Date

CLAIM #