



City of Clearwater  
Procurement

Jay Ravins, Department Director  
100 South Myrtle Avenue, Clearwater, FL 33756

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**[CHOO CHOO LAWN EQUIPMENT] RESPONSE DOCUMENT REPORT**

ITB No. 07-26

2-Cycle and Battery-Operated Equipment Purchase, Diagnostics, and Repair Services

RESPONSE DEADLINE: February 25, 2026 at 10:00 am

Report Generated: Wednesday, February 25, 2026

**Choo Choo Lawn Equipment Response**

**CONTACT INFORMATION**

**Company:**

Choo Choo Lawn Equipment

**Email:**

dannychoochoolawn@verizon.net

**Contact:**

Danny Scofield

**Address:**

3206 Sydney Road  
Plant City, FL 33566

**Phone:**

(813) 659-1718 Ext: 109

**Website:**

<https://www.choochoolawnequipment.com/>

**Submission Date:**

Feb 16, 2026 11:43 AM (Eastern Time)

## ADDENDA CONFIRMATION

*No addenda issued*

## QUESTIONNAIRE

### 1. Exceptions\*

Proposers shall indicate any and all exceptions taken to the provisions or specifications in this solicitation document. Exceptions that surface elsewhere and that do not also appear under this section shall be considered invalid and void and of no contractual significance.

Do you have any exceptions to the provisions or specifications?

No

### 2. Additional Materials\*

Have you included any additional materials?

No

### 3. Certified Business\*

Are you a Certified Small Business or a Certified Minority, Woman or Disadvantaged Business Enterprise?

No

### 4. Vendor Certification\*

By submitting this response, the Vendor hereby certifies that:

- A. It is under no legal prohibition on contracting with the City of Clearwater.

- B. It has read, understands, and is in compliance with the specifications, terms and conditions stated herein, as well as its attachments, and any referenced documents.
- C. It has no known, undisclosed conflicts of interest.
- D. The prices offered were independently developed without consultation or collusion with any of the other vendors or potential vendors or any other anti-competitive practices.
- E. No offer of gifts, payments or other consideration were made to any City employee, officer, elected official, or consultant who has or may have had a role in the procurement process for the commodities or services covered by this contract. The Vendor has not influenced or attempted to influence any City employee, officer, elected official, or consultant in connection with the award of this contract.
- F. It understands the City may copy all parts of this response, including without limitation any documents or materials copyrighted by the Vendor, for internal use in evaluating respondent's offer, or in response to a public records request under Florida's public records law (F.S. Chapter 119) or other applicable law, subpoena, or other judicial process; provided that the City agrees not to change or delete any copyright or proprietary notices.
- G. It hereby warrants to the City that the Vendor and its subcontractors will comply with, and are contractually obligated to comply with, all federal, state, and local laws, rules, regulations, and executive orders.
- H. It certifies that Vendor is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded, or disqualified from participation in this matter from any federal, state, or local agency.
- I. It will provide the commodities or services specified in compliance with all federal, state, and local laws, rules, regulations, and executive orders if awarded by the City.
- J. It is current in all obligations due to the City.
- K. It will accept all terms and conditions as set forth in this solicitation if awarded by the City.
- L. The signatory is an officer or duly authorized representative of the Vendor with full power and authority to submit binding offers and enter into contracts for the commodities or services as specified herein.

Confirmed

### 5. E-Verify System Certification\*

***PER FLORIDA STATUTE 448.095, CONTRACTORS AND SUBCONTRACTORS MUST REGISTER WITH AND USE THE E-VERIFY SYSTEM TO VERIFY THE WORK AUTHORIZATION STATUS OF ALL NEWLY HIRED EMPLOYEES.***

The affiant, by virtue of confirming below, certifies that:

- A. The Contractor and its Subcontractors are aware of the requirements of Florida Statute 448.095.
- B. The Contractor and its Subcontractors are registered with and using the E-Verify system to verify the work authorization status of newly hired employees.
- C. The Contractor will not enter into a contract with any Subcontractor unless each party to the contract registers with and uses the E-Verify system.
- D. The Subcontractor will provide the Contractor with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with unauthorized alien.
- E. The Contractor must maintain a copy of such affidavit.
- F. The City may terminate this Contract on the good faith belief that the Contractor or its Subcontractors knowingly violated Florida Statutes 448.09(1) or 448.095(2)(c).
- G. If this Contract is terminated pursuant to Florida Statute 448.095(2)(c), the Contractor may not be awarded a public contract for at least 1 year after the date on which this Contract was terminated.
- H. The Contractor is liable for any additional cost incurred by the City as a result of the termination of this Contract.

Confirmed

### 6. References\*

Please download the below documents, complete, and upload.

- [REFERENCES.pdf](#)

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**7. Do you have any applicable licenses? \***

Yes

UPLOAD ALL APPLICABLE LICENSES. \*

IMG\_2464.jpeg

**8. Are you an authorized dealer for any equipment? \***

Yes

UPLOAD ALL APPLICABLE DEALER CERTIFICATES. \*

Choo\_Choo\_Lawn\_Eq\_Product\_Lines.pdf

**9. Repair Questionnaire \***

Download the below document, complete, and upload.

Please mark yes or no on all the equipment that you can service and the type of repairs that you offer.

- [07-26 Repair List.xlsx](#)

f462884b-cf4d-4cfd-9fd0-e3c993ea2370\_07-26\_Repair\_List.xlsx

**10. Scrutinized Company Certification\***

Please download the below documents, complete, notarize, and upload.

- [SCRUTINIZED COMPANIES AND B...](#)

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IMG\_2444.jpeg

**11. Compliance with Anti-Human Trafficking Laws\***

Please download the below documents, complete, and upload.

- [Compliance with 787.06 form...](#)

IMG\_2447.jpeg

**12. W-9\***

Upload your current W-9 form. (available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

W-9\_signed\_(1).pdf

**PRICE TABLES**

**2-CYCLE EQUIPMENT**

Provide your minimum and maximum MSRP percentage discounts for the purchase of the following equipment brands.

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
1	Astec	Each	0%		
2	Cutters Edge	Each	0%		
3	Echo	Each	0%		
4	Gravely	Each	15%		
5	Honda	Each	15%		
6	Husqvarna	Each	15%		
7	Ingersoll	Each	0%		
8	John Deere	Each	0%		

[CHOO CHOO LAWN EQUIPMENT] RESPONSE DOCUMENT REPORT

ITB No. 07-26

2-Cycle and Battery-Operated Equipment Purchase, Diagnostics, and Repair Services

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Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
9	Multiquip	Each	0%		
10	STIHL	Each	15%		
11	Toro	Each	0%		
12	Other brands not listed	Each	15%		

**BATTERY-OPERATED EQUIPMENT**

Provide your minimum and maximum MSRP percentage discounts for the purchase of the following equipment brands.

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
1	Craftsman	Each	0%		
2	DeWalt	Each	0%		
3	Echo	Each	0%		
4	Ego	Each	0%		
5	Gravely	Each	15%		
6	Greenworks Commercial	Each	0%		
7	Honda	Each	15%		
8	Husqvarna	Each	15%		
9	Mean Green Mowers	Each	0%		

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
10	Milwaukee	Each	0%		
11	Pellenc	Each	0%		
12	Ryobi	Each	0%		
13	STIHL	Each	15%		
14	Toro	Each	0%		
15	Worx	Each	0%		
16	Other brands not listed	Each	15%		

**HAND TOOLS**

Provide your minimum and maximum MSRP percentage discounts for the purchase of the following equipment.

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
1	Arboriculture Saw	Each	15%		
2	Extended Hand Pruner	Each	15%		
3	Hand Pruner	Each	15%		
4	Hedge Shear	Each	15%		
5	Lopper	Each	15%		
6	Other items not listed	Each	15%		

**2-CYCLE AND BATTERY-OPERATED EQUIPMENT SUPPLIES**

Provide your minimum and maximum MSRP percentage discounts for the purchase of the following equipment.

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
1	Bars	Each	15%		
2	Batteries	Each	15%		
3	Belts	Each	15%		
4	Blades	Each	15%		
5	Chains	Each	15%		
6	Chargers	Each	15%		
7	Filters	Each	15%		
8	Oil	Each	15%		
9	Spark Plugs	Each	15%		
10	Trimmer line	Each	15%		
11	Other items not listed	Each	15%		

**PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLIES**

Provide your minimum and maximum MSRP percentage discounts for the purchase of the following equipment.

Line Item	Description	Unit of Measure	Minimum % off MSRP	Maximum % off MSRP	No Bid
1	Clogger Pants	Each	15%		
2	Helmets	Each	15%		
3	Gloves	Each	15%		
4	Apron Chaps	Each	15%		
11	Other items not listed	Each	15%		

**EQUIPMENT REPAIR**

Pricing shall include all labor, insurance, warranty costs, and any other incidentals needed for a repair.

Line Item	Description	Unit of Measure	Unit Cost	No Bid
1	Provide a standard hourly rate for equipment repair. M-F 7:00AM - 5:00PM	Hour	\$65.00	
2	Pick-up / Delivery fee, if applicable	Each	\$0.00	

**REFERENCES**

**Instructions:** Vendor shall provide with bid a minimum of three (3) customer references for which similar services have been provided. Additional pages may be added, if needed. **Complete and return with bid submittal.** Reference letters are highly encouraged and should accompany this form.

Reference # 1 *Hillsborough County PUBLIC WORKS*

Project Name:	<i>REPAIR SERVICES</i>	Contract Value:	
Date Began:	<i>2024</i>	Date Completed:	<i>2025 /</i>
Address	<i>CURRENT</i>		
City / State / Zip			
Contact Person:	<i>Yvonne AUBEL</i>	Email:	
Phone:	<i>(813) 415-5391</i>	Fax:	
Notes:	<i>Title: President / Director</i>		

Reference # 2 *Hillsborough County Fire Dept*

Project Name:	<i>REPAIR SERVICES</i>	Contract Value:	
Date Began:	<i>2014</i>	Date Completed:	<i>CURRENT</i>
Address			
City / State / Zip			
Contact Person:	<i>Terri ROBINSON</i>	Email:	
Phone:	<i>(813) 272-5772</i>	Fax:	
Notes:			

Reference # 3 *City of Plant City*

Project Name:	<i>King George</i>	Contract Value:	
Date Began:	<i>?</i>	Date Completed:	<i>CURRENT</i>
Address			
City / State / Zip			
Contact Person:	<i>Sherry Williams</i>	Email:	
Phone:	<i>(813) 707-2290</i>	Fax:	
Notes:			

CITY OF PLANT CITY  
LOCAL BUSINESS TAX RECEIPT

CITY OF PLANT CITY

2025 - 2026 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT

EXPIRES SEPTEMBER 30, 2026

ACCOUNT NO.  
113419  
RENEWAL

OCC. CODE  
280.025002 EQUIPMENT MAINTENANCE  
380.005000 RETAIL SALES/WHOLESALE MERCHANT

10 Employees

Receipt Fee	84.00
Hazardous Waste Surcharge	40.00
Law Library Fee	0.00

BUSINESS CHOO CHOO LAWN EQUIPMENT INC  
3206 SYDNEY RD  
PLANT CITY, FL 33566

# 2025 - 2026

NAME CHOO CHOO LAWN EQUIPMENT INC  
3206 SYDNEY RD  
MAILING PLANT CITY, FL 33566  
ADDRESS

Paid 24-0-545741  
07/03/2025 124.00

## BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE  
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

NANCY C MILLAN, TAX COLLECTOR  
813-635-5200  
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

DO NOT ACCEPT UNLESS THIS DOCUMENT IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDER

POST IN A  
CONSPICUOUS  
PLACE

City of Plant City  
EXPIRES 09/30/2026

City ID Number: 861  
Parcel ID: 203249.0000

CHOO CHOO LAWN EQUIPMENT  
3206 SYDNEY RD  
PLANT CITY, FL 33566-1179

Physical Location:  
3206 SYDNEY RD  
PLANT CITY FL 33566-1179

### BUSINESS TAX RECEIPT

By granting this tax receipt, the City is not assuring that the use meets the building code, zoning ordinances, or other regulatory ordinances of the City. Furthermore, this tax receipt does not permit the payee to violate any regulatory laws or ordinances of the State, County or City, or exempt the payee from any other licenses or permits that may be required by law.

Classification: 181

Description: MERCHANT-INCLUDES WHOL/RETAIL

Date Issued: 07/23/2025



# Choo Choo Lawn Equipment

Authorized Dealer For

Ariens

Bad Boy

Bobcat – Turf

Exmark

Gravely

Husqvarna

Redmax

Stihl

SCRUTINIZED COMPANIES FORMS

**SCRUTINIZED COMPANIES THAT BOYCOTT ISRAEL LIST CERTIFICATION FORM**  
**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL.**  
**FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL**  
**NONRESPONSIVE.**

The affiant, by virtue of the signature below, certifies that:

1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel; and
3. "Boycott Israel" or "boycott of Israel" means refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner. A statement by a company that it is participating in a boycott of Israel, or that it has initiated a boycott in response to a request for a boycott of Israel or in compliance with, or in furtherance of, calls for a boycott of Israel, may be considered as evidence that a company is participating in a boycott of Israel; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies that Boycott Israel List, or engaged in a boycott of Israel.

*[Handwritten Signature]*

Authorized Signature

Danny Scofield

Printed Name

President / Owner

Title

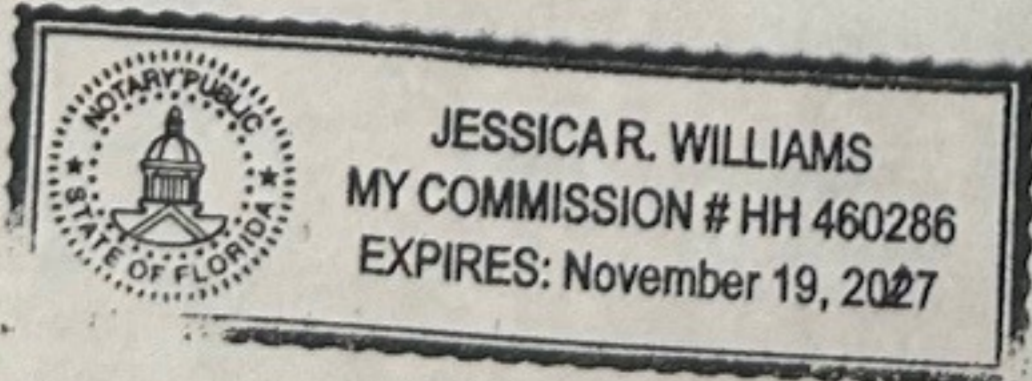
Choo Choo Lawn Equipment

Name of Entity/Corporation

STATE OF Florida

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization on, this 9th day of February, 2026, by Danny Scofield (name of person whose signature is being notarized) as the President/owner (title) of Choo Choo Lawn Equipment (name of corporation/entity), personally known ✓, or produced \_\_\_\_\_ (type of identification) as identification, and who did/did not take an oath.



*[Handwritten Signature]*

Notary Public

Jessica R. Williams

Printed Name

My Commission Expires: 11-19-27  
NOTARY SEAL ABOVE

SCRUTINIZED COMPANIES FORMS

SCRUTINIZED COMPANIES AND BUSINESS OPERATIONS WITH CUBA AND SYRIA CERTIFICATION FORM

IF YOUR BID/PROPOSAL IS \$1,000,000 OR MORE, THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID/PROPOSAL. FAILURE TO SUBMIT THIS FORM AS REQUIRED MAY DEEM YOUR SUBMITTAL NONRESPONSIVE.

The affiant, by virtue of the signature below, certifies that:

- 1. The vendor, company, individual, principal, subsidiary, affiliate, or owner is aware of the requirements of section 287.135, Florida Statutes, regarding companies on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaging in business operations in Cuba and Syria; and
2. The vendor, company, individual, principal, subsidiary, affiliate, or owner is eligible to participate in this solicitation and is not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria; and
3. Business Operations means, for purposes specifically related to Cuba or Syria, engaging in commerce in any form in Cuba or Syria, including, but not limited to, acquiring, developing, maintaining, owning, selling, possessing, leasing or operating equipment, facilities, personnel, products, services, personal property, real property, military equipment, or any other apparatus of business or commerce; and
4. If awarded the Contract (or Agreement), the vendor, company, individual, principal, subsidiary, affiliate, or owner will immediately notify the City of Clearwater in writing, no later than five (5) calendar days after any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Sector List, or engaged in business operations in Cuba and Syria.

Authorized Signature

Danny Scofield
Printed Name

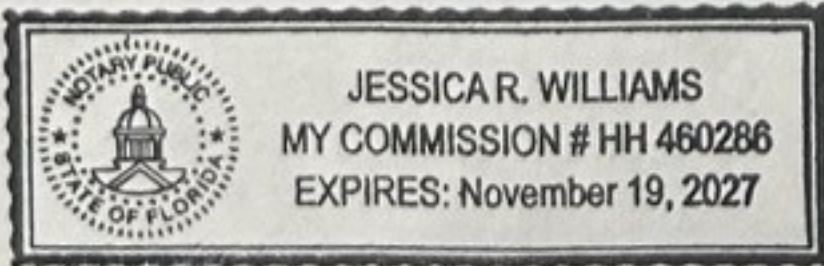
President / Owner
Title

Choo Choo Lawn Equipment
Name of Entity/Corporation

STATE OF Florida

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me by means of [X] physical presence or [ ] online notarization on, this 28th day of January, 2020, by Danny Scofield (name of person whose signature is being notarized) as the President/owner (title) of Choo Choo Lawn Equipment (name of corporation/entity), personally known [X], or produced (type of identification) as identification, and who did/did not take an oath.



Jessica R. Williams
Notary Public
Jessica R. Williams
Printed Name

My Commission Expires: 11-19-27
NOTARY SEAL ABOVE

## Compliance with Anti-Human Trafficking Laws

Pursuant to Section 787.06 (13), Florida Statutes, this form must be completed by an officer or representative of a non-governmental entity when a contract is executed, renewed, or extended between the non-governmental entity and the City of Clearwater.

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury that:

Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.

The undersigned is authorized to execute this form on behalf of Entity.

Date: Jan 23<sup>rd</sup>, 2026

Entity: ChooChoolawn  
Equipment

Signed: \_\_\_\_\_

Name: Denny Scofield

Title: President / Owner

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>CHOO CHOO LAWN EQUIPMENT, INC</b></p>
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input type="checkbox"/> C corporation                    <input checked="" type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____  <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____             </p>
	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>3206 SYDNEY RD.</b></p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>PLANT CITY FL. 33566</b></p>
	<p><b>7</b> List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	9	-	3	7	1	0	5	4	6

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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 (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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>01/01/2026</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they