



COCA-COLA MARKETING REIMBURSEMENT PROGRAM OVERVIEW

BRIEF DESCRIPTION

- > Coca-Cola offers a per gallon marketing support fund (rebate) paid on all Coca-Cola fountain gallons purchased during each standard calendar year (January through December).
- > Funds earned (rebate) for every store you own, acquire or open (new) will be paid in one check and mailed to one long-term address that you choose. This is referred to as the **"One Check Plan"**.
- > This annual payment arrives in the second quarter of the following year. The amount per gallon is adjusted annually per our agreement together.
- > If necessary, and requested after payment is received, Coca-Cola can provide some details of your check by store.

PAPERWORK NEEDED

- > Properly completed "W-9 Form".
- > "Mandatory Cover Page for W-9 Form".

INSTRUCTIONS TO COMPLETE YOUR "W-9 FORM" PROPERLY

GENERAL

- > PO Boxes are NOT accepted.
- > The address you provide on this W-9 form must be a long-term permanent address where your check will be mailed to indefinitely.
- > If the long-term address you provide continues to be valid you DO NOT need to submit another W-9 form for any acquired stores or new stores opened.
- > If your long-term address becomes invalid, it is your responsibility to submit another W-9 form with a new long-term address.

SPECIFIC INSTRUCTIONS FOR ACTUAL "W-9 FORM"

- > The long-term mail-to address submitted on your W-9 form must match that of the U.S. Postal Service Database. Verify the mail-to address you submit by using the USPS Zip Code Lookup:
<http://zip4.usps.com/zip4/welcome.jsp>
- > If you own multiple stores or have plans to own multiple stores, we only need one active "Legal Business Name" and "Tax ID #" that will match when verified in the IRS databank.
- > For our purposes, the long-term mail-to address you provide does not need to match the address associated with the "Legal Business Name" and "Tax ID#" you provide.
- > The W-9 Form is designed to type directly in the form. This is preferred.
- > You must sign the W-9 Form prior to submitting.
- > Unfortunately, we CANNOT accept digitally signed W-9 forms.

INSTRUCTIONS TO COMPLETE YOUR "MANDATORY COVER PAGE FOR W-9 FORM"

- > This form is also designed to type directly in the form. This is preferred.
- > The "Mandatory Cover Page for W-9 Form" is self-explanatory.

PREFERRED SUBMISSION

- > Type directly in pages 3 & 4 of this PDF document. Print pages 3 & 4. Sign W-9 form and submit both pages 3 & 4 by either faxing to 847.490.3208 or scanning and e-mailing to me at dradaj@na.ko.com

ACCEPTED, BUT NOT PREFERRED SUBMISSION

- > Print pages 3 & 4 of this PDF document. Write very legibly. Sign W-9 form and submit both pages 3 & 4 by either faxing it to 847.490.3208 or scanning and e-mailing to me at dradaj@na.ko.com.



COCA-COLA'S MARKETING FUND REIMBURSEMENT PROGRAM MANDATORY COVER PAGE FOR W-9 FORM

Please fill out and submit this cover page with your completed W-9 Form.

Please type or print legibly and send to:

Coca-Cola Foodservice / Dan Radaj

Fax to 847.490.3208 or email dradaj@na.ko.com

I have read the two-page overview* and understand this reimbursement program.

**Titled Coca-Cola Marketing Reimbursement Program Overview.*

Please create a new account to reimburse (rebate) my Jimmy John's store(s) under the "One Check Plan".

Check the box above if any of the following apply to your situation:

> I own one or more JJ's and I am not currently set-up to receive marketing funds (rebates).

> I own more than one JJ's and some stores are receiving marketing funds (rebates) and some stores are not.

> I am not certain about my store(s) in regards to receiving marketing funds (rebates).

Note: We know your exact marketing fund (rebates) situation for your store(s).

Owner(s) Name(s): _____

(Per Jimmy John's Corporate Record)

My JJ's store #'s are: _____

My Properly completed W-9 Form is attached.

SUBSTITUTE W9 FORM

Please provide a **long-term/ permanent mailing address** where you would like your annual Coca-Cola Marketing Reimbursement check mailed. PLEASE TYPE OR PRINT LEGIBLY. Do not forget your signature at the bottom of this form.

IMPORTANT: P.O. Boxes are NOT accepted. Your account will NOT be set up if you submit a P.O. Box!

The long-term mail-to address below must match that of the U.S. Postal Service Database. Please verify the mail-to address you submit by using the USPS Zip Code Lookup: (<http://zip4.usps.com/zip4/welcome.jsp>).

Legal Business Name: (same as below)	
Mail-To Street Address 1:	Mail-To Street Address 2:
City: State:	Zip:

Please complete the following information for our records. 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. 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 Code Section 6723.

Instructions: Complete Part 1 by filling in the row of boxes that corresponds to your tax status.
Complete Part 2 if you are exempt from Form 1099 reporting.
Complete Part 3 by signing and dating this form. Please fax this form to the number at the top of this form.

Part 1 Tax Status: (Complete one row of boxes)

Individual:	Individual's Name	Individual's Social Security #
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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 #	Business or Trade Name
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A partnership may have a "doing business as" trade name, but the legal name is the list of the names of the partners.

Partnership:	Name of Partnership	Partnership's Employer Tax ID #	Partnership's Legal Name (Name of First Partner)
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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:	Name of Corporation or Entity	Employer Tax ID #
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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 not exemption for medical and healthcare payments or 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 Certification: Under penalties of perjury, I certify that (1) the Tax Identification Number I have provided is correct 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 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. person (including a U.S. resident alien).

Certification instructions: 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 _____ Name (Type or Print) _____ Title _____

Date: _____ Phone: _____