



QUINAULT INDIAN NATION

Temporary Assistance for Needy Families

APPLICATION FOR DIVERSION SERVICES



Diversion Services

Diversion Services are available to families who are otherwise eligible for TANF. Diversions are a one-time payment of \$2,000 and are limited to one every 366 days and up to ten per lifetime. Families that receive Diversion Services cannot apply for a month cash grant until after the first day of the month, three months from the date that the Diversion Services Case closed.

Eligibility Criteria

The following are used to determine eligibility for Diversion Services:

1. If living within the boundaries of the Quinault Indian Reservation, there must be an enrolled member of a federally recognized tribe in the family unit.
2. If living outside the boundaries of the Quinault Indian Reservation, but in Grays Harbor County or lower Jefferson County, there must be an enrolled member of the Quinault Indian Nation in the family unit.
3. Total income for the family must not exceed the income limitations based on the size of the family unit. Income limitations are 300% of the Federal Poverty Guidelines for the year in which the application is received.
4. Each member of the family unit must be a citizen of the United States or a certified Legal Alien Resident.

To avoid processing delays, please submit the following documents, as they apply, for each member of the family unit:

1. Certificate of Indian Blood (CIB)
2. Social Security Card
3. Certified Birth Certificate
4. Proof of School Enrollment for each child aged 6 years and older. Proof is not required if applying during summer break.
5. Custody Order or Parenting Plan that shows the children are in the home at least 51% of the time. This is only required if a parent is out of the home.



Taholah Office

701 Cuitan Street

Phone: (360) 276-8211 Ext 4101

Fax: (360) 276-0008

Queets Office

216 Qui-nauilth Street

Phone: (360) 962-2150

Fax: (360) 962-2460

Hoquiam Office

400 8th Street Suite B

Phone: (360) 537-1324

Fax: (360) 537-1265

HOUSEHOLD INFORMATION

Head of Household

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Street Address		City	State Zip Code
Mailing Address <input type="checkbox"/> Same as Above		City	State Zip Code
Phone		Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED Highest Grade Completed <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/Master Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)	

Spouse/Significant Other

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Phone		Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED Highest Grade Completed <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/Master Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)	

Child 1

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 2

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 3

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 4

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

To add additional children to the application, please attach another sheet listing their information.

RESOURCES AND INCOME INFORMATION

I. RESOURCES				
A resource is anything that you own or are buying that can be sold, traded or converted into cash or money held by others. A resource does not include personal property such as furniture or clothing. Examples of resources are:				
Cash	Mutual Fund	House	Prepaid Burial Fund	
Checking Account	Stock	Condominium	College Fund	
Savings Account	Annuity	Land	Time Share	
CD	Trust	Sales Contract	Business Equipment	
Money Market Account	IRA	Building	Farm Equipment/Livestock	
Saving Bond	401K	Life Estate		
Bond	Retirement Fund	Life Insurance		
Do you or anyone in the household have any resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:				
RESOURCE	WHO OWNS?	LOCATION	VALUE	
			\$	
			\$	
			\$	
II. VEHICLES				
Do you or anyone in the household own a licensed or unlicensed vehicle (car, truck, motorcycle, boat, recreational vehicle or any other type of vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:				
PRIMARY	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE
VEHICLE 2	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE
VEHICLE 3	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE
III. TANF BENEFITS				
Have you, or anyone for which you are applying, received TANF Benefits (monthly cash assistance) from a Federal, State or Tribal Agency in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below.				
WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY		
Have you, or anyone for which you are applying, ever received TANF Benefits (monthly cash assistance) from a Federal, State or Tribal Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the information below.				
WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY		
I attest that the above information regarding the receipt of TANF Benefits is true.				
Head of Household Initials:		Spouse/Significant Other Initials:		

IV. INCOME STATEMENT

Have you, or anyone in the household, received any form of earned or unearned income in the last 60 days? Yes No
 If yes, complete IV Unearned Income and/or V Earned Income. If no, initial the following statement.

I/we attest that I/we have not received any form of earned or unearned income in the last 60 days.

Head of Household Initials:

Spouse/Significant Other Initials:

V. EARNED INCOME

Do you or anyone in the household have income from work? Yes No | If yes, complete the following information:

Income Earned By

Employer Name

Phone Number

Start Date

Gross Income (Before taxes)
\$

Pay Frequency

Weekly Biweekly Monthly Other:

Is this job self-employment?
 Yes No

Income Earned By

Employer Name

Phone Number

Start Date

Gross Income (Before taxes)
\$

Pay Frequency

Weekly Biweekly Monthly Other:

Is this job self-employment?
 Yes No

VI. UNEARNED INCOME

Examples of unearned income are:

- | | | |
|-------------------------|----------------------------|------------------------------------|
| Alimony | Medical Assistance | Social Security Dependent Benefit |
| Annuity | Military Allotment | Social Security Survivor Benefit |
| Casino Winnings | Out of State TANF | Subsidized Housing |
| Child Support | Per Capita | Supplemental Security Income (SSI) |
| Dividend | Railroad Retirement | Tribal Lease Payment |
| Food Stamps | Rental/Lease Income | Unemployment Benefit |
| Foster Care Payment | Sale of Property or Timber | Veterans Benefit |
| General Assistance (GA) | Settlement | Worker Compensation Benefit |
| Gift or Prize | Social Security Disability | |
| Inheritance | Social Security Retirement | |

Do you or anyone in the household have any unearned income? Yes No | If yes, complete the following information:

WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY	DATE RECEIVED
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

VII. RESIDENCY STATEMENT

I/We, _____ and (if applicable) _____
Head of Household Spouse/Significant Other

Live at: _____
Street Address City State Zip Code

I/We have resided at this address for _____ Weeks, _____ Months, _____ Years.

I/We make rent/lease/mortgage payments to _____
in the amount of \$_____

I/We do not make rent/lease/mortgage payments but live with someone that provides for my/our shelter costs.
*If this statement is checked, initials are required below.

I/We do not make rent/lease/mortgage payments as I/we own my/our own home.
*If this statement is checked, initials are required below.

I/We do not make rent/lease/mortgage payments as I/we are currently homeless. I/We do live within Grays Harbor or lower Jefferson Counties. *If this statement is checked, initials are required below.

Head of Household Initials:

Spouse/Significant Other Initials:

VIII. CUSTODY STATEMENT

A child is considered a member of the household if they spend 51% of their time during the calendar month in the household.

Do all of the children listed in this application current live with you at least 51% of time? Yes No

Do you have a court ordered Custody Order, Parenting Plan or a notarized statement from the non-custodial parent of the children listed in this application? Yes No

If no, you cannot apply with the children that do not meet this requirement.

I/We attest that all of the children listed in this application currently live with me/us at least 51% of the time.

Head of Household Initials:

Spouse/Significant Other Initials:

IX. CRISIS STATEMENT

Please explain your current crisis situation that details the need for Diversion Services.

Please explain how receiving Diversion Services will assist you with your crisis situation. Specifically, please explain how receiving Diversion Services will prevent you from needing to apply to open a Family/Pregnancy Case.

Please explain below how you plan to use the funds from Diversion Services. The list below are the only items that are allowable. The items that you plan to use the funds for must total \$2000. The statements above must explain the crisis that requires the funds for the items below.

Item	Amount	Item	Amount
Housing	\$	Food	\$
Utilities	\$	Fuel	\$
Training	\$	Auto Repairs	\$
Education	\$	Transportation	\$
Child Care	\$	Auto Insurance	\$
Mental Health, Chemical Dependency or Domestic Violence Services			\$
Higher Education or Work Related Clothing and/or Supplies			\$
Developmental or Learning Disability Services			\$
IDA Accounts			\$
Required Program Documentation (Certified Birth Certificates)			\$
Needed For:			

I have read (or had explained to me) and understand the information in this application. I declare under penalty of perjury, that information that I gave in this application is true, correct and complete to the best of my knowledge. I understand that if I incorrectly receive QIN TANF funds for Diversion Services because I have made a willful false statement or because I have willfully failed to report information required by the QIN TANF Program, I will be required to repay the amount received.

Head of Household Signature

Date

Spouse/Significant Other Signature

Date



QUINAULT INDIAN NATION

Temporary Assistance for Needy Families

RELEASE OF INFORMATION



I/We authorize the Quinault Indian Nation TANF Program to provide/obtain information to/from other agencies, employers, schools or institutions for the intention of verifying and coordinating services.

Adults: _____

Children: _____

This release is valid for one year from the date that it is signed.

Head of Household Signature

Social Security Number

Date

Spouse/Significant Other Signature

Social Security Number

Date



**QIN FINANCE
PAYMENT FORM**

Please select one payment option. Provide the information that is necessary for the payment option selected.

Check: Checks will be mailed to the address provided on a W-9.

Direct Deposit (ACH): Payments will be directly deposited into a bank account.

Attach a completed Authorization Agreement for Direct Deposit Form. (First few payment may be by check, until direct deposit can be activated)

Debit Card: Payments will be deposited directly on a Key2Benefits VISA Debit Card.

Attach a completed Key2Benefits Cardholder Form. (First few payment may be by check, until debit card is received and can be activated)

I understand that the payment option selected above will be in effect for all QIN payments made on my behalf. I further understand that I may change the payment option, at any time, by submitting an updated Payment Form and necessary paperwork to the TANF Office or to the QIN Finance Office.

Date: _____

Printed Name: _____

Signature: _____

Phone Number: _____

Staff Printed Name: _____



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize the Quinault Indian Nation to initiate Automated Clearing House (ACH) credit entries to transfer funds for deposit to the bank account indicated below at the depository financial institution named below (Depository Name). I understand that the ACH transactions authorized herein shall comply with all applicable U.S. law. I further understand that this authorization shall remain in effect for all payments to be received from QIN, until QIN Finance has received notification from me of its termination. Notification of termination must be received by QIN Finance, in writing, at least five (5) business days prior to the proposed effective date of the termination of authorization.

Depository Name (Bank): _____

Full Name on Account: _____

Depository Routing Number: _____

Checking Account Number: _____

Or

Savings Account Number: _____

Signature: _____

Email (Required): _____

Phone Number: _____

Remittance advice will be given to the person listed on the account above. An email will be sent to the email address given below to include the invoice number and amount of each invoice that is included in the total payment.

Printed Staff Name: _____

KEY2BENEFITS CARDHOLDER INFORMATION

First Name _____

Last Name _____

Date of Birth ____/____/____

Social Security Number _____-_____-_____

Mailing Address _____

Telephone Number (_____) _____

Email Address (required) _____

Please Note: New KeyBank Debit Cards will be mailed to the QIN TANF Office that the participant is served out of. Caseworkers will meet with participants to activate the cards and set up online banking. Once online banking is set up, the mailing address will need to be changed to the one listed above.

Date Ordered ____/____/____

Ordered By _____

Cardholder ID Number _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	<p>Social security number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">[] [] [] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">[] [] [] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; text-align: center;">[] [] [] [] [] [] [] []</td> </tr> </table> <p>or</p> <p>Employer identification number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">[] [] [] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 85%; text-align: center;">[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []</td> </tr> </table>	[] [] [] []	-	[] [] [] []	-	[] [] [] [] [] [] [] []	[] [] [] []	-	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
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[] [] [] []	-	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []							

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

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

Future developments. 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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.