Form (Rev. Octo	N-9 ober 2018)	1		Request for tion Numbe	Taxpayer or and Certifi	catio	on		reque	Form to	o no
Departmen	nt of the Treasury	<b>►</b> G.	to unus iro ao	/FormW0 for instr	uctions and the late	et infor	mation		send	to the	IRS.
					not leave this line blank.	St IIIIOI	mauon.				
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2	Business name/disregarded entity name, if different from above										
	2										
page	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one following seven boxes.							the 4 Exemptions (codes apply only t certain entities, not individuals; se instructions on page 3):			
8	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ single-member LLC						ust/estate	Exempt pa	Exempt payee code (if any)		
tio t	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶										
Print or type. See Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not LLG if the LLG is classified as single-member as single-member to the another LLC that is disregarded from the owner unless the owner of the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member is disregarded from the owner should check the appropriate box for the tax classification of its owner.						the LLC is	code (if any)			
citi	Other (see instructions) >							(Applies to acc	ccounts maintained outside the U.S.		
dS 5	5 Address (number, street, and apt. or suite no.) See instructions.						ster's name ar	nd address	(optiona	ıl)	
ee											
6	City, state, and Zli	P code 5b				1					
7	7 List account number(s) here (optional)										
Part I		er Identificat		<del></del>		-14	Coolel coo	wite numb			
	er your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a ckup withholding. For individuals, this is generally your social security number (SSN). However,						Social security number				
resident alien, sole proprietor, or disregarded entity, see the instruction entities, it is your employer identification number (EIN). If you do not ha					art I, later. For other		-	-			
,	TIN, later.				or						
Note: If the account is in more than one name, see the instructions to with the Requester for guidelines on whose number to expense.				nter			Employer identification number				
				and to onto:		7b	-				
Part I											
	enalties of perjun										
2. I am n Servic	not subject to bac	kup withholding subject to backu	because: (a) I ar p withholding as	n exempt from back	er (or I am waiting for kup withholding, or (b to report all interest	) I have	not been no	tified by	the Inte		
1	U.S. citizen or o	ther U.S. person	(defined below);	and							
s. i am a	ATCA code(s) en	tered on this forn	n (if any) indicati	ng that I am exempt	from FATCA reportir	ng is cor	rrect.				
	1110110000(0) 011					all are ci				holding I	hana
4. The FA Certifica you have acquisition	ation instructions failed to report all on or abandonmer	Il interest and divident of secured prop	dends on your ta- erty, cancellation	of debt, contribution	ified by the IRS that you te transactions, item 2 ns to an individual retin t you must provide you	does nement a	rrangement	(IRA), and	general	ly, paym	ents
4. The FA Certifica you have acquisition	ation instructions failed to report all on or abandonmer	Il interest and divident of secured prop	dends on your ta- erty, cancellation	return. For real esta of debt, contribution	ate transactions, item 2 ns to an individual retir t you must provide you	does nement a	rrangement	(IRA), and	general	ly, paym	ents
4. The FA Certifica you have acquisition other that Sign Here	ation instructions of failed to report all on or abandonment in interest and divi	Il interest and divident of secured propidends, you are no	dends on your ta- erty, cancellation	return. For real esta of debt, contribution	ate transactions, item 2 ns to an individual retir t you must provide you	does not doe	errangement ct TIN. See ti	(IRA), and ne instruct	general tions for	lly, paym Part II, la	ents ater.

The fillable W-9 form can be found here: W-9 in English

The Workforce Team is not able to provide any Tax advice. If you require any advice, please refer to an independent tax advisor or <u>visit our list of resources</u>.

## **SEEPD W-9 Information**

- You are required to submit a completed and signed W-9 form.
- Make sure the name and address on the form match both your tax records and the information in your Registry account.
- Make sure all required field on the W-9 are filled out.
- If Children's Council contacts you with questions about your W-9, you
  must respond within one week. Failure to respond may result in loss of
  your stipend.

## How to complete the W-9 Tax Form

Field 1 Insert your full legal name as shown on your income tax return form.

Field 2 Complete this field if you are filing as a business, otherwise leave blank.

Field 3 Check one box in this section.

Field 4 Do not complete this section.

Field 5a &5b Complete this field with the address shown on your income tax return, if you have a preferred mailing address, please notify the Workforce team.

Field 6 Do not complete this section.

Field 7a Insert your social security number.

OR

Field 7b Employer Identification Number.

Field 8a & 8b Please sign and date the form with one of the following options:

- Print, SIGN and upload to My Documents.
- Sign the W-9 form using Docusign software.

The Workforce Team Contact Information: Email ECEStipend@sfgov.org Phone: 1-628-652-3005