

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

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

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

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

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) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

7a Social security number

or

7b Employer identification number

Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ **8a**

Date ▶ **8b**

General Instructions

Section references are to the Internal Revenue Code unless otherwise

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross

W-9 Information

Please read the guidance below carefully

- You are required to submit a W-9 form only if you are a new applicant (meaning you have NEVER received a CARES stipend in the past) or if any of the information in your previous W-9 form has changed (Ex: Change of your name, address, or tax information has changed).
- If you received a stipend from any previous round and there are no updates to your W-9 information, then you DO NOT have to upload a new W-9.

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 CARES 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 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 [visit our list of resources](#).

Workforce Team Contact Information: Email- ECCEstipend@sfgov.org