



## **University of Massachusetts Child Care Assistance Program**

### **2016 Employee Handbook and Application Packet**

- This application is for Child Care Assistance Program awards beginning on January 1, 2016 and terminating June 30, 2016.
- Application deadline for all Child Care Assistance Applicants is November 6, 2015.
- Applications are accepted on a first come – first served basis during the October 5 through November 6 open enrollment period. Applications will NOT be accepted after the November 6 deadline. Send completed applications to Crosby Benefit Systems, Inc., 27 Christina Street, Newton, MA 02461, ATTN: Administrative Support Team



Administered by:  
Crosby Benefit Systems, Inc.  
27 Christina Street, Newton, MA 02461  
(617) 928-0700

# Child Care Assistance Program Handbook

## What is the Child Care Assistance Program?

The University of Massachusetts Medical School (UMMS) has created the Child Care Assistance Program to help make child care for children in pre-kindergarten or younger affordable for working parents. The Child Care Assistance Program pays a portion of child care costs for non-union employees at UMMS for any licensed child care provider.

UMMS understands how difficult it can be to arrange care for young children. High quality child care is often hard to find and even harder to pay for, especially for families with limited incomes. We hope the Child Care Assistance Program will help increase child care options available to you as an employee.

## How Does The Child Care Assistance Program Work?

The Child Care Assistance Program pays for a portion of child care expenses at licensed day care centers and in licensed family child care homes. The amount of assistance that the program provides is determined by your adjusted gross family income. Crosby Benefit Systems, Inc. will determine the amount you receive annually on a monthly basis.

You may choose any eligible licensed child care provider. Both you and the provider must qualify for the program and agree to its conditions before enrolling. Both you and the provider must also complete and sign enrollment forms before you can participate in the program. The eligibility requirements are included in this handbook along with all the required enrollment forms.

**Every month, you must submit a billing form to Crosby Benefit Systems, Inc. which is due by the 10<sup>th</sup> of the month.** Within 15 days, UMMS will mail a check directly to your provider for the approved monthly assistance amount. You are wholly responsible for the balance.

## Who is Crosby Benefit Systems, Inc.?

This handbook frequently refers to Crosby Benefit Systems, Inc. (referred to as Crosby). The Child Care Assistance Program is being administered by Crosby Benefit Systems, Inc. in Newton, MA. Crosby will operate the program for UMMS on a day-to-day basis. Crosby will determine the actual amount of the assistance you will receive, according to UMMS guidelines, and will work with you and your provider during the enrollment period.

## **Am I Eligible?**

If you answer "yes" to each of the questions below, you are eligible for the Child Care Assistance Program:

- Have you been employed at UMMS as a non-union benefited employee for more than three consecutive months prior to January 1, 2016?
- Do you work at UMMS in a benefit eligible position?
- Do you have a dependent child, and/or custody of at least one child, in pre-kindergarten or younger?
- If you are not the child's parent, can you provide a copy of the order granting you custody or guardianship?
- Do you need to pay for child care in order to work at UMMS?
- Are both you and your spouse or partner working and earning a combined gross family income of \$84,999 or less?
- Can you provide a copy of the most recent federal income tax return for each wage earner in your household or the most recent month's worth of consecutive pay stubs for each wage earner in your household?

## **Is My Provider Eligible?**

Before applying to the Child Care Assistance Program, you will need to choose a licensed child care provider. The provider must:

- be legally operating (that is, the provider must comply with all existing local, state and federal regulations that govern its type of child care)
- agree not to charge you more than other parents for child care services, and
- understand that UMMS will report all payments to the IRS.

You can choose any child care center or family child care provider that meets these basic requirements. The provider you choose will be required to sign an agreement certifying that he or she qualifies for the Child Care Assistance Program payments.

The assistance does not extend to child care by a relative, a spouse or other household member, unlicensed family child care providers, or unlicensed child care centers.

## How Much Assistance Does the Child Care Assistance Program Provide?

The amount you are eligible to receive through the Child Care Assistance Program each year is determined by your adjusted gross family income, as shown on your most recent federal income tax form, and by the number of hours you work each week at UMMS. The table below refers to full-time non-union employees. Part-time benefited employees are eligible to receive a pro-rated monthly assistance.

Adjusted family income:	Approximate annual Child Care Assistance Program assistance:	Approximate monthly Child Care Assistance Program assistance:
Under \$34,999	\$3,000	\$250
\$35,000 - \$44,999	\$2,400	\$200
\$45,000 - \$54,999	\$1,800	\$150
\$55,000 - \$64,999	\$1,200	\$100
\$65,000 - \$84,999	\$600	\$50
\$85,000 or over	Not Eligible	-----

Payments are made once each month and are sent directly to your provider in the form of a check. Payments will continue for up to six months provided that you continue to meet eligibility requirements.

Please be aware that there is a limited assistance pool, and UMMS may not be able to offer assistance to every family that qualifies for the Child Care Assistance Program. **Should more families apply than can be funded, applications will be processed on a first-come - first served basis; with the lowest income employees being served first.** Also, if you receive assistance from another public source your Child Care Assistance Program assistance cannot exceed the total cost of your care. Receipt of some types of public assistance for child care may affect your eligibility for the Child Care Assistance Program.

## How Do I Apply?

### *First,*

The enrollment packet contains the necessary forms to complete for enrollment. **Open enrollment period is from October 5 through November 6, 2015.** Questions about the program should be directed to Crosby Benefit Systems, Inc. This handbook includes the following: Child Care Assistance Program Employee Application, Employee Agreement, Provider Questions and Answers, and Provider Agreement. In addition to these forms, your child care provider must complete an IRS W-9 form.

### *Second,*

Talk with your child care provider about the Child Care Assistance Program. Participating in the Child Care Assistance Program is very easy. Your provider must meet the basic requirements listed above, agree to the program conditions, and sign the Child Care Assistance Program Provider Agreement. The Provider Questions and Answers sheet will answer many of your provider's questions.

If you are using a licensed child care center or a licensed family child care home, the following documents should be attached to the Provider Agreement:

- a photocopy of the provider's Department of Early Education and Care (EEC) license
- a copy of the fee schedule
- a completed and signed copy of the IRS W-9 form

***Third,***

Sign the Child Care Assistance Program Employee Application and Employee Agreement. The application form asks for basic information about your child care needs and resources. It also asks you to name the provider you have selected to receive the Child Care Assistance Program payments. The agreement lists the conditions of the program. Please attach to the agreement:

- A copy of the birth certificate for each of your children in pre-kindergarten or younger participating in the Child Care Assistance Program.
- A photocopy of each household wage earner's most recent federal income tax return (Form 1040, 1040 A, or 1040 EZ) or one month of your most recent pay stubs.
- If you are not the child's parent, a photocopy of the order granting custody or guardianship.

***Finally,***

Return the complete set of forms (Employee Application, Employee Agreement, Provider Agreement and IRS W-9 Form) and attachments to Crosby Benefit Systems, Inc., 27 Christina Street, Newton, MA 02461, ATTN: Administrative Support Team.

If you have any questions about eligibility, enrollment or payment, please feel free to contact Crosby Benefit Systems, Inc.

By early December, Crosby will send you a letter confirming your acceptance (with your monthly assistance amount) or denial in the program. The letter will also contain more detailed information about the payment process.

**How Does My Provider Get Paid?**

You are fully responsible for paying your provider each month.

Once you and your provider have filed the necessary paperwork, and have been accepted into the Child Care Assistance Program, you will receive a set of billing forms. These forms will be pre-printed with the necessary information. Each month you will sign one billing form and send it to Crosby by the 10th of that month. Within 10 days, your provider will receive a check for the assistance amount. You will pay your provider for the monthly balance.

For example, if your normal child care tuition is \$500 per month, and your monthly assistance amount is \$200, you will still need to pay your provider \$300 each month.

**It is important for you to let Crosby know immediately if you change child care providers in the middle of the year. New enrollment forms will be needed, and a new set of billing forms will be sent to you if necessary.**

## **When Does the Child Care Assistance Program Start?**

Applications for the Child Care Assistance Program are due November 6, 2015, and the Child Care Assistance Program enrollment takes place annually in the fall for an award beginning January 1, 2016. At that time, your level of assistance for the next year is determined according to UMMS' scale. **There is no automatic re-enrollment. You must complete an application for each enrollment period even if you had been enrolled during the previous enrollment period.**

**PLEASE NOTE: Applications are accepted only during the October 5 through November 6 open enrollment period. Applications will NOT be accepted after the November 6 deadline.**

## **How Does My Enrollment in the Dependent Care Assistance Program Affect the Child Care Assistance Program?**

There are two UMMS programs that can help you pay for child care. In addition to the Child Care Assistance Program, you may enroll in the Dependent Care Assistance Program (DCAP). The DCAP allows you to set aside up to \$5,000 of your salary to pay for child care expenses tax-free each year. The Child Care Assistance Program provides payments towards your child care expenses above and beyond your salary dollars.

You may participate in either the DCAP or the Child Care Assistance Program alone, or both. The IRS limits the total amount of assistance a single person or married couple can shelter from taxes to \$5,000 each year.

## **Frequently Asked Questions:**

### **What happens when I stop working at UMMS @ Worcester?**

The Child Care Assistance Program helps you pay for child care only while you work at UMMS. When your employment at UMMS is terminated, your Child Care Assistance Program assistance will be terminated as well.

### **Does my assistance change if my income level changes, or if my spouse or partner's income changes?**

You are required to notify Crosby Benefit Systems, Inc. and UMMS within 30 days if your family income or working status changes. The program is intended to provide assistance to families in which neither spouse or partner is able to be home to care for the child(ren). It is very important that Crosby and UMMS have the correct, updated information to determine your Child Care Assistance Program eligibility.

### **Who pays taxes on the Child Care Assistance Program payments?**

On a monthly basis, you will be taxed on your paycheck for the amount of child care assistance that you receive.

### **Is the program confidential?**

Yes. UMMS recognizes that the information required for the Child Care Assistance Program participation is highly personal. Family income, size, and child care arrangements will not be disclosed to anyone other than the Child Care Assistance Program Coordinator at Crosby.

### **What should I do if my provider can't or won't sign the Agreement?**

First, make sure your provider understands that involvement in the Child Care Assistance Program will not result in the loss of any tuition income. In some cases, participating in the Child Care Assistance Program actually may encourage parents to keep children in the child care program. The Child Care Assistance Program payments can help providers stabilize their income by ensuring that UMMS parents can continue to afford child care. Encourage your provider to read "Questions and Answers for Providers", an information sheet about the Child Care Assistance Program.

### **Do I have to withdraw from the program if I change providers?**

***No, you do not have to withdraw, but it is very important to notify Crosby of a change in child care provider as soon as possible.*** Because the checks are sent out prior to the first of the month, it is important to keep Crosby informed if you have a change in provider. As long as your new provider also meets the requirements of the program, you can continue to receive the assistance. You must notify Crosby as soon as possible however, so that we can change your provider information and send the check to the correct provider. You will need to have your new provider fill out the Provider Agreement. We will provide you with new billing forms if necessary.

## ***Questions and Answers For Child Care Providers***

### ***What is the Child Care Assistance Program?***

UMMS created the Child Care Assistance Program to help make child care for children in pre-kindergarten and younger affordable for working parents. The Child Care Assistance Program pays a portion of child care costs of non-union employees at UMMS for any legally operating child care provider.

### ***How does the Child Care Assistance Program work?***

Each month, UMMS will mail you a check for the monthly assistance amount. The UMMS employee will pay you a check for the balance.

At the end of the year you will receive a Form 1099 from UMMS stating the amount you have received from the Child Care Assistance Program.

### ***What is my role as a child care provider?***

UMMS and Crosby Benefit Systems, Inc. want to support your primary focus; providing quality child care.

We have tried to make the Child Care Assistance Program as easy as possible for providers. Your responsibilities are minimal. They include:

1. Reading, understanding and signing the "Provider Participation Agreement." This one-page document explains the rules of the Child Care Assistance Program. You must sign this document only once a year.
2. Providing a copy of your fee schedule, and EEC license and a completed and signed copy of the IRS W-9 form.

That's it! Parents are responsible for all other paper work and billing. Child care providers do not have to submit any billing forms at all.

### ***Who do I call if I call if I have questions?***

You can call Crosby Benefit Systems, Inc. at 617-928-0700.

### ***Thank you for your participation!***

## Child Care Assistance Program 2016 EMPLOYEE APPLICATION FORM

### **A. Employee Information**

Name: \_\_\_\_\_

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

Town/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Are you a benefit eligible, full-time or part-time, non-union employee?:  yes  no

Have you been employed at UMMS for more than three months?:  yes  no

Adjusted gross family income (as listed on most recent federal income tax form): \$ \_\_\_\_\_  
*(Include all family members, even if you file separately.)*

What grade will your youngest child be entering in Sept. 2016? \_\_\_\_\_

Child(ren) in pre-kindergarten or younger:

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Is child listed as a dependent on your  
income tax return? If no, please explain: \_\_\_\_\_

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  yes  no \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  yes  no \_\_\_\_\_

### **B. Child Care Provider Information**

Name of provider: \_\_\_\_\_

Contact person and title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please check one:  Child Care Center  Family Child Care Home

## **Child Care Assistance Program**

### **2016 EMPLOYEE PARTICIPATION AGREEMENT**

Name of Employee: \_\_\_\_\_

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

Town/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

1. Employees at UMMS have full responsibility for any child care costs beyond the amount provided by the Child Care Assistance Program. The amount provided by the Program will be determined by Crosby Benefit Systems, Inc..
2. Employees must inform UMMS within 30 days of any changes in their adjusted gross family income.
3. Employees must inform UMMS within 30 days if they withdraw from the child care provider to whom Child Care Assistance Program payments are directed.
4. Child Care Assistance payments are available to benefit eligible full-time and part time non-union employees only while they are on the UMMS payroll.
5. UMMS may verify employees' adjusted gross family income.
6. In the event that the information provided by an employee is not correct or complete, UMMS retains the right to terminate that employee's participation in the Child Care Assistance Program.
7. Employees at UMMS have full responsibility for choosing the child care provider. UMMS and Crosby Benefit Systems, Inc. assume no liability for this choice.
8. The employee hereby releases and holds harmless UMMS and Crosby Benefit Systems, Inc. and their agents, employees, and staff from all claims, obligations and liability of any kind arising out of the employee's children's use of and participation in the Child Care Assistance program, including but not limited to transportation to and from and participation in outdoor and off-premises activities. The employee hereby agrees to indemnify and hold harmless UMMS and Crosby Benefit Systems, Inc. from and against any and all claims, injury, loss and liability arising from the acts of the employee's children.

I have read the above conditions and agree to the provisions therein. I certify that all information provided is factually correct to the best of my knowledge.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach:**

1. **A copy of the birth certificate for each eligible child.**
2. **A copy of the federal income tax return (1040, 1040A, or 1040EZ) for each wage earner in your household. If you do not have a copy of your tax return available, please submit one month of your most recent paystub(s).**

**Child Care Assistance Program  
Administered by Crosby Benefit Systems, Inc.**

**2016 PROVIDER PARTICIPATION AGREEMENT**

**A. Provider Information**

Name: \_\_\_\_\_

Contact and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

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

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

Please check one:       Child Care Center       Family Child Care Home

Federal tax identification number (child care center): \_\_\_\_\_

Social security number (family child care home): \_\_\_\_\_

**B. Certification**

1. The provider named above meets the current federal, state and local requirements for child care of its type and agrees not to discriminate on the basis of race, religion, physical ability or ethnicity in its admission policy.
2. The provider agrees not to charge participants in the Child Care Assistance Program more than non-participants for comparable services.
3. The provider agrees that the parent/guardian and representative affiliated with UMMS may visit the child in the provider's care at any time.
4. UMMS is not responsible for any child care costs beyond the assistance amount determined by the company, or for tuition arrears owed by parents.
5. Failure to adhere to the policies and provisions of the Child Care Assistance Program may jeopardize the parent's ability to participate in the Program, and may result in the termination of monies directed by UMMS through the Crosby Benefit Systems, Inc. to provider.

I acknowledge that I have read, understood and accepted the terms outlined above, and that the information I have provided is correct to the best of my knowledge.

Provider's Authorized Signature: \_\_\_\_\_

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

**Please attach:**

1. A photocopy of your EEC approval (i.e., operating license or certification)
2. A copy of your fee schedule
3. A complete and signed copy of the attached IRS W-9 form.

**Request for Taxpayer  
 Identification Number and Certification**

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

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

**Required**

Name (as shown on your income tax return):		
Business name, if different from above:		
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust Estate <input type="checkbox"/> Limited liability company. Enter the tax classification: _____ (C =Corporation, S = S Corporation, P = Partnership) <input type="checkbox"/> Other (see instructions) _____		<input type="checkbox"/> Exempt Payee
Legal Address (number, Street, and apt. or suite no.):	Remit Address:	
City, state, and ZIP code:		
Order Email Address:	Order Fax Number:	
Contact Phone Number:		
Vendor's preferred method for Purchase Orders: <input type="checkbox"/> Email <input type="checkbox"/> Fax		

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 4.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Vendors:

Dunn and Bradstreet Universal Numbering System (DUNS)

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**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.

**Social security number**  
 - - -  
**or**  
**Employer identification number**  
 - - -

**DUNS**

**Sign Here** **Signature of  
 U.S. person:** \_\_\_\_\_

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

If you have questions on completing this form, please contact Vendor Maintenance at: **(508) 856-2234**.

Upon completion of this form, please return to: University of Massachusetts Department you are doing business with. **(UMWOR)**

**Part III For University Verification Purposes Only – Do Not Write Below This Line**

Business Name Acronym

IRS TIN Matching  OFAC Signature \_\_\_\_\_ 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 income.

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,
- 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.

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 (1)	Generally, exempt payees 1 through 7(2)

(1) See Form 1099-MISC, Miscellaneous Income, and its instructions.

(2) 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 [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at

[www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, 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 paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

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.

### Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grants have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at [www.ccr.gov](http://www.ccr.gov). Any entity that does not have a DUNS number can apply for one on-line at [www.DNB.com](http://www.DNB.com) under the DNB D-U-N Number Tab.

**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.

**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:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account (1)
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor (2)
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee (1) The actual owner (1)
5. Sole proprietorship or disregarded entity owned by an individual	The owner (3)
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 (4)
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 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

1. 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.
2. Circle the minor's name and furnish the minor's SSN.
3. 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.
4. 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.

**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](mailto: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](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://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.