



## QUINAUT INDIAN NATION

### *Temporary Assistance for Needy Families*

#### APPLICATION FOR SERVICES

### Child Only: Non-Needy Caretaker Relative



Services are available for eligible families who have had children placed with them or for which they are otherwise acting as a caregiver. Cash grants are issued monthly to assist with the basic needs of the children in the family unit.

#### Eligibility Criteria

1. Living within the boundaries of the Quinault Indian Reservation, there must be an enrolled member of a federally recognized tribe in the family unit. 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.
2. Total income for the children must not exceed the monthly income limitations based on the size of the family unit. Income limitations are listed below.

#### Payment Standards and Income Limits

Family Unit Size	Payment Standard	Income Limit
1	\$550.00	\$1,100.00
2	\$650.00	\$1,300.00
3	\$750.00	\$1,500.00
4	\$850.00	\$1,700.00
5	\$950.00	\$1,900.00
6	\$1,050.00	\$2,100.00
7	\$1,150.00	\$2,300.00
8	\$1,250.00	\$2,500.00
9	\$1,350.00	\$2,700.00
10	\$1,450.00	\$2,900.00

To avoid processing delays, submit the following documents:

1. Certificate of Indian Blood (CIB)
2. Social Security Card - Must be provided within 30 days. Program can assist in ordering if unable to provide.
3. Certified Birth Certificates - Must be provided within 30 days. Program can assist in ordering if unable to provide.
4. Proof of school enrollment and two weeks of consecutive attendance for each child aged 6 years and older. Proof is not required if applying when school is not in session. (Summer)
5. Children's Income (Social Security, child support)
6. Placement papers from an agency, custody or guardianship documents, or Loco Parentis form

#### **Taholah Office**

701 Cuitan Street

Phone: (360) 276-8211 Ext 4101

Fax: (360) 276-0008

#### **Queets Office**

323 Queets Avenue

Phone: (360) 962-2150

Fax: (360) 962-2460

#### **Hoquiam Office**

400 8<sup>th</sup> Street Suite B

Phone: (360) 537-1324

Fax: (360) 537-1265

Applications may be submitted in person, by email to [tanf@quinalt.org](mailto:tanf@quinalt.org), fax to (360) 537-1265. A letter of notification will be sent no later than two business days after an application is received, indicating the status as approved, denied, or pending. Applications may pend for 15 business days from the date of application and if not complete it will be denied.

Once approved, a monthly cash grant will be processed.

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 tribe? <input type="checkbox"/> Yes   If yes, must be reported as unearned income. <input type="checkbox"/> No			
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's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's 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 tribe? <input type="checkbox"/> Yes   If yes, must be reported as unearned income. <input type="checkbox"/> No			
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's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)			

CHILD				
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 tribe? <input type="checkbox"/> Yes   If yes, must be reported as unearned income. <input type="checkbox"/> No		
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				
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 tribe? <input type="checkbox"/> Yes   If yes, must be reported as unearned income. <input type="checkbox"/> No		
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				
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 tribe? <input type="checkbox"/> Yes   If yes, must be reported as unearned income. <input type="checkbox"/> No		
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, attach another sheet.**

RESOURCES				
A resource is anything owned or bought that can be sold, traded or converted into cash.				
Cash, Checking/Savings Acct.	Mutual Funds/Stocks	House/Condominium/Land	Business Equipment	
CD/Saving Bonds/Money	Trust/Life Estate	Building/Timeshare	Fishing Equipment	
Market Retirement/Annuity	IRA/401k/Life Insurance	College Fund	Other	
Do any of the children have any resources? <input type="checkbox"/> Yes   If yes, complete below. <input type="checkbox"/> No				
RESOURCE	WHO	LOCATION	VALUE	
			\$	
			\$	
			\$	
			\$	
			\$	
VEHICLE				
List the primary vehicle that is used to transport the children. If you do not have a vehicle, leave blank.				
PRIMARY	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	
INCOME				
Do any of the children receive any form of income? <input type="checkbox"/> Yes   If yes, complete below. <input type="checkbox"/> No				
STATE, FEDERAL OR TRIBAL INCOME RECEIVED ON BEHALF OF THE CHILDREN				
Has any child received cash assistance from a Federal, State or Tribal agency in the last 30 days? <input type="checkbox"/> Yes   If yes, complete below. <input type="checkbox"/> No				
WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY		
CHILD SUPPORT INCOME RECEIVED ON BEHALF OF THE CHILDREN				
Have you or your spouse/significant other received child support payments directly from a non-custodial parent in the last 30 days? <input type="checkbox"/> Yes   If yes, complete below. <input type="checkbox"/> No				
Amount Received \$	Date Received	Amount Received \$	Date Received	
OTHER INCOME RECEIVED ON BEHALF OF THE CHILDREN				
Examples include but are not limited to: Employment, Child Support, Annuity/Dividend, Foster Care Payment, General Assistance, Social Security (all types), TANF, Per Capita, Sale of Property or Timber, Settlement/Inheritance				
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:	

**RESIDENCY**

We live at: \_\_\_\_\_  
Street Address City State Zip Code

for \_\_\_\_\_ weeks, \_\_\_\_\_ months, \_\_\_\_\_ years.

☐ I make rent/lease/mortgage payments to \_\_\_\_\_ In the amount of \$\_\_\_\_\_.

☐ I do not make rent/lease/mortgage payments but live with someone that provides for my shelter costs.

☐ I do not make rent/lease/mortgage payments as I own my own home.

☐ I am currently homeless. I do live within Grays Harbor or lower Jefferson County.

**CUSTODY**

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

Do the children live with you at least 51% of time? ☐ Yes ☐ No

Do you have a custody order or parenting plan for the children? ☐ Yes | If yes, provide a copy. ☐ No

**DOMESTIC VIOLENCE**

Have any of the children ever experienced any type of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a current protective order against any of the children? <input type="checkbox"/> Yes   If yes, what court? <input type="checkbox"/> No
Do you believe that you or the child/ren may be at risk of emotional and/or physical harm if the non-custodial parent knows where to find them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I understand the information in this application and declare under penalty of perjury, the information is true, correct, and complete. I understand if I receive funds for TANF services because of a willful false statement or a failure to report information, the fraud section of the TANF Manual applies.

\_\_\_\_\_  
Head of Household Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Spouse/Significant Other Signature\_\_\_\_\_  
Date



## CHILD SUPPORT REFERRAL AND ASSIGNMENT



**A Child Support Referral and Assignment must be completed if there are not two biological or adopted parents in the home.**

HEAD OF HOUSEHOLD INFORMATION					
Head of Household Name			Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, who has custody?		
Relationship to Child		Address			
COURT ORDERS					
Is an attorney currently working on child support case? <input type="checkbox"/> Yes   If yes, what is name and phone number of attorney? <input type="checkbox"/> No					
Date of Order or Filed		Court Case Number		What court?	
City		County		State	
				Was child support ordered? <input type="checkbox"/> Yes   If yes, provide a copy. <input type="checkbox"/> No	
PLACEMENT AGENCY					
Is the child/ren in Indian Child Welfare or Child Welfare custody? <input type="checkbox"/> Yes   If yes, what agency? <input type="checkbox"/> No					
NON-CUSTODIAL PARENT(S) INFORMATION					
Relationship between mother and father of children? <input type="checkbox"/> Never Married <input type="checkbox"/> Married/Living Together <input type="checkbox"/> Married/Separated <input type="checkbox"/> Divorced					
MOTHER'S INFORMATION, IF NOT CUSTODIAN			FATHER'S INFORMATION, IF NOT CUSTODIAN		
Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Deported? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Deported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (First, Middle, Last)			Name (First, Middle, Last)		
Street Address			Street Address		
City		State	Zip Code	City	
				State	
				Zip Code	
Mailing Address			Mailing Address		
City		State	Zip Code	City	
				State	
				Zip Code	
Phone Number		Message Number		Phone Number	
Social Security Number		Date of Birth		Social Security Number	
Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:			Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:		
Lives on an Indian reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently Married? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, to whom:		Lives on an Indian reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, to whom:	
Employer's Name and Phone Number			Employer's Name and Phone Number		
Income : \$ Per Hour \$ Per Month			Income : \$ Per Hour \$ Per Month		
Second job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, where?			Second job? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, where?		
In jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, where?			In jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, where?		
Vehicle Year		Vehicle Make	Model	Vehicle Year	
				Vehicle Make	
				Model	
Military? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy From: To:			Military? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy From: To:		



<b>CHILD</b>			
Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:	Enrollment Number
<b>CHILD</b>			
Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:	Enrollment Number
<b>CHILD</b>			
Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:	Enrollment Number
<b>CHILD</b>			
Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of tribe:	Enrollment Number

### Agreement, Consent and Limited Power of Attorney

Child Support Services Program use Social Security numbers for child support enforcement as defined in Title IV-D of the Social Security Act.

Head of Household Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number

When you accept a QIN TANF monthly cash grant, you are assigning your child support and medical support rights to the Quinault Indian Nation. When you agree to assign your support rights, you are agreeing Quinault Indian Nation may keep your support payments to repay the Quinault Indian Nation and the federal government for assistance that is paid to your family.

When you accept a QIN TANF monthly cash grant, you are agreeing to cooperate with the Quinault Indian Nation and the Washington State Division of Child Support by:

1. Helping to establish paternity, if applicable.
2. Helping to establish or modify your support order.
3. Sending all support payments that you directly receive from the non-custodial parent to:
 

QIN Child Support Services	Washington State Support Registry
PO Box 689	PO Box 45868
Taholah, WA 98587	Olympia, WA 98504-5868
4. Appointing DCS and/or the Quinault Indian Nation to accept and endorse all child, spousal and medical support payments.
5. Informing QIN TANF in writing when you no longer want child support enforcement services. When you stop receiving a QIN TANF monthly cash grant, child support will continue to be enforced unless you request services be stopped.

I have read and understand the rules and requirements above and have had my rights and responsibilities explained to me. I understand that I can be terminated from this program for fraud, falsifying or intentionally omitting information. I understand that if it is determined that I have committed fraud, falsified information or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

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



## QIN FINANCE PAYMENT FORM



**Please select one payment option.**

- ☐ Check: Checks will be mailed to the address provided on a W-9. **No further information is needed.**
- ☐ Direct Deposit (ACH): Payments will be directly deposited into a bank account. (first two payments may be a check)  
**Complete Authorization for Direct Deposit/ACH below.**

### **AUTHORIZATION FOR DIRECT DEPOSIT/ACH**

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 above to include the invoice number and amount of each invoice that is included in the total payment.***

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: \_\_\_\_\_



# 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 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input checked="" 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=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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 3.

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

Social security number											
				-				-			
Employer identification number											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

## General Instructions

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

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