

2004

VIRGINIA TOBACCO TRUST CERTIFICATION BOARD, INC.  
PHASE II

VERIFICATION FOR PAYMENT

**THIS VERIFICATION FORM MUST BE COMPLETED AND POSTMARKED BY NOVEMBER 5, 2004**

**SECTION I: PRODUCER/QUOTA OWNER INFORMATION**

**PLEASE READ – IMPORTANT CHANGES:** The preprinted information above was taken from the forms that you already completed for Phase II payments in previous years or from data received from the United States Department of Agriculture/Farm Services Agency for burley tobacco quota owners. For flue-cured tobacco quota owners and flue-cured or burley tobacco producers, the eligibility standards for 2004 remain the same as in 1999, 2000, 2001, 2002 and 2003. Persons who owned flue-cured tobacco quota as of July 1, 1998 or produced flue-cured or burley tobacco during the 1998 crop season are eligible for payments under the Phase II Trust. Persons who owned **burley tobacco quota** as of **July 1, 1999** are eligible for payments under the Phase II Trust.

**If all the information is correct, sign and date Section II below, and return this form in the enclosed envelope to Virginia Tobacco Trust Certification Board, Inc., P.O. Box 3313, South Hackensack, NJ 07606 by November 5, 2004.**

**If the information is incomplete, wrong or needs to be changed, please refer to the instructions that are included with this Verification for Payment.**

**SECTION II: CERTIFICATIONS AND AUTHORIZATIONS/ SUBSTITUTE W-9 CERTIFICATION**

I certify that all the information in this Verification for Payment is true and complete to the best of my knowledge. I acknowledge that any false statements or fraudulent information in this Verification for Payment may cause me to forfeit my opportunity to receive present and future payments certified by the Virginia Tobacco Trust Certification Board, Inc. (the "Board").

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, at its sole discretion, be used and distributed by the Board, or, at the Board's discretion, by the Commonwealth of Virginia, the Tobacco Indemnification and Community Revitalization Commission, and their vendors and 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 Virginia Tobacco Trust Fund (Phase II), the Tobacco Indemnification and Community Revitalization Fund (Phase I) and the Tobacco Loss Assistance Program (TLAP); and by my signature below, I authorize the use of all such information for such purposes.

I also certify under penalty of perjury that

- 1) The number shown on this form is my correct Social Security number or 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 (the "IRS") that I am subject to backup withholding because 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. person (including a U.S. resident alien).
- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Soc. Sec./Fed. Taxpayer ID#

\_\_\_\_\_  
Date