2024 VCAPCD Combined Incentive Program Grant Application Non-Emergency<sup>1</sup> On-road Equipment Replacement – Page 1

non Emergency on road Ed	aipinent Kepiacement - age 2
Company Name (must match Tax ID number):	
Applicant Contact Name:	
Mailing Address:	
Phone number:	Email:
Person with contract-signing authority (als	o, sign and date at bottom of page):
Person with contract-signing authority pho provide a secondary contact name and pho	
Circle type of vehicle being replaced: heavedrayage, solid waste collection, public ageing	y-duty truck or bus, school bus, transit fleet, ncy/utility, or other (specify).
Percent of total operation in California for t	this vehicle: %
Percent of total operation in Ventura Count	ty for this vehicle:
"various" and explain if more than one).	n, if different from business address (enter
<ul> <li>All applications must include the following (pleat</li> <li>Application Statement</li> <li>Disclosure Statement</li> <li>Declaration of Compliance</li> <li>IRS W-9 Tax Form</li> <li>Documentation of annual mileag (specified on page 2)</li> <li>Proof of California registration (specified on page 2)</li> <li>Itemized price quote (specified on page 3)</li> </ul>	<ul> <li>□ Copy of warranty documentation (specified on page 3). School buses, hybrids, and zero-emission vehicles require different warranty periods.²</li> <li>e □ If the applicant obtains financing to assist in the purchase of replacement equipment, full documentation of financing must be provided.</li> </ul>
	ents, and documentation submitted with
this application is authentic and correct Applicant Signature:	ct. Date:
<ul> <li>Specify Desired Grant Amount:</li></ul>	(up to 100%³ of eligible costs). You may improve juesting a smaller percentage. You may also specify dollar amount (up to 12 years⁴). A longer term can improve your contract will require annual reporting of hours and ira County for the number of years you specify.
• rias tilis equipilient received Carl Moyer	funding in the past? Yes No

<sup>&</sup>lt;sup>1</sup> For on-road emergency service vehicle consideration (including prisoner transport buses), please use the "On-Road Emergency Equipment Replacement" application.

<sup>&</sup>lt;sup>2</sup> School buses require a minimum warranty of 5 years or 75,000 miles while hybrids and zero-emission vehicles require a minimum warranty period of 3 years or 50,000 miles.

<sup>&</sup>lt;sup>3</sup> Maximum percentage is 100% for public zero-emission school buses (up to \$400,000), 80% for fleets with ten or fewer vehicles and 50% for larger fleets. Maximum percentage for school buses and repower projects are not limited by fleet size.

<sup>&</sup>lt;sup>4</sup> Maximum 12 years for transit bus replacements, 10 years for school bus replacements, 7 years for general replacements and repowers, 5 years for electric conversions, and 3 years for other on-road projects.

# 2024 VCAPCD Combined Incentive Program Grant Application Existing On-road Equipment Documentation – Page 2

<u>Submit one checklist for each vehicle to be scrapped. Check boxes below and attach documentation to this application. Keep copies – documentation cannot be returned.</u>

	(existing) Vehicle Informa	tion
Model Year:		VIN:
Make:		License Plate #:
Model:		Unit Number:
Gross Vehicle Weight Rating (GVWR):		Is this a public fleet vehicle? YES NO
Current ode	ometer reading:	Date of reading:
2. Baseline	(existing) Engine Informat	ion
Engine Fuel	Туре:	Engine Serial #:
Engine Mode	el Year:	Engine Family #:
Engine Make	2:	CARB Executive Order #:
Engine Mode	el:	Note: older engines might not have family number or CARB
Engine Rate	d Horsepower:	Executive Order number.
Do not leave	e any fields blank. Enter or att	ach explanations for any missing information.
		en for the previous two years.
<u>Subn</u>	nit one of the following option	ons as documentation:
<u>Subn</u>	nit one of the following option  Copies of dated maintenance	ons as documentation: or repair documents showing odometer readings. Attachtwo years old but less than three years old, and one that
<u>Subn</u>	Copies of dated maintenance one document that is at least is approximately one year old	ons as documentation: or repair documents showing odometer readings. Attach two years old but less than three years old, and one than
Subm	Copies of dated maintenance one document that is at least is approximately one year old Odometer log with readings confully functioning odometer.  Historical fuel usage document include fuel logs, International	ons as documentation: or repair documents showing odometer readings. Attach two years old but less than three years old, and one that
Subm	Copies of dated maintenance one document that is at least is approximately one year old Odometer log with readings confully functioning odometer.  Historical fuel usage document include fuel logs, International	or repair documents showing odometer readings. Attach two years old but less than three years old, and one that the control of the document of the control of the equipment. Fuel documentation must be substitute fuel usage for mileage documentation).

<sup>&</sup>lt;sup>5</sup> Participant must have owned and operated the vehicle the previous 24 months.

# 2024 VCAPCD Combined Incentive Program Grant Application **New On-Road Equipment Documentation - Page 3**

L.	Replacement (	(new)	Vehicle Information <sup>6</sup>
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<ol> <li>Replacement (new) Vehicle Information<sup>®</sup></li> </ol>				
Model Year:	Vendor:			
Make:	Vendor Contact:			
Model:	Vendor Phone #:			
New Vehicle GVWR:	Vendor Address:			
New Vehicle Cost:	Vendor City, State, 2	Zip:		
2. Replacement (new) Engine Information <sup>7,</sup>	8			
Engine Fuel Type:	Engine Rated Horser	oower:		
Engine Model Year:	Engine Family #:			
Engine Make:	CARB Executive Ord	er #:		
Engine Model:				
Do not leave any fields blank. Enter or attach ex	cplanations for any	missing i	informat	ion.
3. Costs (Attach price quote from dealer to sub	stantiate claims ma	de in this	s table).	
Base p	rice, excluding optic	onal equi	pment:	\$
Describe all options to be installed on the equipment options were also installed on the equipment being s 4WD, GPS, AC, etc.		Did th equipme this op	nt have	Optional equipment costs
Option #1:		□Yes	□No	\$
Option #2:		□Yes	□No	\$
Option #3:		□Yes	□No	\$
Option #4:		□Yes	□No	\$
Option #5:		□Yes	□No	\$
Other cost:				\$
Other cost:				\$
Extended Warranty:  A minimum of a one-year or 100,000 miles major component engin if the factory warranty does not cover this period. School buses, hy warranty periods. <sup>2</sup> The warranty must cover parts and labor. Warrants are not eligible for funding.	brids, and zero-emission ve	hicles require	different	\$
			Tax:	\$
			Total:	\$

<sup>☐</sup> Itemized price quote(s) attached.

<sup>&</sup>lt;sup>6</sup> The replacement vehicle must have the same axle and body configuration as the old vehicle. The air district may allow slight changes based on the latest technology. Changes must be requested and approved prior to the purchase of the replacement vehicle.

<sup>&</sup>lt;sup>7</sup> The replacement equipment must serve the same function and perform work equivalent to the old equipment. Attach justification if the horsepower of the new engine is more than 25% different than the old equipment being scrapped.

<sup>&</sup>lt;sup>8</sup> The proposed engine for the project must be consistent with the Intended Service Class per the Executive Order (EO). For example, MHD Intended Service Class engines cannot be used for projects which have the HHD vehicle classifications. Applicant must attach a copy of the referenced Executive Order with the application. Download the EO at: http://www.arb.ca.gov/msprog/onroad/cert/cert.php

# <u>Ventura County Air Pollution Control District (VCAPCD)</u> 2024 VCAPCD Combined Incentive Program - Application Statement

Please initial each item to signify that you understand and agree with each statement. If you have questions on any of the statements, please call or email Stephanie Lapeyre-Montrose, Air Quality Specialist, at (805) 303-3665 or <a href="mailto:stephanie@vcapcd.org">stephanie@vcapcd.org</a>.

Note: This statement will be attached to, and made part of, any Grant Agreement eventually reached for your project.

Initials:	
	_I have legal authority to apply for grant funding for the entity described in this application.
	_No replacement equipment has been ordered or purchased, no work on this project has begun or will begin, and I will take possession of no replacement equipment until I receive a Grant Agreement signed by the Air Pollution Control Officer.
	_I have reviewed the sample grant agreement and it is acceptable, without revisions.
	_I understand the grant will pay for a portion of the total costs and I must retain copies of receipts and cancelled checks to prove that I have paid my share of the costs.
	I understand that if project costs are financed with borrowed money, I must use the grant funds to pay down the loan balance so that total liens on funded equipment do not exceed my share of the project's costs. I will provide documentation of all financing received and loan balances after grant payment is received.  I understand that all old engines which have been replaced using VCAPCD Combined
	Incentive Program funds must be permanently destroyed and rendered useless. Cooling or lubricant passages, and critical mating surfaces in the cylinder block must be breached by burning, cutting, or impact. This work will be documented by APCD inspection.
	I understand there are conditions placed on receiving a grant and agree to refund the grant or a pro-rated portion if it is found that at any time I do not meet those conditions. One such condition is the amount of future annual operation must be at least 70 percent of the historical level of operation claimed in the grant application. Another condition is at least 75 percent of the equipment's operation must be in Ventura County for the entire term of the Grant Agreement. I understand I must document compliance with these conditions and submit reports annually.
	I have attached records, fuel receipts or logs or operating hour documentation that can be used to validate the amount of historical operation in Ventura County. I understand that if the amount of future annual operation is less than 70 percent of this historical level of operation, I hereby agree to refund the grant or a pro-rated portion of the grant.
	I understand I must complete the purchase, repower, and retrofit work specified in the application no later than 18 months after approval of the Grant Agreement and will be required to submit a progress reporting form each calendar quarter until that work is complete. This deadline may be earlier than 18 months after approval of the Grant Agreement in cases where a regulatory deadline is approaching. This deadline may be extended in some circumstances if requested by the applicant and approved in writing by the APCD.
	_I understand that a tamper proof, non-resettable digital hour meter or odometer must be installed and maintained in operating condition on all funded equipment.

Application Statement Page 1 March 1, 2024

Initials:	
	I understand that the old engine may not be removed from the vehicle, equipment, or boat until the manufacturer's permanently marked serial number is made clearly legible for inspection and inspected by APCD personnel. If no serial number is legible, I will make certain that an APCD representative has documented a unique indelible mark on the engine or attached a tamperproof tag prior to removal that ensures the engine's identity can be verified after removal.
	I understand that an <u>IRS Form 1099</u> will be issued to me for incentive funds received under the Combined Incentive Program. I understand that it is my responsibility to determine the tax liability associated with participating in the VCAPCD Combined Incentive Program.
	_I certify that the proposed project has not been funded and is not being considered for Carl Moyer Program, FARMER Program, or Community Air Protection Incentive Program funds by another air district or any other public agency.
	_I understand it is my responsibility to ensure that all technologies are either verified or certified by the California Air Resources Board (CARB) to reduce NOx and/or PM.
	The proposed project is not required to be implemented by any local, state, and/or federal rule, regulation, or other legally binding requirement.
	I understand I will be prohibited from applying for any form of emission reduction credits for Combined Incentive-funded vehicles/engines, including: Emission Reduction Credit (ERC), Mobile Source Emission Reduction Credit (MSERC), and/or Certificate of Advanced Placement (CAP), for all time, from the VCAPCD, CARB, or any other Air Quality Management or Air Pollution Control District.
	_I understand that disclosure is required of the value of any current financial incentive that directly reduces the project price, including tax credits or deductions, grants, or other public financial assistance.
	I certify that the requested funding does not include administrative costs. Administrative costs are defined as costs related to application preparation and submittal, project administration, monitoring, oversight, data gathering, and report preparation. I will include funds necessary to cover administrative costs and any required matching funds in my budget for the duration of the project.
	I understand that for engine replacement projects, the new engine must be certified to the highest Tier NOx and diesel particulate emission standards that can be installed in the equipment. If an engine with a certification lower than Tier 4 (Tier 3 for marine vessel engines) is proposed to be installed, I have attached a letter from the equipment manufacturer or vendor specifying why a higher Tier engine cannot be used. If the new engine is replacing an engine that has previously been certified to meet an emission standard (i.e.; Tier 1 or Tier 2), additional performance requirements must be met as described in the Carl Moyer Program Guidelines.
	I understand that all engine replacement projects (except stationary agricultural engines, marine vessels, farm tractors, and locomotives) must include the installation of the highest level of verified diesel emission control system (VDECS) available for the new engine which is accepted by the engine manufacturer for the specific engine application. If a VDECS lower than Level 3 is to be installed, a letter from the engine manufacturer is attached specifying the highest level of VDECS that can be installed on the engine and will perform in the specific engine application. The costs of this device and associated installation are eligible for funding and may be included in the project grant request. Failure to install an available VDECS will trigger the refund provisions of Section F.10 of

the Grant Agreement

	vehicles/equipment not operating with	ng System (GPS) unit may be installed on vessels ar thin VCAPCD boundaries full time. I will submit da with all data reporting requirements.
		ight to conduct unannounced inspections to ensure that and at the activity level committed to in the grant
	oses, only emission reductions occurring in Ventu- effectiveness.	
	_I certify to the best of my knowledg this application is authentic, true, and	e that the information and documentation contained daccurate.
	complete an application on an owner compensation, if any, they are recei	acts are not permitted. A third party may, however's behalf. Third parties are required to list how much living to prepare the application, and to certify that have being used for this compensation (see below).
		ole discretion, may fund this project using Carl Moyer, and/or other state or local funding sources.
	_All agricultural pump engines the registered as required by VCAPCI	at I own or use in Ventura County are current D Rule 250.
_		
App	licant's Signature	Date
	olicant's Signature olicant's Name (please print)	Date  Title
App:	olicant's Name (please print)	
App	olicant's Name (please print)  n entity other than the applicant assiste	Title  Title  ed in the preparation of the application, please providence.
App	olicant's Name (please print)  n entity other than the applicant assistent of the price of the p	Title  ed in the preparation of the application, please provi
App.  App.  Com	entity other than the applicant assistent of the property of t	Title  ed in the preparation of the application, please provi

# CALIFORNIA AIR RESOURCES BOARD CARL MOYER PROGRAM DISCLOSURE STATEMENT

No, skip the remaining items in this tab and sign below	ſ	Have you applied for or been awarded other grants for	any engines listed in this application?
Agency Applied to:    Date of Application:		• 11	
Agency Application:  Funding Amount:  Engines Included In This Request (list engine serial numbers):  Status of Application:  Cancelled Pending Funded Other, explain:  (photocopy this page when blank to complete for engines included in separate funding/grant requests)  By signing below, the Applicant hereby certifies the following:  1) Applicant has disclosed to the Grantor/District any and all other grant or funding applications it has dor indirectly submitted to any other air pollution control districts or air quality management districts fasame specific engine(s).  2) Applicant agrees not to submit other Carl Moyer Grant applications or sign other contracts or Agreements for the same specific engine(s) with any other source of funds, including but not limited to state or local air pollution control district or the California Air Resources Board for a multi-csolicitation. Applicant further agrees and understands that this Grant Agreement shall, at a multi-unimmediately terminated and may result in the Applicant being banned from submitting future applications any and all Carl Moyer Program administering air pollution control district or air quality management of it its discovered that the Applicant has submitted multiple applications or signed multiple contracts or agreements, not previously disclosed, for the same engine(s) as set forth in this Grant Agreement.  3) Applicant has disclosed the value of any current financial incentive that directly reduces the price, including tax credits or deductions, grants, or other public financial assistance, for the engine(s) and certifies that the funding requested in the Grant Agreement has been reduced to amount of this financial incentive.  4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agreand/or this Disclosure Statement, the California Air Resources Board may levy fines and/or seek or charges to the fullest extent allowed by law against the Applicant, including but not limited to the Bu and Professional C		, 1	
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price, including tax credits or deductions, grants, or other public financial assistance, for the engine(s) and certifies that the funding requested in the Grant Agreement has been reduced to amount of this financial incentive.  (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agree and/or this Disclosure Statement, the California Air Resources Board may levy fines and/or seek creatinges to the fullest extent allowed by law against the Applicant, including but not limited to the Butand Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:	2)	Applicant agrees not to submit other Carl Moyer Grar Agreements for the same specific engine(s) with any other state or local air pollution control district or the California solicitation. Applicant further agrees and understands the immediately terminated and may result in the Applicant be any and all Carl Moyer Program administering air pollution if it is discovered that the Applicant has submitted multiple	source of funds, including but not limited to, oth fornia Air Resources Board for a multi-distrate this Grant Agreement shall, at a minimum, eing banned from submitting future applications in control district or air quality management district applications or signed multiple contracts or grant process.
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amount of this financial incentive.  (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agre and/or this Disclosure Statement, the California Air Resources Board may levy fines and/or seek crecharges to the fullest extent allowed by law against the Applicant, including but not limited to the Bu and Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:		price, including tax credits or deductions, grants, or	other public financial assistance, for the san
amount of this financial incentive.  (4) Applicant understands that if it is found to be in violation of the terms and conditions of this Grant Agre and/or this Disclosure Statement, the California Air Resources Board may levy fines and/or seek crecharges to the fullest extent allowed by law against the Applicant, including but not limited to the Bu and Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:		engine(s) and certifies that the funding requested in t	he Grant Agreement has been reduced by the
and/or this Disclosure Statement, the California Air Resources Board may levy fines and/or seek crecharges to the fullest extent allowed by law against the Applicant, including but not limited to the Bu and Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:		amount of this financial incentive.	·
charges to the fullest extent allowed by law against the Applicant, including but not limited to the Bu and Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:	4)	) Applicant understands that if it is found to be in violation o	f the terms and conditions of this Grant Agreeme
and Professional Code and California Health and Safety Code Section 43016.  Printed Name of Responsible Party:  Title:		and/or this Disclosure Statement, the California Air Reso	ources Board may levy fines and/or seek crimin
Printed Name of Responsible Party: Title:		charges to the fullest extent allowed by law against the Ap	pplicant, including but not limited to the Busine
Printed Name of Responsible Party: Title:			•
Signature of Responsible Party:  Date:		i ·	
Signature of Responsible Party: Date:			
2.8 2 men		Signature of Responsible Party:	ate:

# California Environmental Protection Agency

# **❷** Air Resources Board

# REGULATORYCOMPLIANCESTATEMENT

As an applicant/participant of the Carl Moyer, FARMER and/or Community Air Protection Incentive Programs, I declare that

(Company Name)

- 1. Is in compliance with, and
- 2. Will remain in compliance with, and
- 3. Does not have any outstanding/unresolved/unpaid Notices of Violations (NOV) or citations for violations of

any federal, state, and local air quality regulations including, but not limited to, the following:

- Cargo Handling Equipment Regulation
- Commercial Harbor Craft Regulation
- Drayage Truck Regulation (including drayoff trucks)
- In-Use Off-Road Diesel Vehicle Regulation
- Marine Shore Power Regulation
- Off-Road Large Spark Ignition Fleet Regulation

- Portable Diesel Airborne Toxic Control Measure
- Public Agency and Utility Rule
- Sleeper Berth Truck Idling Regulation
- Solid Waste Collection Vehicle Regulation
- Statewide Truck and Bus Regulation
- Stationary Engine Airborne Toxic Control Measure
- Transit Fleet Rule

For on-road heavy-duty truck or bus projects, by signing below you certify that: I have read and understand that I am responsible for meeting the requirements of the Periodic Smoke Inspection Program (PSIP). I am either currently in compliance with PSIP requirements or I have paid all penalties for non-compliance and continue to meet requirements since payment.

I certify under penalty of perjury that the information pr	ovided is accurate.
Authorized Signature:	Date:
Authorized Representative's Name (please print):	
Authorized Representative's Title:	
Legal Owner Name:	
Company Name:	
Mailing Address:	
City, State, Zip:	
Physical Address (if different than above):	
City, State, Zip:	
Phone:	
Email:	

Fact sheets and additional information on the Carl Moyer Program are available at <a href="http://www.arb.ca.gov/msprog/moyer/moyer.htm">http://www.arb.ca.gov/msprog/moyer/moyer.htm</a> or in-use regulations are available at: <a href="http://www.arb.ca.gov/permits/permits.htm">http://www.arb.ca.gov/permits/permits.htm</a> or by calling ARB's diesel hotline at 866-6DIESEL (866-634-3735). To obtain this document in an alternative format or languages please contact (866) 634-3735.



# 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.

Befor	е у	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.											
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	owner's n	ame on li	ne 1, a	nd ente	r the b	ousines	s/disreg	garded			
	Business name/disregarded entity name, if different from above.												
n page 3.	3a	3a 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.     Individual/sole proprietor						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
Print or type. See Specific Instructions on page		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)  Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead che box for the tax classification of its owner.			Ex Co		n from ce Act	Foreig	n Accou A) repor				
Prin Specific In	3b	Other (see instructions)  If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership this box if you have any foreign partners, owners, or beneficiaries. See instructions	interest, o		-	(Applies	s to ac		maintai I States.				
See	5	Address (number, street, and apt. or suite no.). See instructions.	Reques	ter's nan	ne and	addres	s (optio	onal)					
	6	City, state, and ZIP code											
	7	List account number(s) here (optional)											
Par	tΙ	Taxpayer Identification Number (TIN)											
		r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	securit	ty numl	ber						
backı reside	p w	rithholding. For individuals, this is generally your social security number (SSN). However, 1 lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	or a			-		-					
entitie	-	is your employer identification number (EIN). If you do not have a number, see How to ge	et a	or									
111V, 10	ate:			Employ	yer ide	ntificat	ion nu	mber					
		ne account is in more than one name, see the instructions for line 1. See also What Name of Give the Requester for guidelines on whose number to enter.	and		-								
Par	t II	Certification								-			
Unde	pe	nalties of perjury, I certify that:											
	•	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numb	er to be	issued	d to m	e); an	d					
2. I ar Ser	n no	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and	I have r	ot beer	notifi	ed by t	the In	ternal					
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and											
4. The	FΑ	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is cor	rect.									
becau	se y	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual ret	ons, item	2 does	not ap	ply. Fo	or mor	rtgage	interes				

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.

## **General Instructions**

Signature of

U.S. person

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*.

## What's New

Sign

Here

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

Date

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-NEC (nonemployee compensation).
- 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), and 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.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

### 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; and
- 4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
- 5. 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*, later, 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(I)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, 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 instructions for Part II 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, as described in item 4 under "By signing the filled-out form" above (for reportable interest and dividend accounts opened after 1983 only).

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

See also Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, 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 are no longer 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• 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 for 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 you filed with your application.

- Sole proprietor. Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.
- Partnership, C corporation, S corporation, or LLC, other than a disregarded entity. 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.
- 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. Enter any business, trade, or DBA name on line 2.
- Disregarded entity. In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner 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. 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, enter it on line 2.

#### Line 3a

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

IF the entity/individual on line 1 is a(n)	THEN check the box for
Corporation	Corporation.
Individual or	Individual/sole proprietor.
Sole proprietorship	
LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax
LLC that has filed Form 8832 or	classification:
2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
Partnership	Partnership.
Trust/estate	Trust/estate.

#### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

## **Line 4 Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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 on 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 territory, 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 territory.
- $7\!-\!A$  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 as defined under section 581.
- 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>&</sup>lt;sup>1</sup>See Form 1099-MISC, Miscellaneous Information, and its instructions.

**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) entered 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 territory, 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. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### 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 ITIN. Enter it in the entry space for the Social security number. 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's FIN.

**Note:** See *What Name and Number To Give the Requester*, later, 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. You may also get this form by calling 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/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S.* status for purposes of chapter 3 and chapter 4 withholding, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

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

<sup>&</sup>lt;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.

## 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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
Two or more U.S. persons     (joint account maintained by an FFI)	Each holder of the account
Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional 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:
Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
<ol> <li>Association, club, religious, charitable, educational, or other tax-exempt organization</li> </ol>	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. 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
<ol> <li>Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**</li> </ol>	The trust

<sup>&</sup>lt;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>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. 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.)
- \*Note: The grantor must also provide a Form W-9 to the trustee of the trust
- \*\*For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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

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Victims of identity theft who are experiencing economic harm or a systemic 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 877-777-4778 or TTY/TDD 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 <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Go to www.irs.gov/IdentityTheft 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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

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