



Sacramento County
California Transitional Kindergarten
Stipend Program (CTKS)

PROGRAM
REIMBURSEMENT
INFORMATION AND
APPLICATION PACKET

2016-2019

Sacramento County Local Child Care & Development Planning Council
P.O. Box 269003 • Sacramento, CA 95826 • Phone: (916) 228-2556 • Fax: (916) 228-2566
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California Transitional Kindergarten Stipend (CTKS) Program

Administered by the Sacramento Local Child Care and Development Planning Council (LPC)

CTKS Program Reimbursement Information

Eligibility and Requirements

Legislation:

California law (SB 876) added additional requirements for transitional kindergarten (TK) teachers. Pursuant to Education Code 48000(g), a school district or charter school shall ensure that credentialed teachers who are first assigned to a TK classroom after July 1, 2015, have, by August 1, 2020, one of the following:

- At least 24 units in early childhood education, or childhood development, or both.
- As determined by the local education agency (LEA) employing the teacher, professional experience in a classroom setting with preschool age children that is comparable to the 24 units of education described in bullet 1.
- A child development teacher permit issued by the California Commission on Teacher Credentialing (CTC).

Any current credentialed teacher who is or was assigned to teach TK, or a combination class of kindergarten and TK, before July 1, 2015, is "grandfathered in" to teach TK without having to meet additional requirements. Any credentialed teacher assigned to teach TK, or a combination class of kindergarten and TK, after July 1, 2015, will have until August 1, 2020, to meet the above-mentioned education requirements. For more information, visit – www.cde.ca.gov/ci/gs/em/kinderfaq.asp#newtkrequire

Funds

Funds have been allocated for the purpose of reimbursing costs related to attaining units and professional development in early childhood education and child development. Funds will be disbursed quarterly to eligible applicants, with first priority funding going to Transitional Kindergarten teacher applicants and then, only if funds are available, second priority California State Preschool Program (CSPP) applicants will be funded.

Priority 1: All current TK teachers, who are currently employed at a school district in Sacramento County and are appropriately credentialed.

Priority 2: California State Preschool Program (CSPP) paid teaching staff who are currently working with children in a CSPP funded classroom in Sacramento County.

Eligibility Requirements:

- At the time of CTKS application, TK teachers must be assigned to teach in a TK classroom, or a combination class of kindergarten and TK, and hold a valid teaching credential that authorizes teaching in a TK classroom.
- CSPP teaching staff must be teaching in a California State Preschool classroom, working directly with children.
- Substitute teachers are not eligible.
- For CSPP teachers who are applying to both CTKS and AB 212 stipend programs, ECE/CD units used to fulfill AB 212 program requirements cannot be used to fulfill the CTKS program requirements.



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Expenses Eligible for CTKS Reimbursement:

For ECE/CD College Coursework from an accredited institution

- Enrollment or registration fee
- Tuition for ECE/CD units earned with a grade of "C" or better
- Required textbook(s) for ECE/CD class(es)
- Official transcripts (sealed) from college or university showing earned ECE/CD units

For ECE/CD Continuing Education Units (CEUs) from an accredited institution

- Registration fee
- Required textbook(s)
- Official transcripts (sealed) from college or university showing earned ECE/CD CEUs

Reimbursable costs must be incurred between **July 1, 2014 and March 9, 2019**.

Teachers may receive a **maximum of \$6000** over the lifetime of the CTKS grant (January 1, 2015 – March 31, 2019).

Required Documentation:

- Completed CTKS application packet
- Copy of teaching credential or Child Development Permit
- Official transcripts (sealed) showing eligible ECE/CD college coursework or continuing education units.
- Original receipts for eligible expenses, e.g., registration costs, tuition, fees, books, and transcripts.

CTKS application packet due dates:

March 15, 2017

June 15, 2017

September 15, 2017

December 15, 2017

March 15, 2018

June 15, 2018

September 14, 2018

December 14, 2018

March 8, 2019 (application packets received after this date are not eligible for reimbursement)

CTKS application packets must be submitted after successful course completion and received by one of the due dates in order to be considered for reimbursement. Reimbursement dispersals are conducted after documentation review.



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**Local institutions of higher education that offer
CTKS eligible ECE/CD coursework**

College/University	Web Site	Contact Number
American River College	http://www.arc.losrios.edu	(916) 484-8011
Cosumnes River College	https://www.crc.losrios.edu	(916) 691-7344
Folsom Lake College	http://www.flc.losrios.edu	(916) 608-6500
Sacramento City College	http://www.scc.losrios.edu	(916) 558-2111
Sierra College	http://www.sierracollege.edu	(916) 624-3333
California State University, Sacramento	http://www.csus.edu	(916) 278-6011
University of California, Davis	http://ucdavis.edu	(530) 752-1011
Brandman University	https://www.brandman.edu	(800) 746-0082
National University	http://www.nu.edu	(800) 628-8648
University of Phoenix	http://www.phoenix.edu	(866) 766-0766
Teachers College of San Joaquin	http://www.teacherscollegesj.edu/	(209) 468-4926

Note that the above list is not exhaustive. ECE/CD coursework eligible for CTKS reimbursement can be taken at regionally accredited colleges or universities.



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California Transitional Kindergarten Stipend (CTKS) Application Packet

Submission Checklist

- Completed application packet that includes:
 - Statement of Understanding
 - Authorization for Release of Information
 - Applicant Information with signed Employment Verification
 - Authorization Form for Reimbursement
 - Completed W-9
 - CDE Participant Profile with Workforce Registry ID number

- Copy of teaching credential or Child Development Permit
- Official transcripts (sealed) from an accredited institution showing eligible ECE/CD college coursework or CEUs completed
- Original receipts for costs requested for reimbursement

Mail or hand deliver completed documentation by due date to:

CTKS Program
c/o: Kelli Newman, Child Action, Inc.
9800 Old Winery Place
Sacramento, CA 95827

Due dates:

March 15, 2017

June 15, 2017

September 15, 2017

December 15, 2017

March 15, 2018

June 15, 2018

September 14, 2018

December 14, 2018

March 8, 2019 (application packets received after this date are not eligible for reimbursement)

Any questions on CTKS requirements or submitting documentation can be directed to Kelli Newman at kelli.newman@childaction.org.



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Statement of Understanding

Please **read and check** the following boxes to certify that you meet and understand all of the eligibility requirements for the CTKS program.

- I am a credentialed teacher assigned to a transitional kindergarten classroom and have completed units in early childhood education or child development or a combination of both.
- I teach in a California State Preschool Program (CSPP) classroom and have completed units in early childhood education or child development or a combination of both.

If you could not affirm one of the above, you do not qualify for the CTKS Program.

- I understand to be enrolled in the CTKS program, I must submit a completed CTKS application packet that includes: Statement of Understanding, Authorization to Release Information, Applicant Information, Authorization Form for Reimbursement, W-9, CDE Participant Profile, copy of teaching credential or Child Development Permit, official transcripts (sealed) for ECE/CD college coursework completed, and original receipts for eligible expenses.
- I understand it is highly recommended that TK teachers consult with their employing local education agency (LEA) for guidance in fulfilling the new TK teacher requirements.
- I understand that reimbursements are **ONLY** for early childhood education and/or child development coursework or CEUs from accredited institutions. **No general education or other units can be reimbursed.**
- I understand that I must be continuously employed in a TK or CSPP classroom at the time of application. Reimbursements are issued directly to each approved CTKS program participant.
- I understand that I may not receive the full amount of the stipend that I qualify for if there are insufficient funds available to pay all eligible applicants.
- I understand that stipends are taxable income. Taxes will not be withheld from this stipend and are the responsibility of the recipient.
- I understand that stipends may be denied, withdrawn, or withheld in the future if any information reported on the CTKS application is found to be intentionally misleading or inaccurate.
- I authorize CTKS program representatives to use the included information for the purpose of determining my eligibility for the program and statistical reporting.
- I understand that trainings and coursework used for eligibility in other funded stipend and reimbursement programs, cannot be used for eligibility for the CTKS program.
- I state that all of the information submitted is correct.

By signing, you are agreeing to all of the above.

Applicant's Printed Name

Signature

Date



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**AUTHORIZATION TO RELEASE
INFORMATION**

I give permission for the Sacramento County Local Child Care and Development Planning Council (LPC), the Sacramento County Office of Education (SCOE), and Child Action, Inc. (CTKS subcontractor) to verify any information utilized to determine my CTKS eligibility during the time I am enrolled in the program.

I authorize the sharing of information between agencies to verify employment eligibility. Agencies that may be contacted include, but are not limited to, the LPC, SCOE, Child Action, Inc., educational agencies, and employers. I also understand that all personal information will be maintained with strict confidentiality and that this application and all supporting documents accompanying it become property of SCOE and will not be returned to me.

I give my permission for the LPC, SCOE, and Child Action, Inc. to request from and/or provide to other publicly funded agencies any eligibility information needed to ensure proper use of CTKS funds issued through California Department of Education, Early Education and Support Division.

If the information I provided to the LPC, SCOE, and Child Action, Inc. during the time is found to be inaccurate and/or does not meet program eligibility, I understand that I will be withdrawn from the CTKS program, and I will not be eligible to receive a reimbursement stipend if I do not meet all program requirements.

In signing this agreement, I will abide by program rules and provide the LPC, SCOE, and Child Action, Inc. with all the necessary information to certify my participant eligibility. I declare under penalty of perjury that all information provided is true and correct and that all documents submitted are to the best of my knowledge true and correct.

Print Name

Signature

Date



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Applicant Information

PERSONAL INFORMATION – (Please type or print) Note: CTKS reimbursement check will mailed to the mailing address.				
Last Name:		First Name:		Middle Initial:
Birthdate: / /				
Address:				Apt. #
City:		State:	Zip:	
Mailing Address (if different):				Apt. #
City:		State:	Zip:	
Home Phone:		Work Phone:		
Home Email:		Work Email:		
Do you have a teaching credential? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:		
Do you have a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: <input type="checkbox"/> AA <input type="checkbox"/> BA <input type="checkbox"/> MA	Degree Field:	
Do you have a Child Development Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If “Yes”, provide Permit Level and Date Received. Permit:				Date:

EMPLOYMENT INFORMATION and VERIFICATION – (Please type or print)			
Employer:		School or Site Name:	
Address:			
City:		State:	Zip:
Principal/Director:			Phone:
Current Assignment (check one): <input type="checkbox"/> TK or TK/K Classroom <input type="checkbox"/> CA State Preschool Classroom			
I certify that this applicant is currently teaching in the assignment identified above.			
_____		_____	
Principal’s/Director’s Printed Name	Signature	Date	



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Authorization Form for Reimbursement

If additional space is needed, copy this page. Sign and submit all pages.

I am requesting approval of the courses/professional development trainings and related fees for reimbursement.

Course/ Professional Development Title	College/University	# of Units/CEUs	Begin/End Dates

Attached are original receipts for reimbursement. Each receipt must identify the ECE/CD course or CEU.

Tuition/Fees*	Description
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

Books	Course Title
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

*Expenses eligible for reimbursement are limited to ECE/CD tuition, required textbooks, official transcripts (sealed), and professional development registration fees that result in the attainment of CEUs gained from an accredited college or university.

By signing below, I confirm that the information provided is accurate and not fraudulent and that all expenses requested for reimbursement have not been reimbursed by any other program.

Applicant Signature: _____ **Date:** _____

CTKS Administration Use Only	
Tuition and Fees:	\$
Books:	\$
Total Allowable Expenses:	\$
Actual Reimbursement:	\$
Date Approved:	
<i>CTKS Authorized Signature</i>	

Confidential Profile for Direct Service Participants

This program is funded through the California Department of Education (CDE), Child Development Division with Child Care Development Fund Quality Improvement dollars. The collection of the following information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts. These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is *confidential* and no individual identifying information will be reported.

Education Information

1. What is your highest level of education? Please check only one answer.

- No high school diploma/No GED AA/AS (2-year college degree) Master's degree
 High school diploma/GED BA/BS (4-year college degree) Doctorate

2. Do you have a college degree from a foreign country?

- Yes No I do not have a degree

3. If you have a degree, please select the area that best represents the major for any degree you have attained. Please check all that apply.

ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree	<input type="checkbox"/> AA/AS/2-year college degree
<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree	<input type="checkbox"/> BA/BS/4-year college degree
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate

4. If you hold a current California child development permit, indicate your current permit level:

- I do not have a permit Associate teacher Master teacher Program director
 Assistant teacher Teacher Site supervisor
 Children's Center Instruction Children's Center Supervision

5. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

- I do not have a credential Early Childhood Special Education School Nurse Services Other
 Administrative Services Multiple Subject Single Subject
 Bilingual Specialist Pupil Personnel Services Specialist Instruction
 Clinical/Rehabilitative Services Reading/Language Arts Speech-Language Pathology

Employment Information IF YOU ARE NOT CURRENTLY EMPLOYED, SKIP TO QUESTION #19.

6. Which best describes the setting or program you primarily work in? Please check only one answer.

- Licensed child care center/early childhood program (including State Preschool, Head Start, etc.)
 License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
 Informal provider (family, friend, neighbor)
 Licensed family child care home Other (Transitional Kindergarten Teacher)

7. If you work in a center or school-based ECE program, which best describes your primary position?

- Assistant teacher/teacher aide/associate Site supervisor Director – multi-site
 Teacher/ lead teacher/associate Assistant director Executive director
 Teacher-director Director – single site Other (please specify) _____
 Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
 Professional support staff (e.g. curriculum specialist, mental health consultant) If working as a substitute please specify position type in which you more frequently work as a substitute.

8. If you work in a family child care home, which best describes your primary position?

- Owner/operator of the family child care Assistant in the family child Other (please specify) _____

9. What is your city of employment? _____

10. What is your county of employment? _____

11. What is your zip code of employment? _____

12. Please write in (if less than one year, write in 1):

Number of years you have been employed in the ECE field _____

Number of years you have been employed with your current employer _____

Number of years you have been employed in your current position with your employer _____

13. How many paid hours per week and months per year do you work at your current job, on average?

Number of paid hours per week _____

Number of paid months per year _____

14. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program. _____

15. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 14. Please respond to all age groups that apply.

Less than one year _____

3 years old _____

1 year old _____

4 years old through prekindergarten _____

2 years old _____

School-age in before/afterschool program _____

16. Do you currently care for children who are dual language learners?

- Yes No Don't know

17. Do you currently care for children who have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP)?

- Yes No Don't Know

18. What is your current gross salary, for this early care and education job, (before taxes and other deductions)?
Please respond only once – by hour or by month or by year. Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

Per hour \$ _____ or Per month \$ _____ or Per year \$ _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

19. What is your gender?
 Female Male

20. How do you identify your race/ethnicity?

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> White/Caucasian	

21. What is your primary language you speak at home?

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mandarin and/or Cantonese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	

22. Please check all the languages you speak fluently.

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mandarin and/or Cantonese	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese	

Trainee ID Number

The following three questions are asked in order develop your training ID number that will allow the CDE to collect and update information each time you participate in any quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

23. What is your date of birth? ____/____/____ (mm/dd/yyyy)

24. In what city were you born? _____

25. What are the last five digits of your social security number? XXX – X__ – ____

26. What is your nine-digit Workforce Registry ID? ____ - ____ - ____
 (You received this number when registering on the CA ECE Workforce Registry website, www.caregistry.org and can be found on your membership card; see example on the next page)

You must provide your Registry ID number to receive your CTKS reimbursement.

What is the Workforce Registry?

The CA ECE Workforce Registry is a web-based system designed to track and promote the employment, training, and education accomplishments of the early care and education (ECE) teachers and providers.

What are the benefits to being a member of the Registry?

There are many benefits to being a member of the Registry. Registry participants can:

- Build a professional profile that can be securely accessed and updated anytime.
- Electronically store education, training, employment and professional growth accomplishments, including transcripts, permits and other pertinent documents.
- Search for jobs.
- Search for trainings.
- Create a resume and share professional qualifications.
- Be recognized as an Early Care Education professional.
- Use Registry ID on Registry Membership Card when signing into trainings and submitting education and training data to ensure that the information is quickly attached to your profile.

How do I join the Registry?

Go to www.caregistry.org and click “Register Now.” You will be directed to the registration page. An email address is required for registration. Once the registration page is complete, click “continue with registration.” Be sure to log into your email and log back into the CA ECE Workforce Registry to activate your account.



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.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	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) _____ (Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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 <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center; padding: 2px;">Social security number</th> </tr> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> <tr> <td colspan="9" style="text-align: center; padding: 2px;">or</td> </tr> <tr> <th colspan="9" style="text-align: center; padding: 2px;">Employee identification number</th> </tr> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> </table>	Social security number												-						or									Employee identification number												-					
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Part II Certification			
Under penalties of perjury, I certify that:			
<ol style="list-style-type: none"> 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 on page 3.			
Sign Here	<table style="width: 100%;"> <tr> <td style="width: 80%; padding: 2px;">Signature of U.S. person ▶</td> <td style="width: 20%; padding: 2px;">Date▶</td> </tr> </table>	Signature of U.S. person ▶	Date▶
Signature of U.S. person ▶	Date▶		

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*
- By signing the filled-out form, you:
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, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.