ZOOM VIDEO COMMUNICATIONS, INC. INFORMATION

Name:	Zoom Video Communications, Inc.
Address (HQ / Billing / PO / Remittance):	55 Almaden Boulevard, 6th Floor, San Jose, CA 95113
Address (Checks)	P.O. Box 888843, Los Angeles CA 90088-8843
Address (Overnight Checks)	Lockbox Services Box 138843, Zoom Video Communications, Inc. 3440 Walnut Avenue, Building A Fremont, CA 94538
Description of Services Provided:	Video Communications Platform
Billing / Purchase Order Email:	purchase-orders@zoomus.zendesk.com
Remittance Email:	Finance@zoom.us
Support Contact:	https://zoom.us/contact
Telephone #:	+1 (888) 799-9666

State of Incorporation:	Delaware, United States
Date of Incorporation:	April 21, 2011
Entity Type:	C Corporation
FEIN:	61-1648780
VAT (EU):	EU528003555
ARN:	300016411255
Delaware Incorporation #:	4969967
State of CA Registration #:	C3404423
San Jose Business License #:	0018473280
CAGE #:	7VSA8
SIC Code:	7374
NAICS Code:	51821
Website:	zoom.us

BANK INFORMATION

Account Name:	Zoom Video Communications, Inc.
Bank Name:	Wells Fargo Bank
Account Type:	Checking
Account Currency:	USD
Account Number:	3088920149
ABA / ACH / Direct Deposit Routing # (Domestic-USA):	121042882
Wire Routing # (Domestic-USA / International):	121000248
Swift Code:	WFBIUS6S

Branch Information

San Jose Branch:	San Jose Main
Branch Address:	121 South Market Street, San Jose, CA 95113
Wells Fargo HQ:	San Francisco
Branch Address:	420 Montgomery Street San Francisco, CA 94104

COMMON SUPPLIER PORTAL PROFILE ID

Ariba Supplier ID: AN01053578952
JAGGAER Network ID: 1003283861
Coupa Profile: https://supplier.coupahost.com/suppliers/public/zoom-video-communications-144700-w01-o7NXg
New York State Comptroller Vendor ID: 1100108653
Team Georgia Workplace Supplier ID: 0000577556

Signature: Ross Leugers Dated: 1/10/2021

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

ZOOM VIDEO COMMUNICATIONS, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) D

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

55 ALMADEN BLVD., 6TH FLOOR

Requester's name and address (optional)

6 City, state, and ZIP code

SAN JOSE, CA 95113

7 List account number(s) here (optional)

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

6	1	–	1	6	4	8	7	8	0

Part II 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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here | **Signature of U.S. person** ► DocuSigned by: John Lee 111CE86D9273434... | **Date** ► Jan 31, 2022

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.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA, PA 19255

CERTIFICATION
PROGRAM

Date: February 28, 2022

000105

Taxpayer: ZOOM VIDEO COMMUNICATIONS INC
TIN: 61-1648780
Tax Year: 2022

I certify that the above-named corporation is a U.S. corporation, and a resident of the United States of America for purposes of U.S. taxation.

Joseph Dianto
Deputy Director, Accounts Management

WELLS FARGO

January 6, 2022

Zoom Video Communications Inc.
55 Almaden Blvd Ste 600
San Jose, CA 95113

Dear Customer,

This letter is to confirm the information we have on file for Zoom Video Communications Inc. as of January 6, 2022

- Account Name: Zoom Video Communications Inc.
- Account number: 3088920149
- ACH routing number: 121042882
- Wire routing number: 121000248
- SWIFT/BIC code: WFBIUS6S
- Bank Name: Wells Fargo Bank
- Bank Address: 420 Montgomery Street San Francisco, CA 94104

If you have questions, please call me at 408-288-2512, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time.

Thank you.

Lisa Luu

Lisa Luu
Relationship Associate
Corporate & Investment Banking

Important notice
This letter is provided to the above referenced customer at their request. Wells Fargo Bank, N.A. ("Wells Fargo", "we", "us") does not represent and warrant that the information provided is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. The information may not disclose the entire relationship between the customer and Wells Fargo. The information is subject to change without notice. This letter does not constitute a guarantee or other credit support of any nature, nor do we accept any duty, responsibility, liability, or obligation to any party that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result. The customer agrees to indemnify, defend, and hold Wells Fargo harmless from and against any claim resulting from the disclosure and use of the information.

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TAXABLE YEAR

CALIFORNIA FORM

2021 Withholding Exemption Certificate 590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name

Payee Information

Name

ZOOM VIDEO COMMUNICATIONS, INC.

☐ SSN or ITIN ☑ FEIN ☐ CA Corp no. ☐ CA SOS file no.

61-1648780

Address (apt./ste., room, PO box, or PMB no.)

55 ALMADEN BLVD. STE 600

City (If you have a foreign address, see instructions.)

SAN JOSE

State: CA

ZIP code: 95113

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☑ **Corporations:**
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**
I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title: JOHN LEE; HEAD OF TAX

Telephone: (408) 646-1390

Payee's signature ▶ DocuSigned by: John Lee 111CE86D9273434..

Date: 01/27/2021

CITY OF SAN JOSE

BUSINESS TAX CERTIFICATE

No. 0018473280

0018473280

BUSINESS NAME	NATURE OF BUSINESS	NO OF EMPLOYEES/UNITS/SQ. FT	EXPIRATION DATE
ZOOM VIDEO COMMUNICATIONS, INC.	UNCLASSIFIED BUSINESS	194/0/0	06/15/2022

BUSINESS ADDRESS	RECEIPT ISSUE DATE	TAX DISTRICT NO.	TOTAL AMOUNT PAID
55 ALMADEN BL SUITE 600	08/05/2021	03	$9,239.95

This certificate is evidence that the person(s), firm, or corporation named hereon has paid the tax required by Chapter 4.76 of the San José Municipal Code for the type of business, the business address and for the period indicated hereon. This certificate is issued without verification that the taxpayer is subject to or exempted from licensing by local, state, Federal or other agencies. Issuance of this certificate is not an endorsement, nor a certificate of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the City's Building/Fire/Zoning regulations.

NOTE: IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO MAINTAIN A CURRENT BUSINESS TAX CERTIFICATE.
This is a receipt for payment, NOT an invoice. No remittance is required.

FINANCE - REVENUE MANAGEMENT MUST BE NOTIFIED OF ANY CHANGE IN OWNERSHIP, LOCATION OR BUSINESS CLOSURE.

POST IN A CONSPICUOUS PLACE IN PUBLIC VIEW (MUST BE PRESENTED UPON REQUEST)

THIS BUSINESS TAX CERTIFICATE IS NOT TRANSFERABLE OR ASSIGNABLE

RENEWAL NOTICE NOT REQUIRED

Questions?

Call 408-535-7055 or visit us on our web site at: www.sanjoseca.gov/businesstax

000027 000000030

OWNER ZOOM VIDEO COMMUNICATIONS, INC.
BUSINESS NAME ZOOM VIDEO COMMUNICATIONS, INC.
MAIL ADDRESS 55 ALMADEN BLVD STE 600
SAN JOSE CA 95113-1612