

FORM W-9 Taxpayer Identification Number Request

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 30% federal income tax backup withholding (29% after December 31, 2003). Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 30% of its payments to you (29% after December 31, 2003). Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as credit for taxes paid on your federal income tax return.

Use this form only if you are a **U.S. person or entity** (including U.S. resident alien). If you are a foreign person or entity, use the appropriate Form W-8.

- Instructions:**
1. Complete part 1 by completing one row of boxes that corresponds to your tax status.
 2. Complete part 2 if you are exempt from Form 1099 reporting.
 3. Complete part 3 to sign and date the form.
 4. Return this completed form to : **Metaldyne Corporation**

47603 Halyard Drive
 Plymouth, MI 48170-2429
(JDE Plants) Fax 734-207-6570
(QAD Plants) Fax 734-451-4131

Part 1 - Tax Status: (complete only one row of boxes)

Individuals: (Fill out this row)	Individual Name: (First name, middle initial, last name)	Individual's Social Security Number
	_____	_____ - _____ - _____

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor: (Fill out this row)	Business Owner's Name (REQUIRED)	Business Owner's Social Security Number	Business or Trade Name (Optional)
	(First Name) _____ (Middle initial) _____	_____ - _____ - _____ or Employer ID Number	_____
	(Last Name) _____	_____ - _____ - _____	_____

Partnership: (Fill out this row)	Name of Partnership	Partnership Employer Identification Number	Partnership's name on IRS records (see IRS mailing label)
	_____	_____ - _____ - _____	_____

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Corporation, exempt charity, or other entity: (Fill out this row)	Name of Corporation or Entity	Employer Identification Number	Are you incorporated?	D.B.A. or T.A. companies?
	_____	_____ - _____ - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach all of the business names

PART 2 - EXEMPTION: If exempt from Form 1099 reporting, check here: and circle your qualifying exemption reason below:

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|---|---|---|--|---|
| 1. Corporation except there is no exemption for medical and healthcare payments or payments for legal services. | 2. Tax Exempt Charity under 501 (a) (includes 501 (c) (3)), or IRA. | 3. The United States or any of its agencies or instrumentalities. | 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions. | 5. A foreign government or any of its political subdivisions. |
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PART 3 - CERTIFICATION:

I certify under penalty of perjury:
 1) The Tax Identification Number I have provided is correct , and
 2) I am a U.S. person (including U.S. resident alien)

Person completing the form: _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Please return this form to the address in instruction #4 above. Thank you for your cooperation.



