

**MASCO CORPORATION
SUBSTITUTE FORM W-9**

TAXPAYER IDENTIFICATION NUMBER REQUEST

To: _____

Vendor Number: _____

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 31% federal income tax backup withholding. 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 payer is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all back-up withholding as a credit for taxes paid on your federal income tax return.

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

Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return it to us in the enclosed envelope.

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

Individuals:

Individual Name:	Individual's Social Security Number _____-_____-_____
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A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner

Sole Proprietor:

Business Owner's Name:	Business Owner's Social Security Number _____-_____-_____	Business or Trade Name
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Partnership:

Name of Partnership:	Partnership's Employer Identification Number _____-_____-_____	Partnership's Name on IRS records (see IRS label)
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Corporation, exempt charity, or other entity:

Name of Entity:	Employer Identification Number _____-_____-_____
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Part 2 Exemption: If exempt from Form 1099 reporting, check here: []
and circle your qualifying exemption reason below

1. Corporation, except there is no exemption for medical and healthcare payments for legal services.
2. Tax Exempt Charity under 501(a), 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

Part 3 Signature: I am a U.S. person (including a U.S. resident alien).

Person completing this form: _____

Signature: _____

Title: _____

Date: _____

Phone: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Please complete and fax this form to Accounting (313) 792-6159. Thank you for your cooperation.