

Form W-9
Request for Taxpayer Identification Number and Certification
Give Form to the requester. Do not send to the IRS.

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

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

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.

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3). Exempt payee code (if any) **4**

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6 City, state, and ZIP code **5a** **5b**

7 List account number(s) here (optional) **6**

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.

7a Social security number

7b 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.

Sign Here Signature of U.S. person **8a** Date **8b**

General Instructions
Section references are to the Internal Revenue Code unless otherwise indicated.

可填写的 W-9 表格可在此处找到: [英文版 W-9](#)

劳动力倡议团队无法提供任何税务建议。如果你需要税务建议, 请咨询独立税务顾问或访问[我们的资源列表](#)。

劳动力倡议团队联系方式: 电邮 ECSEStipend@sfgov.org 语音留言电话: 1-628-652-3005

SEEPD W-9 资讯

- 您必须提交填写完整并签名的 W-9 表格。
- 确保表格上的姓名和地址与您的纳税记录和登记处账户中的信息一致。
- 确保填写了 W-9 表格上的所有必填项。
- 如果儿童委员会联系您询问有关 W-9 的问题, 您必须在 3 周内做出答复。如果不回复, 可能会导致您失去津贴。

如何填写 W-9 税务表

空格 1 请填写所得税申报表上的法定全名。

空格 2 如果您是以商业名义申报, 请填写此空格, 否则留空。

空格 3 在本部分勾选一个方框。

空格 4 请勿填写此部分。

空格 5a & 5b 请使用所得税申报表上显示的地址填写此空格, 如果您希望使用其他邮寄地址, 请通知劳动力团队。

空格 6 请勿填写此部分。

空格 7a 输入您的社会安全号码。

或

空格 7b 雇主识别号码。

空格 8a & 8b 请以下列选项之一的方式在表格上签名并注明日期:

- 打印、签名并上传到“我的文档”
- 使用 DocuSign 软件签署 W-9 表格。