

## MEMBERSHIP NUMBER (CU Use Only)

Complete and sign this application and return with initial deposit to any NJFCU branch or mail to North Jersey Federal, 711 Union Blvd., Totowa, N.J. 07512. For required documentation, call our Member Service Department at 888-78-NJFCU or visit any branch.

### STEP 1 – BUSINESS TYPE

### How did you hear about NJFCU?

(I am) (We are) applying for the following type of Commercial Membership (check one):

- ☐ Sole Proprietorship
 ☐ Limited Liability Company
 ☐ Partnership GP LP (circle one)
 ☐ Corporation  
☐ Unincorporated Association/Organization
 ☐ Club (Social/Recreational)
 ☐ Estate
 ☐ Trust

**NOTE:** ALL owners/partners/stockholders/principals/executors/trustees must be established NJFCU Members. If not, then the business must apply to become a Select Employee Group (SEG) or the executors/trustees must become members at the time of this application.

### STEP 2 – CHOOSE ACCOUNT TYPE

Indicate your initial deposit amount (s) and payment source: ☐ Cash ☐ Check ☐ Wire or ☐ Transfer from Member #: \_\_\_\_\_  
☐ Savings (Required) - \$50 min ☐ Initial Deposit: \$ \_\_\_\_\_ ☐ Checking - \$0 min ☐ Initial Deposit: \$ \_\_\_\_\_

### STEP 3 – BUSINESS/ESTATE/TRUST INFORMATION

Name of Business (incl. Corp., Inc., LLC, etc.) Estate, Trust		Corporate Doing Business As (DBA) Name, when applicable		Employer Identification Number		Business Phone Number	
Business Address: Street			City	State	Zip Code		
Mailing Street Address (if different) (No P.O. Boxes)			City	State	Zip Code		

### STEP 4 – OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION (Circle one)

Name	Title	Percentage of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street		City	State	Zip Code	
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

### STEP 4A – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street		City	State	Zip Code	
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

### STEP 4B – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street		City	State	Zip Code	
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

### STEP 4C – ADDITIONAL OWNER / OFFICER / AUTHORIZED SIGNER / EXECUTOR / TRUSTEE INFORMATION

Name	Title	If business, % of Ownership _____ % (enter 0, if zero)	Social Security Number	Existing Member Number	Date of Birth
Home Address: Street		City	State	Zip Code	
Home Phone Number	Work Phone Number	Mobile Phone Number	Email Address	Driver's License Number (including State)	

### STEP 5 – Agreement

By signing below, the legal entity referenced above (You) certifies that all of the information contained in this Application is accurate to the best of your knowledge. You acknowledge receipt of and agree to the terms and conditions of this Business Membership Application & Deposit Agreement, NJFCU's Truth-in-Savings Rate & Fee Schedule, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure (where applicable) and to any amendment NJFCU makes, which are incorporated herein. You agree to be bound to the terms and conditions of any account or service that you have with NJFCU now or in the future and agree that NJFCU may change those terms and conditions from time to time. In considering your request for any service, you authorize any person, association, corporation, firm, or personnel office to provide information concerning your affairs upon request of NJFCU, including the obtaining of credit reports. NJFCU may close your account(s) if you fail to comply with any state or federal law or regulation.

# NJFCU Business Membership Application and Deposit Agreement

**MEMBERSHIP NUMBER** *(CU Use Only)*

## STEP 5 – Agreement continued

**Notice-Statutory Lien (Right of Set Off)** Under NJFCU Bylaws and the Federal Credit Union Act (12USC Section 1757 (11)), NJFCU has the right to impress and enforce a statutory lien against your shares and dividends in the event of your failure to satisfy a financial obligation to us. We may enforce that right by applying the balance of shares and dividends in the event of your failure to satisfy a financial obligation to us. We may enforce that right by applying the balance of Shares and dividends in your account(s) at the time of that default in order to satisfy your obligation. We may exercise this right without further notice to you. However, shares that you have in any account that would lose special tax treatment under any law, if subject to this lien, are excluded from this provision.

**Taxpayer Identification Number and backup withholding certification** Under penalties of perjury you certify that: (1) The number shown on this form is your correct Taxpayer Identification Number, (2) you are not subject to backup withholding because: (A) you are exempt from backup withholding, or (B) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified you that you are no longer subject to backup withholding, and (3) you are a U.S. Person (including a U.S. Resident Alien). Instructions - 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. Cross out item 3 and complete a W-8BEN if you are not a U.S. person.

## Account Signature Cards

**North Jersey Federal Credit Union is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or transaction of business for this/these account(s):**

<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market   Account Type _____	<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market   Account Type _____
<b>Owner/Officer/Authorized Signer</b> <i>(First, Middle, Last)</i>	<b>Owner/Officer/Authorized Signer</b> <i>(First, Middle, Last)</i>
<b>X Signature</b> <b>Date</b>	<b>X Signature</b> <b>Date</b>
ID ✓	ID ✓
<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market   Account Type _____	<input type="checkbox"/> Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market   Account Type _____
<b>Owner/Officer/Authorized Signer</b> <i>(First, Middle, Last)</i>	<b>Owner/Officer/Authorized Signer</b> <i>(First, Middle, Last)</i>
<b>X Signature</b> <b>Date</b>	<b>X Signature</b> <b>Date</b>
ID ✓	ID ✓

## STEP 6 – BUSINESS PROFILE WORKSHEET

ALL FIELDS IN STEP 6 ARE REQUIRED UNDER FEDERAL REGULATION FOR ALL BUSINESS MEMBERSHIPS (Excl. Estates and Trusts)

**Nature of business:** (must be specific, i.e. computer sales, restaurant)

**Describe:** \_\_\_\_\_ **NAICS Code:** \_\_\_\_\_

Types of transactions and amounts typically made (check all that apply):

**MONTHLY DEPOSITS:**      Type: ☐ Cash      ☐ Checks      ☐ Electronic ACH      ☐ Wire Transfers      ☐ Other  
 Approximate monthly \$ volume: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**MONTHLY WITHDRAWALS:**      Type: ☐ Cash      ☐ Checks      ☐ Electronic ACH      ☐ Wire Transfers      ☐ Other  
 Approximate monthly \$ volume: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**If you engage in wire transfers to/from customers/clients:**      ☐ Foreign      ☐ Domestic  
 Give approximate dollar amount per month:      \$ \_\_\_\_\_ \$ \_\_\_\_\_

List all countries you typically transfer money to and from:

**COUNTRIES TO:** \_\_\_\_\_ **COUNTRIES FROM:** \_\_\_\_\_

Do you / will you cash checks for your customers/clients?  
☐ YES\*   ☐ NO   \*If YES give approximate daily dollar amount cashed per person: \$ \_\_\_\_\_

Do you / will **you perform** ACH transaction for your customers/clients?  
☐ YES\*   ☐ NO   \*If YES give approximate daily dollar amount per person: \$ \_\_\_\_\_

Do you / will **you sell money orders**, MoneyGrams, etc. to your customers/clients?  
☐ YES\*   ☐ NO   \*If YES give approximate daily dollar amount sold per person: \$ \_\_\_\_\_

Do you / will **you sell** stored value cards (gift cards) to your customers/clients?  
☐ YES\*   ☐ NO   \*If YES give approximate daily dollar amount sold: \$ \_\_\_\_\_

Do you **have an** Automated Teller Machine (ATM) onsite?  
☐ YES\*   ☐ NO   \*If YES who owns the machine?: \_\_\_\_\_ Who performs daily settlement of the machine? \_\_\_\_\_

Do you / will **you engage** in any forms of internet gambling?  
☐ YES\*   ☐ NO   \*NOTE: Federal law requires NJFCU to block the processing of restricted transactions of any business engaged in Internet gambling.

## **RESOLUTION FOR DEPOSITORY AUTHORIZATION**

Membership Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Non-Profit ☐

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company (LLC)         | <input type="checkbox"/> Partnership                  |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Unincorporated Association/Organization | <input type="checkbox"/> Club, Social or Recreational |

I/We, \_\_\_\_\_  
PRINT NAME(S)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor/s   | <input type="checkbox"/> Limited Liability Company Manager/s | <input type="checkbox"/> Partner/s        |
| <input type="checkbox"/> Corporate Secretary | <input type="checkbox"/> Authorized Officer/s                | <input type="checkbox"/> Club Principal/s |

of the above-entitled organization hereby certify to North Jersey Federal Credit Union, 711 Union Boulevard, Totowa, New Jersey 07512, that the following Resolution was duly adopted by the above-indicated organization on \_\_\_\_\_, 20\_\_ and is now in full force and effect:

### **“RESOLVED:**

1. That North Jersey Federal Credit Union (hereinafter, “the Credit Union”) be and hereby is designated as a depository of this organization, and any one or more of the individuals listed herein, are hereby authorized to open a bank account or accounts from time to time with the Credit Union for and in the name of this organization with such title or titles as he or they may designate.

2. That the individual or individuals listed herein, signing singly, is (are) hereby authorized to sign checks, drafts, notes, acceptances, and other instruments, and orders for the payment or withdrawal of monies, credits items and property at any time held by the Credit Union for the account of this organization, and the Credit Union is hereby authorized to honor any or all thereof, including such as may create an overdraft or increase existing overdrafts, and such as may be payable to or for the benefit of any signer here or other officer or employee individually, without inquiry as to the circumstances of the issue or the disposition of the proceeds thereof and without limit as to amount. This organization agrees to indemnify and save the Credit Union harmless from any losses, costs, damages, expenses or claims against the Credit Union incurred by reason of the use or misuse of any of the individuals listed herein by the authority herein given.

3. That the Credit Union is hereby authorized to accept for deposit for the account of this organization for credit or for collection or otherwise, any or all checks, drafts, notes and other instruments of every kind endorsed by any person or by hand stamp impression in the name of this organization or without endorsement.

4. That the Credit Union be and it hereby is authorized and directed to honor as genuine and authorized as instruments of this organization any and all checks, drafts, or other orders for the payment of money drawn in the name of this organization and signed on its behalf with the facsimile signature of any individual or individuals listed herein. The individual listed above is authorized to certify to the Credit Union, by specimen, the form or form of facsimile signatures unauthorized by the organization for use by said person or persons, and this organization assumes full responsibility for any and all payments made by said Bank in reliance upon the facsimile signature of any person or persons named herein and agrees to indemnify and hold harmless the Credit Union against any and all loss, cost, damage or expense suffered or incurred by the Credit Union arising out of misuse or unlawful or unauthorized use by any person of such facsimile signature or signatures.

5. That the individual or individuals listed herein are hereby authorized to act for this organization in all matters and transaction relating to any of its business with the Credit Union.

6. That each of the foregoing resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification shall be received by the Credit Union, and certify to the Credit Union the foregoing resolutions, the names of the representatives of this organization, any changes from time to time in the said representatives and specimens of their respective signatures and facsimile signatures; and that the Credit Union may conclusively assume that persons at any time certified to it to be representatives of this organization continue as such until receipt by the Credit Union of written notice to the contrary."

I FURTHER CERTIFY that the individuals listed below are current representatives of said organization and the positions respectively held by them are as follows:

_____ PRINT Name of Owner/Officer/Authorized Signer	_____ Title	X _____ Signature
_____ PRINT Name of Owner/Officer/Authorized Signer	_____ Title	X _____ Signature
_____ PRINT Name of Owner/Officer/Authorized Signer	_____ Title	X _____ Signature
_____ PRINT Name of Owner/Officer/Authorized Signer	_____ Title	X _____ Signature

**Signature(s) below must be witnessed and sealed by a Notary Public before returning this form to the Credit Union.**

- SEAL -	<p>In witness thereof, I have hereunto set my hand          And seal this ____ day of _____, 20__.</p> <p>Signed, sealed and delivered in the presence of</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;">           X _____            Notary Public            My Commission Expires: _____         </td> <td style="width: 50%; vertical-align: bottom;">           X _____            Owner/Partner/Principal/Officer (from Pg. 1)    Date         </td> </tr> </table>	X _____ Notary Public My Commission Expires: _____	X _____ Owner/Partner/Principal/Officer (from Pg. 1)    Date
X _____ Notary Public My Commission Expires: _____	X _____ Owner/Partner/Principal/Officer (from Pg. 1)    Date		

- SEAL -	<p>In witness thereof, I have hereunto set my hand          And seal this ____ day of _____, 20__.</p> <p>Signed, sealed and delivered in the presence of</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;">           X _____            Notary Public            My Commission Expires: _____         </td> <td style="width: 50%; vertical-align: bottom;">           X _____            Owner/Partner/Principal/Officer (from Pg. 1)    Date         </td> </tr> </table>	X _____ Notary Public My Commission Expires: _____	X _____ Owner/Partner/Principal/Officer (from Pg. 1)    Date
X _____ Notary Public My Commission Expires: _____	X _____ Owner/Partner/Principal/Officer (from Pg. 1)    Date		

## Business Membership Application Addendum

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### STEP 7 - MEMBERS CONDUCTING BUSINESS/COMMERCIAL ACTIVITIES (Excl. Estates and Trusts)

The undersigned acknowledges that the disclosures and notices received from this credit union to comply with laws and regulations for consumer accounts and services shall not apply to any account or service provided by this credit union when used by the member for any purpose other than a consumer purpose to the extent such a limitation is consistent with applicable law and regulation.

#### REG GG COMPLIANCE CERTIFICATION

In compliance with Federal legislation and Regulation GG, 12 CFR 233, the undersigned, an authorized representative, on behalf of the business member, hereby agrees that the credit union relationship, accounts and services, including the processing, receipt or origination of payments or credits, will not be used for any purpose contrary to law and particularly to include any unlawful internet gambling business in which a commercial customer places, receives, or otherwise knowingly transmits a bet or wager by any means which involves the use, at least in part, of the Internet where such bet or wager is unlawful under any applicable Federal or State law in the State or Tribal lands in which the bet or wager is initiated, received, or otherwise made.

**Business Member Name** \_\_\_\_\_

**Owner/Officer/Authorized Signer** (PRINT NAME) \_\_\_\_\_

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

#### For Credit Union Use Only

Membership Eligibility: ☐ Community Charter ☐ Underserved ☐ SEG/Business Dev ☐ Other \_\_\_\_\_

Opened By: \_\_\_\_\_ Br #: \_\_\_\_\_

ID Verified: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ MidAtlantic ☐ ChexSystems ☐ ConfirmIt

Pages signed, verified and scanned into the account opening records:

**W-9**

**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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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. citizen or other U.S. person (defined below).

**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 ▶

**General Instructions**

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

**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.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

**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 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 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 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. 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, 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 3 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 for 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).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**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 Payee

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

The following payees are exempt from backup withholding:

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 payees listed above, 1 through 15.

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

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, 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-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), 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 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.ssa.gov](http://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](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://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.** Entering "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.

## 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 items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> 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* on page 1.

**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, social security number (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.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system 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](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) 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 who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.