

Affirmative Action Information

State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the applicable school district office.

Date: _____

Sex: Female Male

Age: _____

Position applied for: _____

Ethnic Group

Check one of the following:

- ALASKA NATIVE - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN - A person having origins in any of the original peoples of the Indian Subcontinent, the Pacific Islands, or the Far East: For example, China, Japan, Korea.
- BLACK - (not of Hispanic origin) - A person having origins in any of the black racial groups of Africa.
- FILIPINO - A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN - A person of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin regardless of race.
- WHITE - (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- OTHER - Please specify: _____

VETERAN'S EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security Number: _____

Position Applied for: _____
Job Title _____ Position No. _____

Department Name: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any nonpreferred applicant holding substantially equal qualifications.

To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you have separated under honorable conditions,

AND

2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not included National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. you have been separated under honorable conditions from active duty,

AND

2. you have an established Armed Forces service-connected disability OR receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability,

AND

2. YOUR SPOUSE is totally and permanently disabled OR YOU are the unremarried widow of the father of the veteran.

In the box below, check the attachment you have included to document the preference request.

DD-214

Other:

SIGNATURE: _____ DATE SIGNED: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

F-3 **USCIS**
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if: } • You're single and have only one job; or
• You're married, have only one job, and your spouse doesn't work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** _____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. **(Note: This may be different from the number of exemptions you claim on your tax return.)** ► **H** _____

For accuracy, complete all worksheets that apply. } • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ► _____		Date ► _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Montana New Hire Reporting Form

Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: _____

Business Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Business Phone: _____ Ext. _____ Fax Number: _____

****If address changed, place X here, and make corrections below****

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: _____ Date of Hire: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Home Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Optional Employee Information

Home Phone: _____ Date of Birth: _____

Work Phone: _____ State of Hire: _____

Is Health Insurance Available: Yes No

Date Health Insurance Is Available: _____

Phone 1-888-866-0327 for New Hire Reporting Questions

Mail To: Montana New Hire Reporting,
PO Box 8013
Helena, MT 59604-8013

or **Fax to:** 1-888-272-1990 / **Local Fax:** 406-444-0745

(revised 7/2007)



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

FORM 107: NEW HIRE QUESTIONNAIRE

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER INFORMATION

Full Name: First Middle Last Suffix

Birth Date (mm/dd/yyyy)

Maiden or other name previously reported to TRS

X X X - X X -
Social Security Number

()

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

Telephone Number

- Are you a retired member receiving a monthly retirement benefit from Montana Teachers' Retirement System (TRS)?
 - Yes If yes, sign and date this form, and **DO NOT** complete the remainder of this form. You and your employer must contact TRS to confirm the maximum amount you may earn and still receive your monthly retirement benefit and complete the notice of postretirement employment form.
 - No
- Are you currently an active or inactive member of Montana TRS with employee contributions being withheld and/or on deposit?
 - Yes If yes, please list the name of your current/previous employer: _____
 - No
- Are you currently a member of TIAA-CREF?
 - Yes If yes, and you are concurrently employed in a TIAA-CREF and TRS reportable position, you cannot become an active member and be reported to TRS. (REF: § 19-20-302 (8)(b) MCA).
 - No

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of TRS, you must also complete Form 106 Membership Election Substitute Teacher or Part-Time Teacher's Aide.

Membership in TRS is compulsory for persons employed for at least 210 hours during the school year as teachers, principals, vice-principals, district superintendents, county superintendents of schools, teacher's aides, paraprofessionals, speech therapists, school nurses, school psychologists, guidance counselors and others employed in a teaching or professional position of any public school, state agency or special education cooperative. Upon receipt of your completed Form 102 Record for Membership, information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under Montana TRS and withdrew your account, you are eligible to redeposit this service. Please contact TRS at 406-444-3134 to request this or any other information regarding the retirement system.

Member's Signature

Date

After completing and signing this form, please return it to the school business office to be retained by the employer.



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 102: RECORD FOR MEMBERSHIP

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE REVIEW THE IMPORTANT LEGAL NOTICE ON PAGE 2 BEFORE COMPLETING THIS FORM!

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION

Full Name: First	Middle	Last	Suffix	Sex M/F	Birth Date (mm/dd/yyyy)
		()			()
Maiden or Other Name Previously Reported to TRS		Home Telephone Number		Cell Telephone Number	
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)					Social Security Number

Employment History (Employment history is used to determine eligibility to purchase additional instructional related service.)

Montana Teaching or Educational Services With a School District, University, or Institution	FROM	TO
	Dates of Employment (mm/yy)	

Montana Teaching or Educational Services With a School District, University, or Institution	FROM	TO
	Dates of Employment (mm/yy)	

Have you withdrawn your account from Montana TRS? Yes No

If yes, date of withdrawal (mm/dd/yyyy): _____ Last name at time of withdrawal: _____

Were you employed in Montana by the State, a city, or a county other than as a teacher? Yes No

If yes, location: _____	FROM	TO
	Dates of Employment (mm/yy)	

Were you previously employed in a public, state-supported, or private school as a teacher in another state? Yes No

If yes, list the location, retirement system, and dates employed:

_____ Institution Location	_____ Retirement System	FROM	TO
		Dates of Employment (mm/yy)	

_____ Institution Location	_____ Retirement System	FROM	TO
		Dates of Employment (mm/yy)	

Member's Signature (required) **Date**

SECTION II: EMPLOYER CERTIFICATION

Name of School District, University, or Institution _____
TRS Employer Number

TRS Member's Position Title (as listed in job description) _____
Essential Duties and Responsibilities

Certifying Officer's Name _____
Certifying Officer's Title

Certifying Officer's Signature (required) **Date**



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TRS Office Use Only

FORM 123: Beneficiary Designation for Active Members

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

This form is not for use by TRS members who have already retired or have applied for retirement benefits

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

Check all that will apply to the information provided on this form:

- I am a new TRS member.
- I am changing my beneficiary(ies).
- I have more than 8 beneficiaries. I have attached TRS Form 123A with the additional beneficiaries.
- My change of beneficiary reduces or revokes the beneficiary interest of my spouse or ex-spouse and I have attached the required **Form 147 Member/Retiree's Certification of Marital Status – Spouse/Beneficiary.**

Member Information My information has changed. Please update my records.

Full Name: First Middle Last Suffix Birth Date (mm/dd/yyyy)

Maiden or Other Name Previously Reported to TRS Social Security Number

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

() Telephone Number Single Married Widowed Divorced Marital Status

Certification and Member's Signature – must be signed in the presence of a notary public

By my signature, I certify that I have read and understand the information provided on this form. I hereby designate the person(s), estate, and/or trust named on this form as my beneficiary(ies). In the event of my death prior to retirement or withdrawal of my account, I hereby authorize and direct Montana Teachers' Retirement System (TRS) to pay any benefits owed on my behalf to my designated beneficiary(ies) as indicated on this beneficiary designation form.

Member's Signature Date

TO BE COMPLETED BY THE NOTARY PUBLIC:

This instrument was signed before me by _____ on the _____ day of _____, 20_____.

Signature of Notary Public: _____

Typed/Printed Name of Notary: _____

Residing at: _____

My commission expires: _____

Beneficiary Designation Information and Instructions

If you die while an active or inactive member of TRS (before you either withdraw your accumulated contributions or retire), the beneficiary(ies) you designate on this form will receive a lump-sum refund of your accumulated contributions and interest. In lieu of a lump-sum refund, an individual you designate as a beneficiary may be entitled to elect to receive a monthly benefit for his/her lifetime.

Requirement to Designate A Beneficiary – Order of Payment

You must designate one primary beneficiary, and you may designate more than one. You may designate one or more contingent beneficiaries. Any benefit payable upon your death will be paid in the following order of priority:

1. To any surviving primary beneficiary(ies), in equal shares.
2. If there is no surviving primary beneficiary, to any surviving contingent beneficiary(ies), in equal shares.

Estate or Trust as Beneficiary

TRS will pay only a lump-sum refund of your accumulated contributions, and the \$500 death benefit if applicable, to your estate or trust. A monthly benefit will not be paid to your estate or trust or to an heir or beneficiary of your estate or trust. You may designate your estate or trust only as your sole beneficiary or as your sole contingent beneficiary.

- Estate: TRS will make payment to your estate only if your estate is probated. TRS will not make payment to your estate through an individual you designate in your will or other document as your personal representative or executor, but who is not appointed in that capacity by a probate court following your death. *Instruction: To designate your estate as a beneficiary, specify whether primary or contingent; check "My Estate" and write "Estate of [Your Name]" (for example, "Estate of Jane Doe") in the Name box. No other information about your estate needs to be provided.*
- Trust: You may designate your trust as a beneficiary only if the following requirements are satisfied: 1) the trust must legally exist at the time of designation, and trust documentation must be provided to TRS; 2) the trust must have been created by you as trustor; and 3) you must direct payment to the trust in the name of an individual (not you) who is trustee for the trust. *Instruction: To designate your trust as a beneficiary, specify whether primary or contingent; check "My Trust" and write the full legal name of the trust in the Name box; provide the trust's tax payer identification number; complete the Trustee Information section; and attach a copy of the trust document.*

Minor Child as Beneficiary

TRS is prohibited by law from making payment of any amount of money directly to a minor child (under age 21). In certain circumstances, TRS may make payment on behalf of a minor child to the child's guardian (an adult with legal custody of the child). In other circumstances, TRS may only make payment on behalf of a minor child to a court-appointed conservator, a court-appointed guardian, or a custodian designated by you in conformity with the Montana Uniform Transfers to Minors Act (Title 72, chapter 26, MCA). *Instruction: If you designate a minor child as a beneficiary, you should also designate an adult custodian to receive the benefits on behalf of the minor child by also completing the Custodian Designation section. If you do not designate a custodian, TRS may withhold payment of benefits to the minor child until a court appoints a conservator or guardian or until the child attains age 21.*

Removing Your Spouse as Your Beneficiary

Under TRS law, you are not required to designate your spouse as your beneficiary; however, once you have designated your spouse as your beneficiary, you may not remove your spouse as your beneficiary or reduce his/her beneficiary interest if a divorce is pending. If your instructions on this form will have the effect of reducing or revoking the beneficiary interest of a current beneficiary identified as your spouse (even if you are now divorced), you must also complete **Form 147 Member/Retiree's Certification of Marital Status – Spouse/Beneficiary**.

Effect of this Beneficiary Designation

This beneficiary designation form revokes all prior beneficiary designations you have submitted to TRS. This form must fully identify all beneficiaries you want to designate at this time. This beneficiary designation form will remain in effect until such time as TRS receives a new and effective beneficiary designation form from you, you withdraw your accumulated contributions, or you retire. If you do not have an effective beneficiary designation on file at the time payment is to be made, TRS will pay benefits to your estate or to your surviving next of kin in the priority designated in 19-20-717, MCA.



FORM 123: Beneficiary Designation for Active Members

Member's Printed Name

Member's Social Security Number

Beneficiary Designation(s):

Please read the instructions carefully! You must provide all applicable information, including a Social Security or Tax ID number, for each designated beneficiary. TRS cannot put this form into effect if all the required information is not provided on this form.

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions) Full Name	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions) Full Name	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions) Full Name	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions) Full Name	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code



FORM 123: Beneficiary Designation for Active Members

Member's Printed Name

Member's Social Security Number

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Full Name			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Full Name			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Full Name			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Individual <input type="checkbox"/> My Estate (see instructions) <input type="checkbox"/> My Trust (see instructions)	Birth Date (mm/dd/yyyy)	Social Security or Tax ID #
Full Name			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address	City	State	ZIP Code
Phone Number			
<i>Trustee Information must be provided if this beneficiary is your Trust. A Custodian Designation may be made if this beneficiary is a minor child (under age 21). Pay to <input type="checkbox"/> as Trustee of the Trust or <input type="checkbox"/> as Custodian for the Minor Child Full Name</i>			
Mailing Address	City	State	ZIP Code

If you need additional space for beneficiary designations, please visit our website at trs.mt.gov or contact TRS to obtain **Form 123A Beneficiary Designation Attachment**. Form 123A must also be signed and notarized, and it must be attached to and submitted with this beneficiary designation form.



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 106: MEMBERSHIP ELECTION SUBSTITUTE TEACHER OR PART-TIME TEACHER'S AIDE

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER INFORMATION

Full Name: First	Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
Maiden or Other Name Previously Reported to TRS				M/F
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)				Telephone Number

- A substitute teacher or part-time teacher's aide may elect to be a member of Montana Teachers' Retirement System (TRS) on the first day of employment. Once you elect to become a member you must continue to be a member each successive school year while employed as a substitute teacher or a part-time teacher's aide, even if employed for only one day.
- If you do not elect to be a member of TRS on the first day of employment as a substitute teacher or part-time teacher's aide, you must become a member once you have completed 210 hours in any school year. Once you become a member you are required to continue to be a member in each successive school year while employed as a substitute teacher or a part-time teacher's aide, even if employed for only one day.

- Are you a retired member receiving a monthly retirement benefit from Montana Teachers' Retirement System (TRS)?
If **yes**, sign and date this form, and **DO NOT** complete the remainder of this form. You and your employer must contact TRS to confirm the maximum amount you may earn and still receive your monthly retirement benefit and complete the notice of postretirement employment form.
 Yes
 No
- Are you currently an active or inactive member of Montana TRS with employee contributions being withheld and/or on deposit?
If **yes**, **DO NOT** complete the remainder of this form. You must continue to be a member and employee and employer contributions must be remitted to TRS on your behalf.
 Yes
 No
- Are you currently a member of TIAA-CREF?
If **yes**, and you are concurrently employed in a TIAA-CREF and TRS reportable position, you cannot become an active member and be reported to TRS. (REF: § 19-20-302 (8)(b) MCA).
 Yes
 No

I elect the following option with respect to the possibility of working more than 210 hours in the capacity of a substitute teacher or a part-time teacher's aide. Initial the appropriate box to indicate your selection.

I prefer to have a deduction for Montana TRS made beginning on the first day of my service as a substitute teacher or a part-time teacher's aide. I have completed Form 102 Record for Membership.
(initial)

I prefer that no deductions for Montana TRS be made from my substitute teacher or part-time teacher's aide pay until I have completed 210 hours of service during the school year.
(initial)

Member's Signature _____ Date _____

After completing and signing this form, please return it to the school business office to be retained by the employer.



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TRS Office Use Only

FORM 146: RETIRED MEMBER'S AND EMPLOYER'S NOTICE OF POSTRETIREMENT EMPLOYMENT

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION - TO BE COMPLETED BY MEMBER

Full Name: First Middle Last Suffix

Effective Date of Retirement With TRS (mm/dd/yyyy) Social Security Number

Required Notice of Postretirement Employment

Both the TRS retired member and the employer must notify TRS when a retired member accepts postretirement employment with a TRS-covered employer in a position reportable to the retirement system. You, the retired member, must complete a Form 146 for each TRS-covered employer by whom you will be employed and must provide the required supporting documentation. Your employer must verify the information provided in this notice in Section II. Fact Sheet #1 Termination and Postretirement Employment provides an overview of the law governing postretirement employment. TRS fact sheets can be found at trs.mt.gov/trsinfo/factsheets. Please direct any questions you have to TRS.

A new notice and supporting documentation must be provided annually, or at any other time that the terms of employment, duties or functions of the position, and/or compensation to be paid changes or a supporting document is created or amended.

Employer Information

Employer's Name

Employer's Mailing Address (include city, state, and Zip +4)

First Position

TRS Member's Position Title (as listed in job description) Job Functions/Duties

FROM TO

First Date of Employment (mm/dd/yyyy)* Term of Employment (mm/dd/yyyy)[†]

- * The first date you provided service in the position or the effective date of an employment/service contract for the position, whichever is earlier.
- [†] Beginning on the First Date of Employment until the last day of the employment/service contract term, or the date on which your employment in the position will end by agreement with your employer. In most cases, this will be the school/fiscal year; July 1, through June 30.

Compensation and Benefits

You must identify the total amount of all compensation, including the value of all benefits, to be paid or provided to you or on your behalf in consideration of your service in this position.

Annual Contract \$ _____ Daily Rate \$ _____ Hourly Rate \$ _____



**FORM 146: RETIRED MEMBER'S AND EMPLOYER'S
NOTICE OF POSTRETIREMENT EMPLOYMENT**

Second Position

TRS Member's Position Title (as listed in job description)	Job Functions/Duties
First Date of Employment (mm/dd/yyyy)*	FROM _____ TO _____ Term of Employment (mm/dd/yyyy) [†]

- * The first date you provided service in the position or the effective date of an employment/service contract for the position, whichever is earlier.
- † Beginning on the First Date of Employment until the last day of the employment/service contract term, or the date on which your employment in the position will end by agreement with your employer. In most cases, this will be the school/fiscal year; July 1, through June 30.

Compensation and Benefits

You must identify the total amount of all compensation, including the value of all benefits, to be paid or provided to you or on your behalf in consideration of your service in this position.

Annual Contract \$ _____ Daily Rate \$ _____ Hourly Rate \$ _____

Required Supporting Documentation

You must attach copies of each and every contract, service agreement, salary or payment agreement, position or job description, and any other written documentation evidencing the terms of employment, duties and functions of the position, and compensation to be paid to you or on your behalf for all postretirement positions with this employer.

Member Certification

I certify that I have accepted postretirement employment in the position(s) and under the conditions/terms described above and that the enclosed supporting documentation correctly describes the position(s) and functions/services to be performed, and includes all documentation describing the terms of employment.

Member's Signature	Date
--------------------	------

SECTION II: EMPLOYER CERTIFICATION - TO BE COMPLETED BY EMPLOYER

I certify the above named TRS retired member has accepted postretirement employment in the position(s) and under the terms/conditions described above and that the enclosed supporting documentation correctly describes the position(s) and functions/services to be performed, and includes all documentation describing the terms of employment.

Employer's Name	TRS Employer Number
Employer's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)	()
	Telephone Number

Certifying Officer's Name	Certifying Officer's Title
Certifying Officer's Signature	Date



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
 MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

MEMBER INFORMATION			
Last Name		First Name, MI	Social Security Number*
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency
			Employer Number (MPERA use only)
Member's Mailing Address			
City		State	Zip Code
Daytime Phone Number ()		Email Address	

PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION

Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.

Primary Beneficiary - attach additional list if necessary.

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

Contingent Beneficiary (optional) - attach additional list if necessary.

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

Other Designation (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)

Name of Trust, Charity or Estate		Trustee/Contact Name	
Address			Tax Identification Number

REQUIRED SIGNATURES

Member Signature		Date
Witness Name printed (not a beneficiary)	Witness Signature	Date

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be filed with MPERA before any changes will take effect.



PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

This election must be completed by both employee and employer and received by MPERA within **90 days** of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

EMPLOYEE INFORMATION – to be completed by employee		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number ()
<p>Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. If you are a retired member of PERS, the working retiree restrictions apply. § 19-3-1106, MCA. By signing below, I acknowledge that I understand:</p> <ul style="list-style-type: none"> If I have contributions on account at MPERA, I must contribute to PERS; If I decline membership, I cannot later become a member of PERS while still employed with the same employer but in a different optional position; If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position; If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election; If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; and If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election. <p>I am eligible to choose PERS membership due to employment with this agency and I am not an active, inactive or retired member of PERS.</p>		
<p><u>ELECTION</u></p> <p><input type="checkbox"/> I decline PERS membership</p> <p><input type="checkbox"/> I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)</p>		
Employee Signature	Date	
EMPLOYER INFORMATION – to be completed by employer		
Employee's Hire Date	Employing Agency	Employer Number
<p>Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401,403 and 412, MCA.</p> <p>Check the type of optional position (you must check only one):</p> <p><input type="checkbox"/> Employee directly appointed by the Governor</p> <p><input type="checkbox"/> Chief administrative officer of a city or county</p> <p><input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session</p> <p><input type="checkbox"/> New employee of a county hospital or rest home</p> <p><input type="checkbox"/> Employee working 960 hours or less in PERS-covered positions</p>		
Printed Name	Title	Phone Number ()
Signature		Date

Return completed form to MPERA within 90 days of hire. Retain a copy for your records.

* For identification and tax purposes. §19-2-403(7) MCA, 26 USC § 6041A and 6109

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This document consists of two pages)

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) _____ for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____
Street Apt.

City State Zip

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

**ELECTRONIC DELIVERY OF EMPLOYMENT NOTICES
AND HEALTH PLAN INFORMATION.**

YOUR School District # uses the most cost effective method of employee notification available, which is by district email and the School District Web Portal or Site.

Every _____ School District employee is assigned a district email address and given access to the Staff Website or Web Portal. Both of these communication methods are equipped with a secure login and will at times contain sensitive personal information. It is the employees responsibility to ensure that passwords and login information is kept secure and passwords are changed to ensure your identity protection.

_____ School District Employees are required to check both communication methods periodically for important information regarding your health plan, health education opportunities, benefit enrollment and any employment information the business office would need to address.

All pay receipts, leave balance, W-2 information and demographic information can be found on the Staff Website or Web Portal.

Login information to your email account will be obtained from the IT Director's office at extension ___ or ___.

Login information to your Staff Website or Web Portal Account will be obtained from the Business Manager's office at extension ____ or ____.

Employee Signature

Date

Initials/Business Office

Form 941 for 2017: Employer's QUARTERLY Federal Tax Return (Rev. January 2017)

Department of the Treasury - Internal Revenue Service

941 for 2017: Employer's QUARTERLY Federal Tax Return

Employer identification number (EIN) [] [] - [] [] [] [] [] [] [] []
Name (not your trade name) [] [] [] [] [] [] [] [] [] [] [] []
Trade name (if any) [] [] [] [] [] [] [] [] [] [] [] []
Address
Number Street Suite or room number
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2017 (Check one.)
[] 1: January, February, March
[] 2: April, May, June
[] 3: July, August, September
[] 4: October, November, December
Instructions and prior year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 []
2 Wages, tips, and other compensation 2 []
3 Federal income tax withheld from wages, tips, and other compensation 3 []
4 If no wages, tips, and other compensation are subject to social security or Medicare tax [] Check and go to line 6.
5a Taxable social security wages . . . [] x 0.124 = []
5b Taxable social security tips . . . [] x 0.124 = []
5c Taxable Medicare wages & tips . . . [] x 0.029 = []
5d Taxable wages & tips subject to Additional Medicare Tax withholding [] x 0.009 = []
5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . 5e []
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions) . . . 5f []
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 []
7 Current quarter's adjustment for fractions of cents . . . 7 []
8 Current quarter's adjustment for sick pay . . . 8 []
9 Current quarter's adjustments for tips and group-term life insurance . . . 9 []
10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10 []
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11 []
12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . 12 []
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 []
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . 14 []
15 Overpayment. If line 13 is more than line 12, enter the difference [] Check one: [] Apply to next return. [] Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

Next []

Name (not your trade name)

Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [] Line 12 on this return is less than \$2,500 or line 12 (line 10 if the prior quarter was the fourth quarter of 2016) on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 (line 10 if the prior quarter was the fourth quarter of 2016) for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 []

Month 2 []

Month 3 []

Total liability for quarter [] Total must equal line 12.

[] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages [] Check here, and enter the final date you paid wages [] / [] / [] .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year [] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[] Yes. Designee's name and phone number [] []

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [] [] [] [] []

[] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

[]

Print your name here []

Print your title here []

Date [] / [] / []

Best daytime phone []

Paid Preparer Use Only

Check if you are self-employed []

Preparer's name []

PTIN []

Preparer's signature []

Date [] / [] / []

Firm's name (or yours if self-employed) []

EIN []

Address []

Phone []

City [] State []

ZIP code []

Form 941-V, Payment Voucher

Purpose of Form

Complete Form 941-V if you're making a payment with Form 941. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 941

To avoid a penalty, make your payment with Form 941 **only if**:

- Your total taxes for either the current quarter (Form 941, line 12) or the preceding quarter (Form 941, line 12 (line 10 if the preceding quarter was the fourth quarter of 2016)) are less than \$2,500, you didn't incur a \$100,000 next-day deposit obligation during the current quarter, and you're paying in full with a timely filed return; or
- You are a monthly schedule depositor making a payment in accordance with the Accuracy of Deposits Rule. See section 11 of Pub. 15 for details. In this case, the amount of your payment may be \$2,500 or more.

Otherwise, you must make deposits by electronic funds transfer. See section 11 of Pub. 15 for deposit instructions. Don't use Form 941-V to make federal tax deposits.



Use Form 941-V when making any payment with Form 941. However, if you pay an amount with Form 941 that should've been deposited, you may be subject to a penalty. See Deposit Penalties in section 11 of Pub. 15.

Specific Instructions

Box 1—Employer identification number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at www.irs.gov/ein. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 941, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 941.

Box 3—Tax period. Darken the circle identifying the quarter for which the payment is made. Darken only one circle.

Box 4—Name and address. Enter your name and address as shown on Form 941.

• Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 941," and the tax period ("1st Quarter 2017," "2nd Quarter 2017," "3rd Quarter 2017," or "4th Quarter 2017") on your check or money order. Don't send cash. Don't staple Form 941-V or your payment to Form 941 (or to each other).

• Detach Form 941-V and send it with your payment and Form 941 to the address in the Instructions for Form 941.

Note: You must also complete the entity information above Part 1 on Form 941.

▼ **Detach Here and Mail With Your Payment and Form 941.** ▼

Form **941-V**

Department of the Treasury
Internal Revenue Service

Payment Voucher

► **Don't staple this voucher or your payment to Form 941.**

OMB No. 1545-0029

2017

1 Enter your employer identification number (EIN).		2 Enter the amount of your payment. ► Make your check or money order payable to "United States Treasury"		Dollars	Cents
3 Tax Period		4 Enter your business name (individual name if sole proprietor).			
<input type="radio"/> 1st Quarter	<input type="radio"/> 3rd Quarter	Enter your address.			
<input type="radio"/> 2nd Quarter	<input type="radio"/> 4th Quarter	Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.			

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on Form 941 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Subtitle C, Employment Taxes, of the Internal Revenue Code imposes employment taxes on wages and provides for income tax withholding. Form 941 is used to determine the amount of taxes that you owe. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number. If you fail to provide this information in a timely manner, or provide false or fraudulent information, you may be subject to penalties.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of

Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 941 will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 13 hr., 52 min.

Learning about the law or the form 47 min.

Preparing, copying, assembling, and sending the form to the IRS 1 hr., 3 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 941 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formcomment. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send Form 941 to this address. Instead, see *Where Should You File?* in the Instructions for Form 941.

Schedule B (Form 941):

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. January 2017)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) -

Name (not your trade name)

Calendar year (Also check quarter)

Report for this Quarter...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

Month 1

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	Tax liability for Month 1 <input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>			

Month 2

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	Tax liability for Month 2 <input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>			

Month 3

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	Tax liability for Month 3 <input type="text"/>
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>			

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) ►

Total must equal line 12 on Form 941 or Form 941-SS.

Total liability for the quarter

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 or 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) _____ <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.

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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.