

ADDISON NORTHEAST SUPERVISORY UNION
Submit to: 72 Munsill Avenue, Suite 601, Bristol, VT 05443
Phone: (802) 453-3657 Fax: (802) 453-2029
www.anesu.org

VOLUNTEER APPLICATION

Date of Application: ___/___/___

1. Name _____

2. Address _____
(Number & Street / PO Box)

(City/Town, State, Zip Code)

Permanent Address (if different from above): _____

3. Home #: _____ Work #: _____

Cell #: _____ E-mail: _____

4. Town school district(s) or program:

____ Bristol Elementary School

____ Lincoln Community School

____ Monkton Central School

____ Beeman Elementary, New Haven

____ Robinson Elementary, Starksboro

____ Mt. Abraham Union Middle/High School

____ Other: _____

Volunteer capacity: (i.e., student mentor, extracurricular sports, classroom, after-school activity, school program/event, field trip chaperon, etc.).

Have you ever been charged with a felony or misdemeanor? _____ YES _____ NO

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

Have you ever been charged with, or are you currently being investigated for sexual abuse, misconduct or harassment? _____ YES _____ NO

If "yes" response to any question, please explain: _____

I make the above declarations with the understanding that my failure to disclose complete and truthful information may lead to my ineligibility to serve in the capacity of volunteer within the school district.

In signing below I acknowledge that the above information is accurate and complete and that I have read the ANESU Policy, VOLUNTEERS and Procedures, SUPERVISION OF VOLUNTEERS AND WORK-STUDY STUDENTS.

Signature: _____ Date: _____

72 Munsill Avenue, Suite 601
Bristol, VT 05443
802-453-3657

MT. ABRAHAM UNION MIDDLE/HIGH SCHOOL - BRISTOL - LINCOLN - MONKTON - NEW HAVEN - STARKSBORO

School/District: _____

Status: Professional, Support Staff, Substitute, Temporary, Intern/Student Teacher, Coach, Volunteer

CRIMINAL RECORD CHECK REQUEST / RELEASE FORM

First Submission Resubmission for FBI/Out of State Records

Secondary Dissemination Request from: _____
(Name of supervisory union or school district that completed *original* record check.)

1. Applicant: _____
Please print: Last Name First Name Middle Name

2. Maiden or Alias Name(s): _____

3. Gender: Male / Female

4. Social Security Number: _____ / _____ / _____

5. Place of Birth: _____
City/Town State Country

6. Date of Birth: _____
Month / Day / Year

7. Telephone Number: _____
Area Code / Number

I, _____ (print name of applicant), hereby acknowledge and agree to a check of any criminal record of convictions as per VSA Title 16, Chapter 5, Subchapter 4 which may be maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/or resided, and the FBI.

I understand that the results of this check will be made available to the **Addison Northeast Supervisory Union District (Agency Code: 00293)** for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Applicant Signature: _____ Date: _____
(Signed in presence of authorized personnel or notarized)

Identity Verified by: _____ Date: _____
(Authorized personnel making identification)

Revised: 3/14/2012

**ADDISON NORTHEAST SUPERVISORY UNION
 72 Munsill Avenue, Suite 601, Bristol, VT 05443
 802-453-3657**

Mt. Abraham Union Middle/High School - Bristol - Lincoln - Monkton - New Haven - Starksboro

**VERMONT CRIMINAL INFORMATION CENTER
 FINGERPRINT AUTHORIZATION CERTIFICATE (FAC)**

APPLICANT: You must bring this certificate with you to your fingerprinting appointment.
 Identification Center staff **WILL NOT** take your fingerprints without this completed form.

AGENCY CODE: 00293

REASON FINGERPRINTED:

Adoption Education NCPA-Employment NCPA-Volunteer Secretary of State

NAME: _____
 Please print: Last First Middle

OTHER NAMES USED: _____

DATE OF BIRTH: _____ SSN: _____
 Month / Day / Year

PLACE OF BIRTH: _____
 Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont I have resided or been employed in the following states: (If applicable circle appropriate states)

CO HI IL MA MS MT NB NH RI UT WY

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his/her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check. Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill by agency for this record check.

Agency Staff Signature: _____ Date: _____

SCHOOL DISTRICT USE ONLY:

Amount Paid: \$15.00 Processing Fee: \$16.50 Education Employee OR \$15.00 Volunteer

Payment Method: PER SCHOOL DISTRICT POLICY (If applicable, PER SCHOOL DISTRICT POLICY)

Checks payable to: **ADDISON NORTHEAST SUPERVISORY UNION**

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

**IDENT CENTER STAFF - Mail these forms to:
 VCIC, Attn: Criminal Record Check Program, 103 S. Main Street, Waterbury, VT 05671.**



Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: Male Female

LAST

FIRST

Middle Initial

Address: _____

Last four digits of social security number: XXX-XX- _____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

ADDISON NORTHEAST SUPERVISORY UNION

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

PROCEDURES SUPERVISION OF VOLUNTEERS AND WORK-STUDY STUDENTS

The principals of each school are authorized to recruit and approve volunteers and work-study students to work in the school.

Volunteers and work-study students will be required to complete information forms providing background information including, but not limited to, the dates, location and dispositions of any convictions, including findings of guilt, pleas of guilty, or *nolo contendere*, for criminal violations. Information forms will be reviewed and approved by the superintendent.

A person who fails to provide full and accurate background information in response to the principal's request or is found to have a prior conviction will not be permitted to work with students.

Placement of volunteers and work-study students will be made by the principal or the principal's designee.

Volunteers and work-study students who work with students will be under the immediate supervision of a licensed professional employee of the school district.

Volunteers and work-study students will not have unsupervised contact with students.

Volunteers and work-study students are expected to comply with school policies, rules and regulations. Failure to do so will result in the individual not being allowed to work in the school.

Volunteers and work-study students will be informed by the principal of the extent to which school district insurance policies protect them from personal liability resulting from claims against them based on negligence or other injurious conduct while acting in a volunteer or work-study capacity.

Volunteers and work-study students shall not subject students, staff, other volunteers or school visitors to discrimination or harassment as prohibited by federal or state law and regulation or by school district policy.

Legal References: *Harassment in Education Act, 16 VSA §565*
 Access to Criminal Records, VSA §251 et seq.

ADDISON NORTHEAST SUPERVISORY UNION
BACKGROUND INVESTIGATION INFORMATION

Vermont Legislature amended the statute, Act 163, to require criminal record checks with fingerprinting for education employees effective 7/1/98. In compliance with this statute, Addison Northeast Supervisory Union, including school districts of Bristol, Lincoln, Monkton, New Haven, Starksboro, and Mt. Abraham Union Middle/High School, requires the completion of a criminal record check with fingerprinting, for new hire employees. All newly hired staff, including substitutes, will be issued letters of hire contingent upon receipt of an acceptable report. Volunteers working with students may also be required to complete this process. Please review the following process carefully.

Background Investigation Process:

1. Applicants must complete the following required forms available at the Superintendent's Office.
 - **Record Check Release Form (NCPA/National Child Protection Act)**
 - **Consent for Release of Registry Information (Adult Protective Services & Child Abuse)**

You will also need to complete one of the following forms:

- **Fingerprint Authorization Certificate (FAC)**
- **Request for Secondary Dissemination (to allow access to results on file with a previous employer)**

Note that these forms require **verification of your ID** and need to be completed under the following conditions:

- If no background check has been previously processed, or
- If you have previously completed this process in another Vermont school district within the last year, ANESU will request existing results from your previous employer, or
- If you have already completed the background check/fingerprint process as part of the Vermont teacher license application process, ANESU will request existing results from the VT Department of Education.

2. Pre-payment of the processing fee is required at the time the above forms are completed, and **BEFORE** fingerprinting can be done at an Identification Center. Current processing fees are:

\$16.50 new hire employees, including substitutes.

\$15.00 school volunteers (only).

Payment (check or money order) should be made payable to: **Addison Northeast Supervisory Union.**

The **Fingerprint Authorization Certificate (FAC)** will serve as verification of your payment at the ID Center.

The record check/release form remains on file at the Superintendent's Office.

3. Applicants must bring the **Fingerprint Authorization Certificate (FAC)** to an Identification Center (law enforcement agencies with staff trained for fingerprinting). Ref. list of ID Centers on reverse side.

You can expect the following:

- Completion of appropriate forms requires **two forms of ID (one must be a photo ID)**.
- There is a charge of up to **\$25.00 for the fingerprinting service** at any ID center. Fingerprints & FAC form will be submitted by the ID Center directly to the VT Criminal Information Center for processing.
- ID Center staff will issue a payment receipt to the applicant. Please mail a copy of receipt to the Superintendent's Office as soon as possible as verification that this process is underway.

4. Once the criminal record check has been processed, the district will be notified of the results by the Vermont Criminal Information Center.

The Addison Northeast Supervisory Union supports this mandated process to help maintain a safe environment for both the students and staff of our schools. If you have any questions, please do not hesitate to contact the Superintendent's Office. Thank you for your cooperation with this important requirement.

For further information about the fingerprinting and/or criminal record check process, you can go to the following VT Department of Public Safety website: http://www.dps.state.vt.us/cjs/ident_centers.html

REVISED 5/9/2012

It is strongly recommended that applicants go to an Identification Center for fingerprinting. The staff at the Centers have received special training and have extensive experience fingerprinting applicants.

	ID Center	Address	Phone	Hours	Coordinator
Addison	Addison County Sheriff's Office	35 Court Street Middlebury, VT 05753	802-388-2981	Tues. & Thurs. 1:00 - 3:30 p.m. Call for Appointment	Sheriff, <i>Donald M. Keeler Jr</i>
Bennington	Bennington County Sheriff's Dept.	212 Lincoln St. Bennington, VT 05201	802-442-4900	Call for Appointment	Sheriff Gary Forrest
Caledonia	St. Johnsbury Police Dept.	1187 Main Street St. Johnsbury, VT 05819	802-748-2314	Call for Appointment	Officer Gil Roberts and Karen Montgomery
Chittenden	Burlington Police Dept.	1 North Avenue Burlington, VT 05401	802-658-2700 Ext. 117	By appointment only. Wed. & Thurs. 10:00 a.m. - 12:00 p.m. 1:00 p.m. - 3:00 p.m.	Det. Cpl. John Yustin
	Chittenden County Sheriff's Office	70 Ethan Allen Drive S. Burlington, VT 05401	802-863-4341	Tues., Wed. & Thurs. 10:00 a.m. - 3:00 p.m. Call for appointment.	Sheriff Kevin McLaughlin
Essex	Essex County Sheriff's Office	566 Bobbin Mill Rd. Lunenburg, VT 05906	802-892-1111	By Appointment	Sheriff Amos Colby
Franklin	Swanton Police Department	120 First Street Swanton, VT 05488	802-868-4100	Tuesday: 11:00 a.m.-3:00 p.m. Thursday: 12:30 - 4:30 p.m. Call for appointment.	Chief Michael McCarthy
Grand Isle	Grand Isle County Sheriff's Office	Route 2 North Hero, VT 05474	802-372-4482	Monday thru Friday 8:00 a.m. - 4:00 p.m. Call for appointment.	Sheriff John Lawrence
Lamoille	Lamoille County Sheriff's Office	Main Street Hyde Park, VT 05655	802-888-3502	Monday thru Friday 8:00 a.m. - 4:00 p.m. Call for appointment.	Deputy Peter Wright Janice Bradley
Orange	Orange County Sheriff's Office	Route 113 Chelsea, VT 05038	802-685-4875	Tues. Wed. & Thurs. 1:00 - 2:30 p.m. Call for appointment.	Dennis McClure
Orleans	Orleans County Sheriff's Office	255 Main Street Newport, VT 05855	802-334-3334	Mon. thru Fri. 8:00 - 4:30 p.m. Call for appointment.	Sheriff Lance Bowen
Rutland	Rutland City Police Dept.	108 Wales St. Rutland, VT 05702	802-773-1838	Payment by check only. Mon. 4 p.m.- 6:00 p.m. Tues. 4 p.m.- 6:00 p.m. Wed. 9 a.m.- 11:00 a.m. Thurs. 4 p.m.- 6:00 p.m. Fri. - Variable hours - filled as needed. Call for Appointment	Records Division
Washington	Washington County Sheriff's Office	10 Elm Street Montpelier, VT 05602	802-223-3001	Tues., Wed., Thurs. 9:00 a.m. - 4:00 p.m. Call for Appointment	Bruce McClure
Windham	Windham County Sheriff's Office	12 Jail Street Newfane, VT 05345	802-365-4942	Monday thru Friday 9:00 a.m. - 6:00 p.m. Call for Appointment	Sheila Prue
Windsor	Hartford Police Dept.	812 V.A. Cutoff Road White River Jct., VT 05001	802-295-9425	Tuesday thru Friday 10:00 a.m.- 4:00 p.m. Call for Appointment Cost - \$15 per card	

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

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 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.

Social security number								

or

Employer identification number								

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

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. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

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

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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 recipient 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 (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include 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 4 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 regarding 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). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

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 From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" 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.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

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 recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 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 recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7

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

²However, 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-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., 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.socialsecurity.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 and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting 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. Writing "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.