



# CRAWFORD COUNTY VETERANS SERVICE COMMISSION

112 East Mansfield Street, Suite 95, Bucyrus, OH 44820

Phone: 419-562-7761 Fax: 419-562-0662

## EMERGENCY FINANCIAL ASSISTANCE APPLICATION APPOINTMENT NOTIFICATION

The Crawford County Veterans Service Commission emergency financial aid is governed by OHIO REVISED CODE TITLE 59. We are **NOT** part of, nor under the auspices of the **DEPARTMENT OF VETERANS AFFAIRS**.

Funding for this program is provided in accordance with the ORC Title 59 (Military Affairs) through the property taxes of all Crawford County citizens be they veteran or non-veteran. The employee assisting you with your application **DOES NOT** have authority to approve or deny your request for aid.

Veteran/Applicant:

Date Application Picked Up:

**A COMPLETED APPLICATION IS DUE ON THE 2ND OR 4TH WEDNESDAY OF THE MONTH. THE APPOINTMENT WILL BE SCHEDULED PRIOR TO THAT DATE TO ENSURE DEADLINE IS MET.**

Your Appointment is For Day of Week:  Date:  Time:

Location: 112 East Mansfield St, Suite 95, Bucyrus, OH 44820

**\*\*CANCELLATION NOTICE IS REQUIRED AT LEAST TWENTY-FOUR (24) HOURS BEFORE SCHEDULED APPOINTMENT\*\***

Expected Board Meeting Date (\*if the completed application is received by due date):

Your application for emergency financial assistance will be considered based upon the information obtained from the following documents:

<b>VALID OHIO DRIVERS LICENSE or OHIO STATE ID:</b> Required prior to each application.
<b>DD214 STATING HONORABLE or UNDER HONORABLE SERVICE BEYOND TRAINING:</b> Service must be with Regular Armed Forces of the United States.
<b>PROOF OF CRAWFORD COUNTY RESIDENCY FOR THE LAST 90 DAYS:</b> Proof considered can be Rent Receipts, Mortgage Payments, Voter Registration, Notarized Statement from Landlord/Employer, Utility Bill in Veteran or Spouse Name.
<b>SOCIAL SECURITY CARDS OF ALL HOUSEHOLD MEMBERS.</b>
<b>BIRTH CERTIFICATES OF CHILDREN AND IF APPLICABLE CUSTODY PAPERS.</b>
<b>MARITAL STATUS:</b> Marriage Record, Divorce Decree, Legal Separation Papers.
<b>DISABILITY:</b> If you or your spouse are unable to work due to a disability you must bring in medical documentation from your doctor stating the reason and when, or if, you will be able to return to work.
<b>VERIFICATION OF ALL MONIES AVAILABLE TO THE HOUSEHOLD OVER THE PAST 4 WEEKS TO INCLUDE:</b> Stocks, Bonds, Recent Bank Statements (Must be less than 1 week old), Pay Stubs, Human Services, Earning Statements, ALL Social Security benefits, ALL VA benefits <u>Self-Employed:</u> Provide accounting statement or verifiable documents, previous year Income Tax Return and current year financial ledger.
<b>BASIC MONTHLY LIVING EXPENSES:</b> Rent Receipts/Agreement, Mortgage (Payment Insurance & Taxes), Utility Billings, Car Payments, Internet Billings, Cash Advance Statements, Home Furnishing Rental Payment Statements, Home Phone Billings, Cellular Phone Billings, Recurring Medical Billings



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## EMERGENCY FINANCIAL ASSISTANCE APPLICATION SUSPICION OF FRAUD NOTICE

If a Veterans Service Commission (VSC) employee suspects an applicant of fraud, or attempted fraud, in the process of applying for, or receiving emergency financial assistance from the VSC, the VSC employee will discuss the matter with the Executive Director, presenting all information related to the allegation.

Initial for acknowledgement of review and understanding of the above:

If, after reviewing all relevant information, the Executive Director determines that the applicant may have engaged in conduct that constitutes fraud, he/she will notify the Sheriff's Office and request further investigation.

Initial for acknowledgement of review and understanding of the above:

Purchasing of restricted items or misuse of food and toiletries vouchers may result in termination of future assistance and prosecution. The veteran's signature on the voucher signifies comprehension of the restricted items and use of the voucher.

Initial for acknowledgement of review and understanding of the above:

Applicant Name:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Fraud Suspected: Yes / No Date: \_\_\_\_\_

Executive Director Informed of Details of Suspicion: Yes / No Date: \_\_\_\_\_

Executive Director Authorized Investigation: Yes / No Date: \_\_\_\_\_

VSO Employee Assigned to Investigate and Report: Yes / No Date: \_\_\_\_\_

Fraud Found: Yes / No Date: \_\_\_\_\_

Fraud Reported to Crawford County Sheriff's Department: Yes / No Date: \_\_\_\_\_

Further action and Recommendations: \_\_\_\_\_

\_\_\_\_\_



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## EMERGENCY FINANCIAL ASSISTANCE APPLICATION RELEASE OF INFORMATION

I, , hereby authorize any and all doctors, hospitals, psychologists, therapists, counselors, agencies (including Job and Family Services), landlords, schools, past or present employers, attorneys, courts, and law enforcement agencies having any information concerning me, any person for which I have a domestic partnership, or any member of my family to relate to the Crawford County Veterans Service Office any and all information they may request as fully as if I had personally requested the information.

Information that may be released includes, but is not limited to:

- Any and all medical records
- Social Security records
- Financial records
- Evaluation of rehabilitation records
- Child Support Enforcement Agency records
- Department of Human Services records
- Ohio Bureau of Employment Services records
- Complete personnel records
- Arrest records
- Any and all court records
- Job and Family Services records

This authorization shall apply not only to records made prior to the date show on this authorization, but also to records made within one year after that date. This authorization is subject to revocation at any time except to the extent that any person authorized to make any disclosure has already taken action in reliance on it.

This authorization will terminate one (1) year from the date of signature.

A photocopy of this authorization shall have the same force and effect as the original. This information will be used to determine eligibility for financial assistance.

***Giving false information can jeopardize my eligibility for assistance from the Crawford County Veterans Service Office and is a prosecutable offense.***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Reply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_



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## EMERGENCY FINANCIAL ASSISTANCE APPLICATION YOUR STORY

*This is your story. Take your time and be detailed.*

**What is your emergency?**

**What circumstances caused this emergency situation?**

**What other actions are you taking to remedy your financial distress?**

I certify that the information given in this story is correct to the best of my knowledge. I understand that false statements made in this story may lead to prosecution.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

Check this box if there is a continuation page attached



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## EMERGENCY FINANCIAL ASSISTANCE APPLICATION PAYMENT AUTHORIZATION AND DISCLOSURE OF ADULT RESIDENTS OF HOUSEHOLD

I authorize the Crawford County Veterans Service Commission/Office, via the Crawford County Auditor office, at any time to make payment(s) to any agency, creditors, company, individuals, or businesses or others on my behalf or as necessary for the grant(s) of Emergency Financial Assistance by the Crawford County Veterans Service Commission or a Veterans Service Commissioner.

**ALL ADULTS IN THE HOUSEHOLD MUST SIGN THIS DOCUMENT**  
**FAILURE TO DISCLOSE ALL ADULT RESIDENTS OF THE HOUSEHOLD CONSTITUTES FRAUD**

VETERAN'S PRINTED NAME:

VETERAN'S SIGNATURE (APPLICANT): \_\_\_\_\_

### ALL OTHER ADULT MEMBERS OF HOUSEHOLD:

PRINT NAME:

SSN:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME:

SSN:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME:

SSN:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME:

SSN:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME:

SSN:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## EMERGENCY FINANCIAL ASSISTANCE APPLICATION

This application must be completed by answering all questions.

Veteran's Name: Last		First		MI	SSN	Occupation		
Date of Birth		Date of Death		Marital Status		Date of Marriage		Date of Divorce
Spouse's Name: Last		First		MI	SSN	Date of Birth		
Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991								
Applicant's Address			City		State	Zip	Date Moved In	
Name of Current Landlord/Mortgage Co.					Telephone		Fax	
Date Established Residency in Crawford County: (PROOF REQUIRED)					All Telephone Contact Numbers			
Previous Address		City		State	Zip	Date Moved in	Date Moved Out	
IF APPLICANT IS NOT THE VETERAN, COMPLETE THE FOLLOWING								
Applicant's Name: Last		First		MI	SSN	Date of Birth		
MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)								
Date From	Date To	Type of Discharge			Branch of Service		Verified (Office Use Only)	
							Yes - No - DD214 - VA	
Date From	Date To	Type of Discharge			Branch of Service		Verified (Office Use Only)	
							Yes - No - DD214 - VA	
DEPENDENTS								
Name	Relationship		SSN		Date of Birth	In Custody of Who	Child Support \$	
Does anyone else live in your household? (Explain)								
Has anyone in your household applied for assistance from any other agency in the past 90 days? Explain								
Agency					Assistance			

EMPLOYMENT	VETERAN	SPOUSE	OTHER
Employer Name			
Employer Address			
Employer Phone			
Dates of Employment			
Rate of Pay			
Are you seeking employment? Where?			
If not seeking employment, EXPLAIN WHY:			

ASSETS				
Type	Value	Type	Value	Loan Balance Remaining
Checking	\$	Home	\$	\$
Savings	\$	Vehicle	\$	\$
Cash on Hand	\$	Vehicle	\$	\$
Other	\$	Other	\$	\$

INCOME AND BILLS					
Income Type NET	Last 30 Days	Next 30 Days	Bill Type	Last 30 Days	Next 30 Days
Wages – Veteran	\$	\$	Food & Toiletries	\$	\$
Wages – Spouse	\$	\$	Rent/Mortgage	\$	\$
Wages – Other Member	\$	\$	Electric	\$	\$
<u>All</u> VA Benefits	\$	\$	Water/Sewer	\$	\$
Private Retirement	\$	\$	Natural Gas/Propane	\$	\$
Social Security – Veteran	\$	\$	Other	\$	\$
Social Security – Spouse	\$	\$	Auto Pay & Insurance	\$	\$
Social Security - Children	\$	\$	Other Insurance	\$	\$
Welfare	\$	\$	Prescriptions/Medical	\$	\$
Food Stamps	\$	\$	Gasoline	\$	\$
Unemployment Benefits	\$	\$	Cash/Title Loans	\$	\$
Worker’s Comp	\$	\$	Telephone (Cell: Y / N )	\$	\$
Child Support Received	\$	\$	Internet	\$	\$
Household - Other	\$	\$	Cable	\$	\$
<b>Total Net Income:</b>	<b>\$</b>	<b>\$</b>	<b>Total Expenses:</b>	<b>\$</b>	<b>\$</b>
<b>Previous Year State Income Tax Return Amount:</b>	<b>\$</b>		<b>Previous Year Federal Income Tax Return Amount:</b>		<b>\$</b>

## BILLS YOU WILL BE PAYING

LIST BILLS/EXPENSES YOU WILL PAY WITH YOUR INCOME FOR THE NEXT 30 DAYS	
BILLS <u>YOU</u> WILL BE PAYING	AMOUNT
EXAMPLE: RENT TO ABC RENTALS	\$ 450.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>NEXT 30 DAYS AMOUNT OUT OF POCKET FOR FOOD AND TOILETRIES:</b>	\$
<b>TOTAL NET INCOME FOR NEXT 30 DAYS (FROM PAGE 2)</b>	
- (SUBTRACT) NEXT 30 DAYS FOOD STAMPS AMOUNT (FROM PAGE 2)	\$
	(-) SUBTRACT
<b>SUM OF BILLS YOU WILL BE PAYING</b>	
+ (ADD) NEXT 30 DAYS FOOD AND TOILETRIES AMOUNT	\$
	(=) EQUALS
<b>REMAINING INCOME NOT USED ON BILLS LISTED ABOVE</b>	
	\$

## ASSISTANCE REQUESTED

LIST BILLS/EXPENSES YOU ARE REQUESTING ASSISTANCE WITH (CANNOT BE LISTED IN BILLS YOU WILL BE PAYING)	
BILLS YOU ARE REQUESTING ASSISTANCE WITH	AMOUNT
EXAMPLE: RENT TO ABC RENTALS	\$ 450.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	
	\$

I HAVE COMPLETED AND/OR REVIEWED ALL INFORMATION PERTAINING TO MY APPLICATION FOR FINANCIAL ASSISTANCE. I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM GIVING PERMISSION TO ANY GOVERNMENT ORGANIZATION TO REVIEW THE COMPLETE FINANCIAL FILE. I UNDERSTAND THAT FALSE STATEMENTS MADE ON THIS APPLICATION MAY LEAD TO PROSECUTION.

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Applicant's Signature





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## LANDLORD RENTAL INFORMATION

### MUST BE COMPLETED BY LANDLORD

1. As the owner, landlord or statutory agent, please answer the following questions and return the completed for to this office.
2. You **MUST** complete the enclosed Form W-9 and provide a taxpayer identification number or social security number. The County Auditor will **NOT** issue payment if the enclosed Form W-9 is not completed properly.
3. You **MUST** return a copy of the current lease agreement you have on file with the applicant. This office will **NOT ISSUE PAYMENT** if this form is not accompanied with a copy of a current lease agreement.

Name(s) of Renter(s): \_\_\_\_\_

Are you related to this renter?: YES / NO If YES, How?: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Is property located in Crawford County?: YES / NO

Number of adults occupying this unit?: \_\_\_\_\_ Number of children occupying this unit?: \_\_\_\_\_

Deposit Amount Paid: \_\_\_\_\_

How is rented unit heated?: \_\_\_\_\_

Do you, as landlord, pay: Gas: YES / NO Electric: YES / NO Water: Yes / No

Metro Qualified Unit?: YES / NO If yes, Amount Paid by Metro?: \_\_\_\_\_

Exact rent applicant is responsible for?: Monthly: \_\_\_\_\_ Weekly: \_\_\_\_\_

Date rent is due?: \_\_\_\_\_ Date rent is due before late penalty?: \_\_\_\_\_

Rent is delinquent and owes rent as follows: From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount: \_\_\_\_\_

**I understand that the above renter is liable and responsible for payment of his or her rent. I hereby certify that I am the owner, landlord or statutory agent for the owner or landlord and the above statements are true.**

**COMPLETE BELOW WITH OFFICIAL INFORMATION FOR RENTAL AGENCY, BUSINESS, OR LANDLORD**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

- FALSE OR MISLEADING STATEMENTS CONSTITUTES FRAUD AND MAY LEAD TO PROSECUTION -

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**or**

Employer identification number									

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## 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 on page 3.

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

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following persons must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

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

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.