

CLASS MEMBER CLAIM FORM

Smith v. JKS Home Improvement, LLC, et al., No. 3:23-cv-01509-AMN-ML

TO SHARE IN THE SETTLEMENT, YOU MUST COMPLETE, SIGN AND RETURN THIS CLAIM FORM AND THE ENCLOSED IRS FORM W-9. YOU WILL NOT RECEIVE ANY PAYMENT FROM THE SETTLEMENT UNLESS YOU SUBMIT BOTH THIS CLAIM FORM AND THE IRS FORM W-9. THE CLAIM FORM MUST BE POSTMARKED OR E-MAILED NO LATER THAN FEBRUARY 22, 2025

JKS Home Improvement Settlement Administrator

PO Box 1015

Port Washington, NY 11050

Tel: 516-548-3471 | Fax: 516-755-3160

Email: Info@JKSHomeImprovementSettlement.com

Website: www.JKSHomeImprovementSettlement.com

The records of JKS Home Improvement, LLC (“JKS”) indicate that you were employed by JKS as a non-exempt hourly paid employee between November 30, 2017 and November 20, 2024. Based on the number of shifts you worked according to JKS’s records, your estimated Individual Settlement Amount is approximately _____. Please note that this is just an estimate and is subject to change.

By signing and returning this form and the enclosed IRS Form W-9, you are claiming your Individual Settlement Amount and opting in to the above-captioned lawsuit brought to recover wages under the Fair Labor Standards Act and New York Labor Law. If you do not sign and return this form, you are still bound by the terms of the Settlement unless you opt-out.

By signing and returning this form and the IRS Form W-9, you acknowledge that you are releasing claims against Defendant and Releasees, as set forth in greater detail in the Notice of Settlement.

Date: _____

(Sign your name here)

CORRECTIONS OR ADDITIONAL INFORMATION

Write any name and address corrections below if any is necessary **OR** if there is no preprinted data to the left, please provide your name and address here:

Daytime Telephone Number:

Evening Telephone Number:

**SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

In order to satisfy your tax reporting obligations related to any payment you may receive for the Smith v. JKS Home Improvement, LLC settlement to the Internal Revenue Service (“IRS”), please complete and return this Substitute IRS Form W-9 to the Third Party Administrator at the address or email address listed above no later than **February 22, 2025**.

Thank you,

JKS Home Improvement Settlement Administrator

TAXPAYER IDENTIFICATION NUMBER

Name (as shown on your income tax return):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

Enter your social security number: ___ ___ ___ - ___ ___ - ___ ___ ___

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 withholdings because: (a) I am exempt from backup withholdings, or (b) I have not been notified by the IRS that I am subject to backup withholdings as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings; and
3. I am a U.S. person (including a U.S. resident alien); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

W-9 Signature

W-9 Signature Date

Note: If you have been notified by the IRS that you are subject to backup withholdings, you must cross out item two above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholdings.