



CHANGING THE FUTURE OF  
YOUTH SHOOTING SPORTS

# MidwayUSA Foundation, Inc. Team Cash Grant Application

**Application Deadline: June 15, 2019**

**Team Endowment Account Name:**

**Team ID:**

**State:**

\_\_\_\_\_

**\*Team Contact Name:**

**\*Contact Email Address:**

\_\_\_\_\_

*\*Foundation staff will correspond with this person, through this email address, for all grant application processing inquiries and acknowledgements. If you do not receive an email acknowledgement within two (2) weeks after submitting your grant application, please contact us via email: [grants@midwayusafoundation.org](mailto:grants@midwayusafoundation.org). **Without written verification from the Foundation that the application has been received and is under review, the Foundation accepts no responsibility for missing grant applications submitted via mail, email, or fax.***

**Team Social Media/Website:**

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_

Instagram \_\_\_\_\_ Team Website \_\_\_\_\_

## **Application Submittal Options (CHOOSE ONE)**

***Early submittal is preferred. APPLY NOW, DON'T WAIT!***

Email: [grants@midwayusafoundation.org](mailto:grants@midwayusafoundation.org)

Subject: Grant Application – 'Team Endowment Account Name/Team ID'

**Emailed applications must be received by June 15.**

**OR**

Mail: MidwayUSA Foundation, Inc. – Team Endowment Grant

6001 W Van Horn Tavern Rd, STE C

Columbia, MO 65203-9258

**Mailed applications must be postmarked by June 15.**



Cash Grant Submittal Options: (CHOOSE ONE)

Email: [grants@midwayusafoundation.org](mailto:grants@midwayusafoundation.org)

Mail: MidwayUSA Foundation, Inc. – Team Endowment Grant  
6001 W Van Horn Tavern Rd, STE C  
Columbia, MO 65203-9258

## TEAM CASH GRANT APPLICATION CHECKLIST

**Application Deadline: June 15, 2019**

- ☐ **Page 1 - Cover Page**
  - Foundation staff will correspond with the contact/email address listed on Page 1 for all grant application processing inquiries and acknowledgements
- ☐ **Page 4 - Consideration Agreement**
  - Agreement must have two signatures (only 'Pen-and-Ink' or 'Adobe Electronically Certified' accepted)
    - o 'Signature 1' must be an authorized representative of the W-9 Entity/Applicant Organization
    - o 'Signature 2' must be an authorized team representative
    - o The two signatures must be unique (two representatives must sign the agreement)
- ☐ **Page 5 – Cash Grant Payout Detail**
  - The cash grant payout will be **5%** of the Team's Account Balance as of **June 15, 2019**
  - **Direct Deposit** is the recommended payout method
  - Provide the grant payout packet mailing address – this address can differ from the W-9 address
  - Include any additional detail needed on the 'Check Memo Line' (ex. Team Name, Acct. #, etc.) – keep in mind, checks will **only** be made payable to the W-9 Entity/Applicant Organization
  - If the 'Team Address' differs from the grant payout packet mailing address, indicate accordingly
- ☐ **Page 6 – Team Cash Grant Payout Direct Deposit Authorization**
  - Sign and Date the form (only 'Pen-and-Ink' or 'Adobe Electronically Certified' accepted)
  - Must attach a voided check or a photocopy of a check from your team's checking account; please supply with each grant cycle to verify account information
  - Name on Direct Deposit Account must match the W-9 Entity/Applicant Organization being utilized
- ☐ **Page 7 – Shooting Team Budget**
  - Complete the 'Current Season (Projected)' column **in detail** (Estimates to the nearest '\$100.00' are acceptable)
  - Complete the 'Prior Season (Actual)' column **in detail** (Round numbers to the nearest '\$100.00' are acceptable)
- ☐ **Page 8 – Team Contact Detail - Shooting Program Description**
  - Indicate the Primary and Secondary contacts associated with the Team Endowment
- ☐ **Page 9 – After Action Report \*if applicable\***
  - Only complete this form if your team is a past MidwayUSA Foundation cash grant recipient
- ☐ **W-9 Form (Current Year) – Required for ALL applicants (Visit [MidwayUSAFoundation.org/TeamGrants](http://MidwayUSAFoundation.org/TeamGrants) for W-9 FAQ's)**
  - Complete the following required fields on the W-9 Form:
    - o Field 1: **Name** (W-9 Entity Name)
    - o Field 3: **Tax Classification** ('Individual' not accepted)
    - o Fields 5 & 6: **Address**
    - o Part I: **Employer Identification Number (EIN)** – SSN (Social Security Number) is not an EIN
    - o Part II: **Sign and Date** (only 'Pen-and-Ink' or 'Adobe Electronically Certified' accepted)
  - The cash grant payout will be issued to the W-9 Entity/Applicant Organization listed
  - An updated W-9 Form signed and dated in the current year is required with each grant cycle; we **will not** utilize a previously submitted W-9
- ☐ **IRS 501(c)(3) Determination Letter \*if applicable\***
  - Only applicable if the W-9 Entity is exempt from Federal income tax under section 501(c)(3)



Cash Grant Submittal Options: (CHOOSE ONE)

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6001 W Van Horn Tavern Rd, STE C  
Columbia, MO 65203-9258

## TEAM CASH GRANT APPLICATION GUIDELINES

Only Participating Organizations may apply for a cash grant from the MidwayUSA Foundation. In order to qualify as a Participating Organization you must have:

1. At a minimum, a federal employer identification number (EIN) issued by the Internal Revenue Service
2. Successfully completed all Team Endowment Account documentation requirements
3. A fund balance above zero in your organization's endowment account

Cash grants are not available to organizations that do not participate in the MidwayUSA Foundation's Team Endowment Account program. Your organization's account balance can be found on our website at [www.midwayusafoundation.org/find-your-account](http://www.midwayusafoundation.org/find-your-account).

**PLEASE READ THIS ENTIRE DOCUMENT AND MIDWAYUSA FOUNDATION'S "GRANT APPLICATIONS AND FUNDING" POLICY PRIOR TO COMPLETING YOUR GRANT APPLICATION.**

*This application document provides a summary of information from the "Grant Applications and Funding" Policy of the MidwayUSA Foundation, Inc., which governs the award of all grants made from the Team Endowment Account and takes precedence over this document. Receiving a grant based on this application binds the applicant to all provisions of the "Grant Applications and Funding" Policy. The complete policy is available online at [www.midwayusafoundation.org/foundationpolicies](http://www.midwayusafoundation.org/foundationpolicies).*

**General Provisions:** The MidwayUSA Foundation, Inc. (Foundation) operates the Team Endowment Program. The Foundation was incorporated in 2007 in the State of Missouri and is a 501(c)(3) tax-exempt public charity. Funding provided to Participating Organizations through the Team Endowment Program supports a variety of youth focused and firearms-related public interest projects and activities without regard to the age, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, or disability of its benefactors in accordance with applicable federal, state and local laws. Foundation cash grants are not guaranteed and must be approved by the Foundation's Board of Directors. The Foundation reserves the right to audit the use of grant funding at any time and for any reason.

**Projects/Activities Eligible for Funding:** Proposed projects/activities must conform to and foster the purposes set forth in the MidwayUSA Foundation's Articles of Incorporation and mission statement. Allowable 501(c)(3) purposes that align with the MidwayUSA Foundation mission are limited to projects which are or include: charitable, educational, or fostering national or international amateur sports competition. **Grant proceeds shall not be used to acquire firearms or to support an individual (e.g., scholarships).** Grant proceeds must be directly linked to the shooting team and **shall not be used for club, high school, college, or university indirect costs. Grant proceeds shall not be used to lobby or otherwise attempt to influence legislation, to influence the outcome of any public election, to carry on any voter registration drive, or used to contribute to any political campaign of any candidate for public office.** An application that fails to demonstrate that grant funds will be used for eligible projects/activities will not be considered for funding.



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## TEAM CASH GRANT CONSIDERATION AGREEMENT

### W-9 Entity Information

W-9 Entity Name (Applicant/Grantee Organization): \_\_\_\_\_

Authorized Representative First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

*The undersigned Applicant/Grantee hereby agrees to the following Terms and Conditions in order to be considered for a grant from the MidwayUSA Foundation. In the event that the MidwayUSA Foundation (hereinafter "Foundation") awards such a cash grant, the Terms and Conditions herein shall remain in full force and effect until such time as all requirements of the grant have been fully and completely satisfied.*

*The Applicant/Grantee hereby certifies it has read, has a working knowledge of, and shall abide by the "Grant Applications and Funding Policy" of the MidwayUSA Foundation, Inc., which is available on the Foundation website ([www.midwayusafoundation.org/foundationpolicies](http://www.midwayusafoundation.org/foundationpolicies)) and summarized herein by reference. I (we) also hereby certify that the information contained in this entire grant application is accurate.*

#### TERMS AND CONDITIONS

Grantee is not an individual; Grantee is an entity that will use the Cash Grant for a charitable purpose or purposes.

Any cash grant awarded by the Foundation shall be used solely for the purposes set forth in the application. The Applicant/Grantee hereby certifies the information contained in the application is true and correct and further certifies any grant awarded by the Foundation shall be used solely for a 501(c)(3) purpose. Allowable 501(c)(3) purposes that align with the MidwayUSA Foundation mission are limited to projects which are or include: charitable, educational, or fostering national or international amateur sports competition. If a cash grant is made, it is expressly understood the Foundation shall make the grant based upon the information provided by the Applicant/Grantee.

Funds not used or not committed for the specified purpose of the grant, or not committed within the time limit, if any, specified in the corresponding cash grant application, shall be returned to the MidwayUSA Foundation. In addition, if the Applicant/Grantee dissolves, disbands, or otherwise ceases to exist, or ceases to use for its intended purpose any property/equipment in reasonable working order that was obtained using proceeds from a MidwayUSA Foundation grant, then the organization is required to notify the MidwayUSA Foundation and make a reasonable effort to transfer ownership of such property/equipment to another Participating Organization for use within MidwayUSA Foundation guidelines.

Applicant/Grantee shall furnish written reports as required by the Foundation with respect to projects and activities financed in whole or in part by the cash grant, including an After Action Report (as included in the application/budget). Grantee is hereby notified of MidwayUSA Foundation, Inc.'s intent to monitor and evaluate the activities funded by this Grant. This may include a visit by a representative of the MidwayUSA Foundation, Inc. to review and discuss the program with Grantee.

**Acknowledgment of the Applicant/Grantee to the Terms and Conditions set forth herein must be made by duly authorized representatives of the organization as provided below. After this application is completed and signed, please make a copy for your records and send the original with signatures to the MidwayUSA Foundation. To ensure team transparency, the below two signatures must be unique (the same representative CANNOT sign twice).**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**REQUIRED-Signature 1** (W-9 Entity Rep - e.g. Board Member, School Administrator, etc.): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**REQUIRED-Signature 2** (Authorized Team Rep - e.g. Head Coach, Asst. Coach, etc.): \_\_\_\_\_ Date: \_\_\_\_\_

Grant funds shall NOT be used:

- to lobby or otherwise attempt to influence legislation,
- to influence the outcome of any public election,
- to carry on any voter registration drive,
- to contribute to any political campaign of any candidate for public office,
- to acquire firearms,
- to support an individual, or
- for club, high school, college, or university indirect costs.

It is expressly understood the Applicant/Grantee takes full responsibility in carrying out the project contemplated in the grant application, the Applicant/Grantee holds the Foundation harmless from any and all liability relating to the effectuation of the grant or in any other way associated with the grant, and, further, the Applicant/Grantee shall indemnify the Foundation from any claims made or actions taken in any way associated with the grant or grant application.

If a grant is awarded, the Applicant/Grantee agrees to recognize the Foundation's grant award in all related materials published by the applicant organization. Publicity associated with any grant awarded by the Foundation in the form of photographs, video, published or printed information, or any other materials, including any information or materials provided by the Applicant/Grantee, may be used by the Foundation in press releases, publications or other materials, for the promotion of the TEAM ENDOWMENT ACCOUNTS or other Foundation programs, or in any other manner as determined by the Foundation. The Applicant/Grantee releases the Foundation from any liability resulting from any information or materials provided by the Applicant/Grantee and agrees to indemnify the Foundation from any claims made or actions taken in any way associated with any information or materials provided by the Applicant/Grantee.

Any violation of the Terms and Conditions set forth herein shall permit the Foundation to terminate any and all further distributions to the Applicant/Grantee, whether or not such distributions have been properly promised or pledged. Such remedy shall not be the sole remedy available to the Foundation and the Foundation shall retain the right to take any other actions allowable by law.

This Agreement and any disputes arising thereunder shall be governed by and construed under the laws of the State of Missouri, or, if applicable, federal law. Any action arising under or related to this Agreement, or breach hereof, shall be brought only in a federal or state court sitting within the County of Boone, or the City of Columbia, in the State of Missouri. The parties hereby consent to and subject themselves to the personal jurisdiction of such courts and agree jurisdiction and venue for any proceeding arising hereunder shall lie exclusively with such courts.



Cash Grant Submittal Options: (CHOOSE ONE)

Email: [grants@midwayusafoundation.org](mailto:grants@midwayusafoundation.org)

Mail: MidwayUSA Foundation, Inc. – Team Endowment Grant  
6001 W Van Horn Tavern Rd, STE C  
Columbia, MO 65203-9258

## TEAM CASH GRANT PAYOUT PACKET MAILING ADDRESS

**All cash grant recipients will be mailed a grant payout confirmation regardless of the payout method.**

Either the Direct Deposit Confirmation or Printed Check will be mailed to the preferred address listed below.  
(It is acceptable for the address to differ from the W-9 address)

Addressee Name: \_\_\_\_\_

Attn [***strongly recommended***]: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If the Team Address **differs** from the address noted above, please indicate below:

Team Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## TEAM CASH GRANT PAYOUT DETAIL

Indicate how to route your Team's 5% Cash Grant (please choose **ONE**):

☐ **Direct Deposit** [***strongly recommended***]

**OR**

☐ **Printed Check**

Check Memo Line (if needed): \_\_\_\_\_

*\*Checks will only be made payable to the Applicant Organization (W-9 Entity Name)\**



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**[Preferred Method of Cash Grant Payout]**

- Attach a voided check or a photocopy of a check from your team's account
- The MidwayUSA Foundation originates the Direct Deposit. Contact your bank to verify the deposit and funds availability
- You will receive via email a Direct Deposit confirmation from the MidwayUSA Foundation

Team Name: \_\_\_\_\_ Team ID: \_\_\_\_\_

This authorization will remain in force until Grantor receives written notice from Grantee to change this authorization.

**REQUIRED** - Grantee's Authorized Representative Signature

Date

**Please attach your Voided Check here or include a copy**

**Bank Routing  
Number**

**Bank Account  
Number**

Check  
Number



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## SHOOTING TEAM BUDGET

We utilize these details to evaluate our Foundation's impact, and measure the growth of youth shooting sports.

	Current Shooting Season (Projected)	Prior Shooting Season (Actual)
Revenue	Estimates to the nearest \$100.00	Round numbers to the nearest \$100.00
MidwayUSA Foundation Cash Grant (1)	\$	\$
School Grants or Support (2)	\$	\$
Alumni / Booster Support (3)	\$	\$
Fundraising Activities (4)	\$	\$
Student Support (5)	\$	\$
Other Revenue	\$	\$
<b>Total Revenue</b>	\$	\$
Expenses	Estimates to the nearest \$100.00	Round numbers to the nearest \$100.00
Personnel Costs (coaching, trainer, etc.)	\$	\$
Firearms (6)	\$	\$
Ammunition (practice / tournament)	\$	\$
Travel (7)	\$	\$
Targets (8)	\$	\$
Administrative Costs (9)	\$	\$
Entry Fees / Registration Fees	\$	\$
Scholarships	\$	\$
Promotions / Fundraising	\$	\$
Team Equipment	\$	\$
Donations to MidwayUSA Foundation Team Endowment Account	\$	\$
Other _____ (10)	\$	\$
<b>Total Expenses</b>	\$	\$

**\*If cash grant funds were received in a past cycle, please also complete the After Action Report (Page 9)\***

- (1) **MidwayUSA Foundation Cash Grant** – The amount your shooting program received or will receive from its Team Endowment Account
- (2) **School Grants or Support** – The amount of money provided by the school to your shooting program
- (3) **Alumni / Booster Support** – Amount of funds provided by any alumni or booster organization
- (4) **Fundraising Activities**– Estimated amount of money to be received from fundraising activities by the shooting program not otherwise listed
- (5) **Student Support** – Fees and expenses covered out of pocket by the students participating in the program. Can include travel, lodging, ammunition, entry fees, etc.; but not tuition, books or costs otherwise associated with attending school
- (6) **Firearms** – Purchasing firearms with MidwayUSA Foundation grant proceeds is prohibited. If the program purchases firearms, there must be adequate revenue from other sources to allow for the expense
- (7) **Travel** – Costs associated with shooting team members' travel and lodging for tournaments but not including normal travel for practice
- (8) **Targets** – If rifle or pistol targets (including steel) please specify
- (9) **Administrative Costs** – Range fees, professional services, uniforms, membership fees, insurance
- (10) **Other** – An expenditure not classified under the provided expense categories





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## YOUTH SHOOTING TEAM CONTACT DETAIL

### Primary Contact

Name: \_\_\_\_\_ Role/Position: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_ Role/Position: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## YOUTH SHOOTING PROGRAM DESCRIPTION

1. Your shooting program is considered a:

**Select more than one if appropriate (e.g., your local club team has both high school and college age shooters)**

- ☐ High School Club program (ages 14-18)
- ☐ High School Varsity program
- ☐ Collegiate Club program (ages 18+, team members are out of high school)
- ☐ Collegiate Varsity program

2. Your team includes the following disciplines: **(Mark all that apply)**

- ☐ Shotgun
- ☐ Air Rifle
- ☐ Smallbore Rifle
- ☐ Pistol
- ☐ Air Pistol
- ☐ High Power Rifle
- ☐ Muzzle Loader

3. Your shooting program began in: \_\_\_\_\_

4. Active team members in your current/most recent season: \_\_\_\_\_





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## AFTER ACTION REPORT

*[Complete if team is a past MidwayUSA Foundation cash grant recipient]*

- Please briefly describe the team impact of the MidwayUSA Foundation's latest cash grant.
- What was your team able to accomplish that would not have been possible without the cash grant funding? (e.g., Individual and shooting participation growth, travel highlights, competition achievements, etc.)
- How did you utilize the cash grant that you received?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

***Thank you for taking the time to complete this portion of your Team Cash Grant Application!***

# 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). <b>Name is required on this line; do not leave this line blank.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; <b>check only one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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 *How to get a TIN* 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.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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## 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](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.