

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	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.

Social security number									
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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. 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

2025-2026 ELC Teacher Stipend Applicant Attestation Form

This form must be completed by the applicant to confirm eligibility and provide employment details.

Applicant Information:

Full Name: _____
Workforce Registry Number: _____
Email Address (Registered with the Workforce Registry): _____
Work Email: _____
Home Phone: _____ Work Phone: _____
Home Address (as listed on your W-9 and where your stipend check will be mailed):

Address	Building/Apartment #	City	State	ZIP Code
(Please include building numbers, apartment numbers, and PO Box numbers if applicable)				

Employer Information:

Agency/Employer Name: _____
License Number (if available) _____
Site Name (if applicable): _____
Classroom Name (if applicable): _____
HR/Site Supervisor Name: _____
HR/Site Supervisor Email: _____
HR/Site Supervisor Phone Number: _____
Job Title: _____ Start Date: _____
Worksite Address: _____
Average Hours Worked Per Week: _____

Eligibility Confirmation:

Please confirm that you meet all eligibility criteria by initialing each line:

***REQUIRED** [] I am at least 18 years old and have a Social Security Number OR Tax ID Number.

***REQUIRED** [] I work / will work in the field of Early Learning and Care in San Mateo County for at least six (6) months between **07/01/2025 – 06/10/2026** in one of these approved settings (**Please select one**):

- [] California State Preschool
- [] Licensed Child Care center
- [] Licensed Preschool
- [] Licensed After School Program
- [] Licensed Family Child Care home
- [] Quality Counts San Mateo Participating Program
- [] Child Care receiving payment through 4Cs voucher
- [] A Nanny or paid Family/Friend/Neighbor caregiver
- [] Transitional Kindergarten or Kindergarten classroom (TK/K)

***REQUIRED** [] I work / will work a minimum of 15 hours per week directly with a group of children 12 years or younger in a compensated position in one of the approved settings listed above.

- “Work” must be in a position receiving compensation.
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Attestation:

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from receiving stipend funds.

Signature: _____ Date: _____

****Please use the Fill and Sign" or "Pencil" Tool to draw your signature in the space above****