## INVOICE

zoom

Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

| Invoice Date: 07/29/2020 | Invoice #: INV33630055 | Payment Terms: Due Upon Receipt 07/29/2020 | Account Number 2000443129 | INV 129 |

Currency: Account Information:

USD Câmara dos Deputados Praça dos Três Poderes, Anexo IV, Gabinete 527, Brasília, DF 7016900

Brazil

np4590@gmail.com

Remittance Details should be sent to: Finance@zoom.us

Purchase Order Number:

Customer VAT/Tax Number:

Zoom W-9

|  | CHARGE DETAILS        |          |        |          |
|--|-----------------------|----------|--------|----------|
| Charge Description   | Service Period        | Subtotal | Tax    | TOTAL    |
| Charge Name: Standard Biz Monthly<br>Quantity: 10<br>Unit Price: \$19.99 | 07/29/2020-08/28/2020 | \$199.90 | \$0.00 | \$199.90 |

| INVOICE TOTALS |                        |          |
|----------------|------------------------|----------|
|                | Subtotal:              | \$199.90 |
|                | Total (Including Tax): | \$199.90 |
|                | Invoice Balance:       | \$0.00   |

|             | TAX DETAILS |              |                  |               |  |
|-------------|-------------|--------------|------------------|---------------|--|
| Charge Name | Tax Name    | Jurisdiction | Charge<br>Amount | Tax<br>Amount |  |
|             |             |              | Total<br>Tax     | \$0.00        |  |

| TRANSACTIONS        |                    |                     |             |                   |
|---------------------|--------------------|---------------------|-------------|-------------------|
| Invoice Total       |                    |                     |             | \$199.90          |
| Transaction<br>Date | Transaction Number | Transaction<br>Type | Description | Applied<br>Amount |
| 07/29/2020          | P-35696995         | Payment             |             | \$0.00            |



## **INVOICE**

| 07/30/2020 | P-35900107 | Payment |                 | \$0.00     |
|------------|------------|---------|-----------------|------------|
| 08/06/2020 | P-37163225 | Payment |                 | \$0.00     |
| 08/10/2020 | P-37735466 | Payment |                 | \$0.00     |
| 08/11/2020 | P-37877612 | Payment |                 | (\$199.90) |
|            |            |         | Invoice Balance | \$0.00     |

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.

## Planos atuais

| Nome do plano | Quantidade    | Detalhes             | Período de<br>faturamento              | Data efetiva do<br>serviço | Data da próxima<br>fatura | Valor da próxima<br>fatura | Status |  |
|---------------|---------------|----------------------|--|----------------------------|---------------------------|----------------------------|--------|--|
|               |               |                      | ······································ |                            |                           |                            |        |  |
| Negócios      | 10 anfitriões | 300<br>participantes | Mensal                                 | 29 jul 2020                | 29 ago 2020               | \$199,90                   | Ativo  | Adiciener£ditar<br>Cancelar assinalure |
|               |               |                      |  |                            |                           |                            |        |  |

Form
(Rev. October 2018)
Department of the Treasury

## Request for Taxpayer Identification Number and Certification

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

|   | ment of the Treasury<br>I Revenue Service   | ► Go to www.irs.gov/FormW9 for in  | structions and the lates  | t informat  | ion.                                    |              | s                                       | end to                                       | the                 | IRS                |  |
|---|---|--|---|---|---|--------------|---|--|---------------------|--------------------|--|
|   |   | on your income tax return). Name is required on this line;   |   |   |   |              |   |  |                     |                    |  |
|   |   | COMMUNICATIONS, INC.   |   |   |   |              |   |  |                     |                    |  |
|   | 2 Business name/o                           | fisregarded entity name, if different from above   |   |   |   |              | *************************************** |  |                     |                    |  |
| ري<br>دن  | 3 Check appropriat                          | te box for federal tax classification of the person whose na   | ame is entered on line 1. Che   | ck only one   | of the                                  | 4 Ex         | emption                                 | s (codes                                     | appl                | v antv             |  |
| n pag   | following seven b                           | ooxes.   | Certification S Corporation Partnership Trust/estate                        |   |   |              |   | s, not in<br>n page 3                        | dividu              |                    |  |
| ions  | single-membe                                | # LLC  |   |   |   |              |   | code (if                                     | any)                |                    |  |
| S 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  C Corporation  S Corporation  Partnership  Trust/estate single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Fartnership) ►  Note: Check the appropriate box in the line above for the tax classification of the single-member curie. 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) ►  S Address (number, street, and apt. or suits no.) See instructions. |   |  |   |   |   |              |   | Exemption from FATCA reporting code (if any) |                     |                    |  |
| aciff.  | Other (see ins                              | I from the owner should check the appropriate box for the<br>tructions) ▶  | tax classification of its owne  | r.  |   | (Applie      | s to accoun                             | s maintaine                                  | d autsia            | ie the U.          |  |
|   | 5 Address (number                           | , street, and apt. or suits no.) See instructions.   |   | Requester's   | name ar                                 | nd ad        | dress (or                               | tional)                                      |                     |                    |  |
| See   | 55 Almaden Bl                               |  |   |   |   |              |   |  |                     |                    |  |
|   | 6 City, state, and Z                        |  |   |   |   |              |   |  |                     |                    |  |
|   | San Jose, CA 9                              |  |   |   |   |              |   |  |                     |                    |  |
| ***************************************   | 7 List account num                          | ber(s) here (optional)   |   |   | 151000000000000000000000000000000000000 |              |   |  |                     |                    |  |
|   |   |  |   |   |   |              |   | ***************************************      |                     |                    |  |
| ar  |   | ver Identification Number (TIN)  |   |   |   |              | *************************************** |  | ************        |                    |  |
| cku   | p withholding. For                          | propriate box. The TIN provided must match the na<br>individuals, this is generally your social security nu  | imber (SSN). However, for   | ora So  | cial secu                               | arky i       | humber                                  | 1 7  | <del></del>         | 1                  |  |
| side  | nt alien, sole prope                        | rietor, or disregarded entity, see the instructions to   | r Part I later For other  | - 1   |   | -            |   | -  |                     |                    |  |
| J. la   | s, it is your employ<br>iter.               | er identification number (EIN). If you do not have a   | number, see How to get  | a   |   | J            |   | J L  |                     |                    |  |
| rte:  | If the account is in                        | more than one name, see the instructions for line  | 1. Also see What Name a   |   | ployer i                                | denti        | fication                                | number                                       |                     |                    |  |
| mb  | er To Give the Req                          | quester for guidelines on whose number to enter.   |   |   |   | Г            |   |  |                     | T                  |  |
|   |   |  |   | 6   | 1 -                                     | 1            | 6 4                                     | 8 7  | 8                   | 0                  |  |
| art   | Certific penalties of perjur                |  |   |   |   |              |   |  |                     |                    |  |
| ı am<br>Sen   | i not subject to ba<br>vice (IRS) that I am | n this form is my correct taxpayer identification nun-<br>ckup withholding because: (a) I am exempt from bate subject to backup withholding as a result of a faile<br>ackup withholding; and   | ackup withholding or (h)  | I have not b  | seen no                                 | tition       | hutha                                   | Intorna                                      | l Rev<br>me t       | enue<br>hat i a    |  |
| l am  | a U.S. citizen or d                         | other U.S. person (defined below); and   |   |   |   |              |   |  |                     |                    |  |
| The   | FATCA code(s) er                            | ntered on this form (if any) indicating that I am exen   | npt from FATCA reporting  | is correct.   |   |              |   |  |                     |                    |  |
| quis  | ition or abandonme                          | s. You must cross out item 2 above if you have been<br>all interest and dividends on your tax return. For real e<br>ant of secured property, cancellation of debt, contribu-<br>vidends, you are not required to sign the certification, | state transactions, item 2 of   | does not ap   | ply. For                                | mort         | gage in                                 | erest p                                      | id,                 |                    |  |
| gn<br>ere   |   | Ray Removin  | D   | ete Þ   | 11                                      | 0/           | 20                                      | 7.00   |                     |                    |  |
| er  | neral Instr                                 | uctions  | • Form 1099-DIV (div  | idends, inc   | luding t                                |              |   |  | mut                 | ual                |  |
| ctio<br>ted.  | ri references are to                        | the Internal Revenue Code unless otherwise   | funds)  • Form 1099-MISC (various types of Income, prizes, awards, or gross |   |   |              |   |  |                     |                    |  |
| ated  | to Form W-9 and                             | or the latest information about developments its instructions, such as legislation enacted   | proceeds) • Form 1099-B (stock or mutual fund sales and certain other       |   |   |              |   |  |                     |                    |  |
| after they were published, go to www.irs.gov/FormW9.  |   |  |   | ctions by prokers;<br>n 1099-S (proceeds from real estate transactions) |   |              |   |  |                     |                    |  |
|   | oose of For                                 |  | <ul> <li>Form 1099-K (merc</li> </ul>                                       | hant card a   | nd third                                | par          | ty netwo                                | ork tran                                     |                     |                    |  |
| orm   | ation return with th                        | orm W-9 requester) who is required to file an  | <ul> <li>Form 1098 (home n<br/>1098-T (tuition)</li> </ul>                  |   | terest),                                | 1098         | -E (stud                                | lent loa                                     | n inte              | erest)             |  |
| N),   | individual taxpaye                          | N) which may be your social security number identification number (ITIN), adoption   | • Form 1099-C (canc   |   |   |              |   |  |                     |                    |  |
| cpayer identification number (ATIN), or employer identification number  |   |  | • Form 1099-A (acqui  |   |   |              |   |  |                     |                    |  |
| our   | nt reportable on an                         | ermation return the amount pald to you, or other<br>information return. Examples of information<br>not limited to, the following.  | Use Form W-9 only<br>alien), to provide your                                | correct Til   | ٧.                                      |              |   |  |                     |                    |  |
|   | n 1099-INT (interes                         |  | If you do not return<br>be subject to backup<br>later.                      | Form W-9<br>withholding   | to the r<br>g. See V                    | eque<br>Vhat | ster wit<br>is back                     | h a TIN,<br>up with                          | <i>you</i><br>holdi | <i>migh</i><br>ng, |  |