

W-9 表

W-9 表是要求的表格：每年需填写，不接受之前的 W-9 表。

注：我们不是税务专业人士，不能向您提供如何填写这张表的建议。这一节的目的是展示您的 W-9 表的哪些栏目必须填写，才会被视为完整并接受用于申请津贴，同时说明填写表格遇到的常见问题。如果您填写这张表遇到问题，请咨询税务专业人士。

您的 W-9 表要被视作填写完整，并接受用于申请津贴，须：

填写所有 **REQUIRED FIELDS** 必填项：

- **1 - Name 姓名：** 您的法定姓名。（这是您申请税收返还使用的同一个姓名，也将是在您的津贴支票上使用的姓名）

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

- **2 - Business Name 业务名称**（这不是您的雇主）

- 如果您是 FCC/FFN/LLC 的所有者，并且您的税务专业人士建议您把您的津贴支票开具给您的业务，并且您希望您的津贴支票使用您的业务名称开具，才使用这一栏。

2 Business name/disregarded entity name, if different from above

- **3 - Federal Tax Classification Checkbox 勾选联邦税分类**（请选择一项）

- 过去，因为这是一项个人津贴，大多数申请者选择了 **Individual/sole proprietor or single-member LLC 个人/个人拥有者或一人 LLC**。如果您不确定哪个选项对您适用，请咨询税务专业人士。

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.

Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate

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.

Other (see instructions) ►

○ 5 - Address 地址（号码、街道、公寓或套房号）

- 请一定**包括您的完整地址**，这包括您的：**街道地址、公寓、大楼、套房或房屋号码（如果适用）**。我们会对照您的地址与邮寄记录，确保填写完整。
- 如果 W-9 表和申请缺少地址细节，比如 **Road、Street、Court、Circle、Avenue** 等，将视为**不完整**。
- 请注意，缺少公寓、大楼、套房或房屋号码，可能导致您的支票被送到错误的地址，取消和重新开具支票估计最少需要 3 到 4 个星期。

5 Address (number, street, and apt. or suite no.) See instructions.
--

○ 6 - CITY, State, and ZIP Code 城市、州和邮编

- 如果 W-9 表和申请缺少 **CITY, STATE or ZIP CODE**（**市、州、邮编**），将视为**不完整**。请包括您的地址的各方面细节。

6 City, state, and ZIP code

○ Part I Tax Identification Number (TIN) 税务识别号（社会保障号，或者雇主识别号）

- 请包括您完整的社会保障号
- 或者 雇主识别号：如果您是 FCC/FFN/LLC 的所有者，并且您的税务专业人士建议您把您的津贴支票开具给您的业务，并且您希望您的津贴支票使用您的业务名称开具，才使用这一栏。
- 只有在您是雇主时，**才**填写雇主税务识别号。
- 表上只能填写社会保障号或者雇主识别号中的一个，绝不能两个都填写。

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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> <p>or</p> <table border="1"><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Social security number													-					Employer identification number																	
Social security number																																					
				-																																	
Employer identification number																																					

○ **Part II CERTIFICATION**（证明、签字、签字日期）

- 在验证表格正确和完整后，请在表格上**签字并填写签字日期**。**缺少签字或签字日期的表格，将视为不完整，不予接受。**
- 只有在 W-9 表上填写了所有细节、签字、填写签字日期，并上传到 [California Early Care and Education Workforce Registry 加利福尼亚早期照护与教育工作者队伍登记簿](#)后，申请才算完整，可以接受。
- 日期必须包括当前的月、日、年，才予以接受。**缺少月、日或年的不完整日期，将视为不完整，不予接受。**

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 ▶

重要：

所有申请者必须在 **2024 年 12 月 18 日或之前**填写新的 W-9 表，并上传到 [California Early Care and Education Workforce Registry 加利福尼亚儿童早期照护与教育工作者队伍登记簿](#)。缺少 W-9 表的所有申请，将视为不完整，将被拒绝。

如果在 **2024 年 7 月 1 日到 2025 年 6 月 11 日**之间您的地址改变了，您必须通过 ECLstipend@smcoe.org 通知我们，并填写新的 W-9 表，填上您的新地址和各个细节，并把 W-9 表上传到 [California Early Care and Education Workforce Registry](#)。您在工作人员队伍登记簿的个人页面也修改您的地址很重要。不过，修改这些细节不会提醒我们，也不会改变您的津贴支票将寄往的地址。津贴只会寄往我们存档的您的 W-9 表上列出的地址。

如果您对填写 W-9 表还有更多疑问，请参考包括填写说明的 [W-9 form 表](#)（1-6 页）、[国税局网站上的视频](#)，或者预约您的税务专业人士面谈。