# CT GROWN JOINT VENTURE **GRANT PROGRAM**

## **GUIDELINES** and APPLICATION





**State of Connecticut, Department of Agriculture Bureau of Agricultural Development and Resource Preservation Governor Dannel P. Malloy** DEPARTMENT OF AGRICULTURE Commissioner Steven K. Reviczky

## **CT Grown Joint Venture Program Guidelines**

- 1. The purpose of the CT Grown Joint Venture Program is to increase visibility and to promote Connecticut agricultural products through the use of the CT Grown logo per Title 22, Regulations of Connecticut State Agencies, Sec 22-38a-1-3 Joint Venture Program.
- 2. Joint Venture funds shall be used to promote Connecticut Grown farm products. Eligible farm products are identified by CGS Ch. 422 Sec. 22-6r (7):

"Farm products" means any fresh fruits, vegetables, mushrooms, nuts, shell eggs, honey or other bee products, maple syrup or maple sugar, flowers, nursery stock and other horticultural commodities, livestock food products, including meat, milk, cheese and other dairy products, food products of "aquaculture", as defined in subsection (q) of section 1-1, including fish, oysters, clams, mussels and other molluscan shellfish taken from the waters of the state or tidal wetlands, products from any tree, vine or plant and their flowers, or any of the products listed in this subdivision that have been processed by the participating farmer, including, but not limited to, baked goods made with farm products.

- 3. Eligible applicants include:
  - commodity associations,
  - agricultural nonprofits, and
  - municipalities, including agricultural commissions, and
  - farmers' markets

Per Title 22, Regulations of Connecticut State Agencies, Sec 22-38a-3, Joint Venture funds shall not be used to promote one business or farm or any branded agricultural products.

- 4. A maximum grant of \$2,995 will be awarded, provided funding is available.
- 5. A match of at least 50% applicant; 50% Department of Agriculture is required. Approved requests shall be matched in a proportion of not less than one dollar of applicant's funds to one dollar of state funds. In-kind services and contributions cannot be used for any portion of an applicant's match. DoAg reserves the right to reduce the amount of the matching award for ineligible items proposed in the initial application.
- 6. Joint Venture funds shall not be used for costs such as hotels, meals, travel costs, honoraria, salaries, or other operating expenses. Funds shall only be used for programs which are directly related to marketing or promoting CT Grown products. Such uses do not include career-related or scholarship funds.
- 7. This is a reimbursement grant; prior to receipt of funds the applicant must show proof of payment for all qualify grant expenses in full.
- 8. In visual or printed promotion schemes, the Connecticut Grown logo must be used and should be prominently displayed. When the applicant's logo is used, the CT Grown logo shall be equal to or more prominent than any other logo. In oral promotions (such as radio ads), the phrase "Connecticut Grown" must be used. The Department of Agriculture can supply electronic logos or slicks.
- 9. For the purpose of this grant process, prior to production of items or promotions utilizing the CT Grown logo, preapproval by the Commissioner of Agriculture or his/her designee is required. Production without agency approval voids the reimbursement of any Joint Venture grant funds.

- 10. Applications (attached) must be received at the CT Department of Agriculture by 4:30pm on **January 31, 2014.**
- 11. The applicant must be in good standing with the CT Department of Agriculture.
- 12. Grant funds must be fully expended and the reimbursement sent within one year of signed agreement. No extensions will be granted.
- 13. Any unspent funds must be either returned to the agency or utilized for expansion of the *already* approved project.
- 14. The CT Grown Joint Venture Program is a competitive grant program. There is no guarantee that projects submitted will be funded.



# S T A T E OF C O N N E C T I C U T DEPARTMENT OF AGRICULTURE



Marketing Division

## CT GROWN JOINT VENTURE GRANT APPLICATION

Please print neatly! Typed applications are preferred

| OF  | RGANIZATION:                                       |   |  |
|-----|--|---|--|
| CC  | ONTACT:  |   | EMAIL  |
| TE  | ELEPHONE   | WEBSITE   | <u></u>  |
| ΑI  | ODRESS   | CITY  | STATEZIP   |
| 1.  | Please provide an overview, o slogan, or verbiage. | on a separate page, of your p                                 | project(s) that will make use of the CT Grown logo   |
| 2.  | slogan, or verbiage. Such exp                      | penses include printing, designses associated with general bu | or your project(s) that will use the CT Grown logo, gn and development, ad placement costs, etc. siness operations should not be included in the project |
| 3.  | Please explain, on a separate                      | page, how each project will                                   | improve the visibility of the CT Grown logo.   |
| 4.  | What is the lifespan of your p                     |   | □ Months □ Years   |
|     | ☐ Indefinitely                                     | ☐ Seasonally  | ☐ One time event   |
| 5.  | What is the project's reach: ☐ State-wide          | ☐ Internet  | ☐ Town(s), please list:  |
|     | ☐ County-wide, please list:                        |   |  |
|     | ☐ Other, please elaborate:                         |   |  |
| 6.  | Have you received grant fund                       | ls from the Dept of Agricult                                  | ure in the past?   |
|     |  | Total Project Costs: \$                                       | <del></del>  |
|     |  | <b>Total Funds Requested:</b>                                 | \$   |
| I   | Have you attached the W9 and Ver                   | ndor Form to this application?                                | This is REQUIRED for a complete application!   |
| Ple | ease return this form and all requ                 | Attn: Joii<br>165 Capi  | of Ag<br>nt Venture Grant Program<br>tol Ave, Rm 129<br>CT 06106   |

The application and all attachments must received by 4:30pm on January 31, 2014.

## Fill-in Forms Information for the SP-26NB and W-9 Forms

#### Overview

There is no verification of the information you enter. You are responsible for entering all information.

Some information must be handwritten on the form.

## **Software Requirements**

To view, complete and print the following fill-in PDF forms, you will need the freely available <u>Adobe</u>

<u>Reader</u> software installed on your computer.

#### Adobe Reader

Adobe PDF files are a means to distribute publications and other information. To fill-in, download and print a PDF file, you will need to have the Adobe Reader software installed. You can download the latest version of Adobe Reader FREE from the Adobe Reader download page on Adobe's Web site.



## Completing the form on your PC

When positioning the cursor on a fill-in area, the cursor will change appearance.

The **I-beam pointer** allows you to type text.

The **hand pointer** allows you to select a check box or button. Enter the appropriate data in each box or field.

## To move from one field to the next, press the Tab key.

You can also use your mouse to move your cursor from field to field. Place your cursor in the field you want to fill in, then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field.

For additional help with fill-in forms, see the Adobe Reader's on-line help information at: <u>http://www.adobe.com/support/reader/</u>

## Saving a Form

When saving a file, be sure to use the Save function of Adobe Reader rather than the web browser's save.

## **Printing a Form**

When printing Adobe PDF files from within your web browser, whether you are printing a blank form or printing a form after filling it in from your PC, use the print button at the left end of the special Adobe Acrobat tool bar, which appears immediately above the viewing window.

THIS PAGE IS FOR INFORMATION ONLY AND DOES NOT NEED TO BE PRINTED NOR SUBMITTED WITH THE FOLLOWING FORMS.

## **STATE OF CONNECTICUT - AGENCY VENDOR FORM**

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

SP-26NB-IPDF Rev. 4/10

| COMPLETE VENDOR LEGAL BUSINESS NAME  |   |                        | Taxpayer ID # (TIN): SSN FEIN |                      |                         |           |
|--|---|------------------------|-------------------------------|----------------------|-------------------------|-----------|
|  |   |                        |                               | WRITE/TYPE SSN/F     | EIN Number Abo          | OVE       |
| BUSINESS NAME, TRADE NAME, DOING BUSINESS  | As (IF DIFFERENT  | Γ FROM ABO             | OVE)                          |                      |                         |           |
|  |   |                        |                               |                      |                         |           |
|  | BUSINESS ENTITY: CORPORATION LLC CORPORATION LLC PARTNERSHIP LLC SINGLE MEMBER ENTITY  NON-PROFIT PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR GOVERNMENT |                        |                               |                      |                         |           |
| NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVID   | DUAL'S NAME (AS   | OWNER) MU              | JST APPEAR I                  | IN THE LEGAL BUSINES | S NAME BLOO             | CK ABOVE. |
| BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) |   |                        |                               |                      |                         |           |
| E. OTHER (DESCRIBE IN DETAIL)  |   |                        |                               | (10                  | 3.12.251.112 <b>W</b> 2 | QUI MENT) |
| UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF  | BUSINESS YOU PRO  | OVIDE TO TH            | HE STATE?                     | (ENTER LETTER FROM   | ABOVE) →                |           |
| UNDER THIS TIN, WHAT OTHER TYPES OF BUSINES  | S MIGHT YOU PRO   | VIDE TO TH             | E STATE?                      | (ENTER LETTER FROM . | ABOVE) →                |           |
| NOTE: IF YOUR BUSINESS IS A <i>PARTNERSHIP</i> , YOU   |   |                        |                               | OF ALL PARTNERS TO Y | OUR BID SUB             | MISSION.  |
| NOTE: IF YOUR BUSINESS IS A <i>CORPORATION</i> , IN  | WHICH STATE ARE   | YOU INCOR              |                               |                      |                         |           |
| VENDOR ADDRESS STREET  |   |                        | 1                             | CITY STA             | TE ZIP COE              | ЭE        |
|  |   |                        |                               |                      |                         |           |
| VENDOR E-MAIL ADDRESS  | Business Address & Co   | ontact informat        |                               | this form.           |                         |           |
| VENDOR E MAIE ADDRESS  |   | VENDOR                 | WEBBITE                       |                      |                         |           |
| REMITTANCE INFORMATION: INDICATE BELOW THA   | E REMITTANCE AD   | DRESS OF YO            | OUR BUSINES                   | SS SAME AS VENDO     | R ADDRESS 4E            | ROVE      |
| REMIT ADDRESS STREET   | E REMITTAIVEE TE  | DILLISS OF TO          |                               | _                    | TE ZIP COI              |           |
|  |   |                        |                               |                      |                         |           |
| CONTACT INFORMATION: NAME (TYPE OR PRINT)  |   |                        |                               |                      |                         |           |
| 1 <sup>ST</sup> BUSINESS PHONE:  | Ext. #  | Номе Рн                | ONE:                          |                      |                         |           |
| 2 <sup>ND</sup> BUSINESS PHONE:  | Ext. #□   | 1 <sup>ST</sup> PAGER  | ₹:                            |                      |                         |           |
| CELLULAR:  |   | 2 <sup>ND</sup> PAGER: |                               |                      |                         |           |
| 1 <sup>st</sup> Fax Number: □  |   |                        | TOLL FREE PHONE:              |                      |                         |           |
| 2 <sup>ND</sup> FAX NUMBER:□   |   |                        | TELEX:                        |                      |                         |           |
| WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR DATE EXECUTED                 |   |                        |                               |                      |                         |           |
| ←SIGN HERE   |   |                        |                               |                      |                         |           |
| TYPE OR PRINT NAME OF AUTHORIZED PERSON  |   |                        | TITL                          | E OF AUTHORIZED PER  | SON                     |           |
|  |   |                        |                               |                      |                         |           |
| IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? YES (ATTACH COPY OF CERTIFICATE) NO                  |   |                        |                               |                      |                         |           |
| IS YOUR BUSINESS CURRENTLY A CT DOT CERT   | IFIED DISADVANT   | AGED BUSI              | NESS ENTER                    | PRISE (DBE)? YES     | No                      |           |
| IF YOU ARE A <i>STATE EMPLOYEE</i> , INDICATE YOUR AGENCY & AGENCY ADDRESS   | Position,   |                        |                               |                      |                         |           |
| PURCHASE ORDER DISTRIBUTION:   |   |                        |                               |                      |                         |           |
| (E-MAIL ADDRESS)   |   |                        |                               |                      |                         |           |
| NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.             |   |                        | SINESS.                       |                      |                         |           |
|  |   |                        |                               |                      |                         |           |

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

## (Rev. October 200 Department of the Treasury Internal Revenue Service

## **Request for Taxpayer Identification Number and Certification**

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

| 2.                                     | Name (as shown on your income tax return)   |   |                      |  |
|--|---|---|----------------------|--|
| on page                                | Business name, if different from above  |   |                      |  |
| Print or type<br>Specific Instructions | Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ☐ Exempt payee   |   |                      |  |
| Print<br>ic Inst                       | Address (number, street, and apt. or suite no.)   | Requester's name and address (optional) |                      |  |
| Specif                                 | City, state, and ZIP code   |   |                      |  |
| See                                    | List account number(s) here (optional)  |   |                      |  |
| Part                                   | Taxpayer Identification Number (TIN)  |   |                      |  |
| backu                                  | your TIN in the appropriate box. The TIN provided must match the name given on Line 1 p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity | esident                                 |                      |  |
| •                                      | your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.   |   |                      |  |
|  | If the account is in more than one name, see the chart on page 4 for guidelines on whose to enter.  | e Employer id                           | lentification number |  |
| Part                                   | II Certification  | •                                       | ·                    |  |
| l Inder                                | negatives of periory. Licertify that  |   |                      |  |

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).

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 4.

Sign Signature of Here U.S. person ▶ Date ▶

#### **General Instructions**

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

#### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership

The person who gives 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 is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 10-2007) Page **2** 

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

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, 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 the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

#### **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**

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. 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 the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

#### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Form W-9 (Rev. 10-2007) Page **3** 

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 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 possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
  - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for  | THEN the payment is exempt for   |  |  |
|--|--|--|--|
| Interest and dividend payments   | All exempt payees except for 9   |  |  |
| Broker transactions  | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |  |  |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 5  |  |  |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 7   |  |  |

See Form 1099-MISC, Miscellaneous Income, and its instructions. However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

# 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 page 2), 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 Social Security Administration office or get this form online at <a href="https://www.ssa.gov">www.ssa.gov</a>. 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 <a href="https://www.irs.gov/businesses">www.irs.gov/businesses</a> 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 <a href="https://www.irs.gov">www.irs.gov</a> 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, 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 domestic 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, and 5 below indicate otherwise

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 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.

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- **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 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:   |
|-----|--|---|
|     | Individual<br>Two or more individuals (joint<br>account)   | The individual The actual owner of the account or, if combined funds, the first individual on the account 1 |
| 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)   | The grantor-trustee 1   |
|     | b. So-called trust account that is<br>not a legal or valid trust under<br>state law  | The actual owner <sup>1</sup>   |
| 5.  | Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>3</sup>  |
|     | For this type of account:  | Give name and EIN of:   |
| 6.  | Disregarded entity not owned by an individual  | The owner   |
| 7.  | A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 8.  | Corporate or LLC electing corporate status on Form 8832  | The corporation   |
| 9.  | Association, club, religious, charitable, educational, or other tax-exempt organization  | The organization  |
| 10. | Partnership or multi-member LLC  | The partnership   |
| 11. | A broker or registered nominee   | The broker or nominee   |
| 12. | Account with the Department of<br>Agriculture in the name of a public<br>entity (such as a state or local<br>government, school district, or<br>prison) that receives agricultural<br>program payments | The public entity   |

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.

**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, social security number (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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.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 who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

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

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

<sup>&</sup>lt;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 1.