



APPLICATION PACKET



Dear _____ ,

Thank you for choosing NYLAF! Included below are some helpful tips for completing and returning the Joining NYLAF packet.

If you have any questions or would like a walkthrough of the packet, please don't hesitate to reach out to a member of the NYLAF Team.

We appreciate the initial vote of confidence and look forward to providing value to your organization for years to come.

Before returning this packet, please:

- Ensure all pages of this packet are completed, accurate and signed where indicated.
- You can scan and email the completed packet directly to the NYLAF Team. We do not require receipt of the original forms.
- When submittnng, please include:
 - ☐ **Joining NYLAF Packet**, including **Attachments A and B**.
 - For your protection, following receipt of attachments, NYLAF will call to verbally verify any bank instructions being added to your NYLAF account(s).
 - ☐ Completed **NYLAF Resolution** to join the Fund.
 - ☐ Completed **W-9 form** for your entity.

Please email all forms to the NYLAF Team at nylaf@pmanetwork.com. You will receive confirmation of receipt within 24 hours, along with the next steps.

At NYLAF, we strive to deliver an unrivaled experience of investment and client service excellence daily. Please don't hesitate to reach out if we can assist in any way.

866-996-9523, option 1 or 2 | nylaf@pmanetwork.com

www.nylaf.org

MASTER ACCOUNT APPLICATION

NEW ACCOUNT INFORMATION

1. Entity Name to Appear on Fund Records (common name): _____
2. Legal Entity Name as filed with the IRS (if different): _____
3. Entity Address: _____ County: _____
4. Entity Phone Number: _____
5. Federal Tax ID: _____
- 6a. Account Title (General, Water, etc.): _____
- 6b. Is the new account for bond proceeds? ☐ Yes ☐ No
7. Fiscal Year End (Month/Day): _____

ADDITIONAL ACCOUNT AUTHORIZATION

Additional Sub-Account (Optional)

In addition to your NYLAF Master account, multiple sub-accounts (ex. Capital Reserve, Bond Proceeds, etc.) can be added at no cost and with no minimum balance requirements. Please list below any desired sub-accounts to be established.

Sub-account Name	Bond Proceeds?	Statement Contact (if different than Primary Contact)
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Sub-account names limited to 50 characters

Additional sub-accounts can be added at any time by a fully authorized person at your entity. To add additional sub-accounts, please contact the NYLAF Team (nylaf@pmanetwork.com) to request an Additional Account Authorization form.



MASTER ACCOUNT APPLICATION

NEW PRIMARY CONTACT DESIGNATION

Primary Contact Information

Name: _____ Phone: _____

Title: _____ Email: _____

Address: _____

(Only if differs than Entity address)

The above-named Primary Contact will have the authority to:

- Access ALL NYLAF sub-accounts for the entity;
- Act as primary contact person for all NYLAF daily activity;
- Make purchases, redemptions, internal transfers, and fixed rate investments;
- Certify the Authorized Personnel at the Entity;
- Will be provided PMA GPS® access capabilities;
- Add, change, delete the bank information (ACH/Wire) NYLAF has on file for the Entity;
- Sign up for State Aid Deposits, and other programs of the NYLAF Fund; and
- Open, close, change and reactivate NYLAF account information.

NYLAF Statements and Confirmations:

The primary contact will receive email notification when electronic statements, confirmations and other communications are available via PMA GPS®.



MASTER ACCOUNT APPLICATION

ADDITIONAL AUTHORIZED CONTACT (OPTIONAL)

Additional contacts may be added to your NYLAF account with customizable authorities as described below:

Full Permissions	Limited Permissions	View-Only Permissions
Contact is given full transactional capabilities, access to PMA GPS®, and may authorize any account, personnel, or wire/ACH changes.	Contact may be given transactional permissions but will not have authority to make account, personnel, or wire/ACH changes.	PMA GPS® access to account statements and daily confirmations.

AUTHORIZED PERSONNEL INFORMATION

Participant Name: _____

Additional Authorized Contact #1

Name: _____ Phone: _____

Title: _____ Email: _____

Address: _____

(Only if differs than Entity address)

Select one of the following:

☐ Full Permissions ☐ **Limited Permissions** ☐ View-Only Permissions (PMA GPS® access)

**Limited Permissions Security:

☐ Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY):
☐ Purchases ☐ Redemptions ☐ Transfers ☐ Fixed Rate Investments

Account Authority:

☐ This authorization applies to all NYLAF sub-accounts for my entity.
☐ This authorization only applies to the following accounts: _____

System Access:

☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
 ☐ Yes, send an email notification when online statements and confirmations are available.
☐ No, access to PMA GPS® is not necessary at this time.



MASTER ACCOUNT APPLICATION

ADDITIONAL AUTHORIZED CONTACT (OPTIONAL)

Additional contacts may be added to your NYLAF account with customizable authorities as described below:

Full Permissions	Limited Permissions	View-Only Permissions
Contact is given full transactional capabilities, access to PMA GPS®, and may authorize any account, personnel, or wire/ACH changes.	Contact may be given transactional permissions but will not have authority to make account, personnel, or wire/ACH changes.	PMA GPS® access to account statements and daily confirmations.

AUTHORIZED PERSONNEL INFORMATION

Participant Name: _____

Additional Authorized Contact #2

Name: _____ Phone: _____

Title: _____ Email: _____

Address: _____

(Only if differs than Entity address)

Select one of the following:

☐ Full Permissions ☐ **Limited Permissions** ☐ View-Only Permissions (PMA GPS® access)

**Limited Permissions Security:

☐ Yes, the authorized person is authorized to move money (SELECT ALL THAT APPLY):
☐ Purchases ☐ Redemptions ☐ Transfers ☐ Fixed Rate Investments

Account Authority:

☐ This authorization applies to all NYLAF sub-accounts for my entity.
☐ This authorization only applies to the following accounts: _____

System Access:

☐ Yes, access to PMA GPS® is necessary; a username and password will be sent via email.
 ☐ Yes, send an email notification when online statements and confirmations are available.
☐ No, access to PMA GPS® is not necessary at this time.



MASTER ACCOUNT APPLICATION

CERTIFICATIONS

The Entity adopted the Resolution/ Ordinance at a duly convened meeting of the governing body of the Entity held on the _____ day of _____, _____, and that such resolution or ordinance is in full force and effect on the date of this application, and that such resolution has not been modified, amended or rescinded since its adoption. (Attach Resolution/Ordinance).

☐ It is hereby certified that the Entity has reviewed the Fund's Information Statement and Declaration of Trust (and Addenda), and agrees to be bound by the terms of such documents. The Fund's Information Statement and Declaration of Trust (and Addenda) may be found at www.NYLAF.org.

The information, authorizations, resolutions and certifications set forth in this Master Account Application shall remain in full force and effect until the Fund receives written notification of a change.

Participant Name: _____

Authorized Individual as Designated in Resolution/Ordinance:

Signature: _____

Printed Name: _____

Date: _____

PMA Authorization: _____

Compliance: _____

Date: _____

Date: _____



MASTER ACCOUNT APPLICATION

ATTACHMENT A - ADD BANK ACCOUNT INFORMATION (ACH)

NYLAF provides for next-day ACH purchases and redemptions from your NYLAF account(s) at no cost.

Please complete the information below to have preauthorized instructions added for future use.

The Entity authorizes the Fund to initiate Automated Clearing House (ACH) debits/credits to the bank account indicated below. The Entity acknowledges that the origination of the ACH transactions must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the Fund receives written notification from the Entity of its termination at least 10 business days prior to the next scheduled payment. **The Fund, the Administrator and PMA are not responsible for ACH transaction failure caused by inaccurate or incomplete information, or for any losses, damages, liabilities, costs or expenses arising out of these Instructions if properly followed.**

Section A: Fund Account Information

Participant Name: _____

☐ All Sub-Accounts: _____

☐ Limited to Sub-Account(s): _____

Section B: Bank Account Information (ACH Instructions)

☐ Checking ☐ Savings

Depository Bank Name: _____

ABA Routing Number (9 digits): _____

Beneficiary Account Number: _____

Beneficiary Account Name (22 characters max): _____

ACH Addendum (35 characters max): _____

NOTE: ACH Addendum information is **ONLY** applicable for **CREDITS** to the above bank account (not debits).

Section C: Authorization

This section must be signed by an authorized person as designated in the Master Account Application or the Primary Contact, or the Authorized Personnel Information forms. By signing this form, you hereby acknowledge that the appropriate due diligence has been performed to verify the validity of these instructions.

Signature*: _____

Date: _____

Printed Name: _____

Title: _____



MASTER ACCOUNT APPLICATION

ATTACHMENT B - ADD BANK ACCOUNT INFORMATION (WIRE)

NYLAF provides for same-day wire redemptions from your NYLAF account(s) at no cost.

Please complete the information below to have preauthorized instructions added for future use.

The Entity authorizes the Fund to initiate wire credits to the bank account indicated below. The Entity acknowledges that the origination of the wire transactions must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the Fund receives written notification from the Entity of its termination at least 10 business days prior to the next scheduled payment. **The Fund, the Administrator and PMA are not responsible for wire transaction failure caused by inaccurate or incomplete information, or for any losses, damages, liabilities, costs or expenses arising out of these Instructions if properly followed.**

Section A: Fund Account Information

Participant Name: _____

☐ All Sub-Accounts: _____

☐ Limited to Sub-Account(s): _____

Section B: Bank Account Information (Wire Instructions)

Depository Bank Name: _____

ABA Routing Number (9 digits): _____

Beneficiary Account Number: _____

Beneficiary Account Name (22 characters max): _____

For Further Credit Information (if applicable): _____

Intermediary Bank Information (if applicable):

Intermediary Bank Name: _____

ABA Routing Number (9 digits): _____

Intermediary Account Number: _____

Section C: Authorization

This section must be signed by an authorized person as designated in the Master Account Application or the Primary Contact, or the Authorized Personnel Information forms. By signing this form, you hereby acknowledge that the appropriate due diligence has been performed to verify the validity of these instructions.

Signature*: _____

Date: _____

Printed Name: _____

Title: _____



INSTRUCTIONS for New Participants

- Please fill in the highlighted information on pages 1-3.
- Pages 1 and 3 are to be completed by the Participant's official record-keeping officer. As an alternative to completing Pages 1 and 3, a certified copy of the minutes of the meeting of the Participant may be provided.
- Page 2 contains resolutions to be presented to the Participant's governing body for approval.

If you have any questions concerning the completion of these documents, please contact PMA Lancaster at: 866-996-9523 | Option 2.



[TO BE COMPLETED BY THE PARTICIPANT'S OFFICIAL RECORD-KEEPING OFFICER]

EXTRACTS FROM MINUTES OF MEETING OF
THE _____ ("GOVERNING BODY")

OF _____ ("PARTICIPANT")

(Municipal Cooperation Agreement and Related Documents)

A _____ meeting of the Governing Body (the "Finance Board") of the Participant was held at _____, New York, on _____ at _____, at which meeting a quorum was at all times present and acting. There were:

PRESENT:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ABSENT:

_____	_____	_____
_____	_____	_____

ALSO PRESENT:

_____	_____	_____
_____	_____	_____

_____ moved the adoption of the following resolution. The motion was seconded by _____. The Finance Board was polled. The motion was adopted by a vote of _____ affirmative votes (being at least a majority of the entire voting strength of the Finance Board) and _____ negative votes and _____ absent votes.



[TO BE PRESENTED TO THE PARTICIPANT'S GOVERNING BODY FOR APPROVAL]

Resolution of the _____ (“Governing Body”) of the _____ (“Participant”), authorizing the execution and delivery of an amended and restated Municipal Cooperation Agreement and related documents by and among the several municipal corporations, school district, fire districts and/or boards of cooperative educational services to provide for the cooperative temporary investment of public funds.

WHEREAS, the Participant, pursuant to the provisions of the General Municipal Law and its investment policy, after due investigation, evaluation and deliberation, has determined that it is in the best interest of the Participant to invest a portion of its public funds on a cooperative basis pursuant to the terms of a Municipal Cooperation Agreement dated as of April 29, 2016 (the “Agreement”) among the Red Hook Central School District, as Lead Agent, and various other municipal corporations, under the trade name “New York Liquid Asset Fund” (“NYLAF”);

NOW, THEREFORE, be it resolved by the Governing Body (the “Finance Board”) of the Participant, located in _____ County, State of New York, as follows:

Section 1. The terms, conditions and provisions of the Agreement attached hereto are hereby approved. The _____ (the “Chief Fiscal Officer”) of the Participant is hereby authorized to execute and deliver the Agreement, and the Chief Fiscal Officer is hereby authorized to affix the seal of the Participant thereto and attest such seal. The Chief Fiscal Officer is hereby authorized to from time to time effect and consent to such changes to the Agreement in the form attached hereto as may be necessary or convenient in order to further carry out the purposes of the Agreement or to clarify or correct the terms thereof. The Chief Fiscal Officer is hereby authorized to delegate the foregoing duties to his or her designees as authorized by the Law (as that term is defined in the Agreement), which designee is an authorized employee officer of the Participant. Upon the execution in full and delivery of the Agreement, the Participant shall become a Participant, as that term is defined in the Agreement.

Section 2. Notwithstanding any term or provision of the Agreement to the contrary, the Participant may withdraw from the Agreement at any time upon thirty (30) days written notice to the Governing Board of NYLAF by the Chief Fiscal Officer and thereafter the Participant shall cease to have any rights or obligations under the Agreement.

Section 3. This resolution shall be effective immediately upon its due adoption by the Finance Board.



[TO BE COMPLETED BY THE PARTICIPANT'S OFFICIAL RECORD-KEEPING OFFICER]

I, _____,
of the _____ ("Participant"), HEREBY CERTIFY as follows:

1. I have compared the attached extract with the minutes of the meeting of the Participant held on _____ and such extract is a true and correct copy of such minutes and of the whole thereof insofar as such minutes relate to matters referred to in such extract.

2. Such minutes correctly state the time when such meeting was convened and the place where such meeting was held and the members of the Finance Board of the Participant who attended such meeting.

3. Notice of such meeting was given as prescribed by law and such meeting was open to all persons who were entitled by law to attend such meeting.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Participant this ____ day of _____, ____.

(SEAL)

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 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.

Social security number									
				-				-	
or									
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 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.

By signing the filled-out form, you:

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. See *What is FATCA reporting*, later, for further information.

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.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 "Business name/disregarded entity" 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*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.