

**County of Moore
Health Department
P.O. Box 279
Carthage, NC 28327**

**Robert R. Wittmann, MPH, Health Director
Telephone: 910-947-3300
Administration Fax: 910-947-5837**

**Quote Request for LCSW (Licensed Clinical Social Worker) On-Site Supervision
November 26, 2018**

**The Moore County Health Department requires a complete written response to be received by
by close of Business Day at 5:00 PM on Friday, December 7, 2018.**

Responses received after 5:00 PM on Friday, December 7, 2018 will not be considered.

**A separate LCSW Quote Response Form is being sent with this Quote Request to be completed
and signed by any interested LCSW. The LCSW Quote Response Form contains a blank space
that must be filled in with an hourly rate for LCSW supervision that is inclusive of mileage and
travel time. The LCSW Quote Response Form also contains a blank space for listing an
individual LCSW North Carolina License Number.**

The **complete written response must be sent as **one single email** to Margaret Davis, Accounting
Specialist I, at madavis@moorecountync.gov .**

The **complete written response must contain either single page or multi-page **unalterable PDF
or JPEG scanned images(s)** consisting of the following three required documents:**

- (1) LCSW Quote Response Form**
- (2) Signed IRS W-(Form**
- (3) Signed and Notarized State of North Carolina – Affidavit B – Intent to Perform
Contract with Own Workforce**

**Incomplete written responses or responses not submitted in the requested format of
unalterable PDF or JPEG scanned documents will not be considered.**

**As this purchase of services will be funded with federal grant funds, all applicable Federal laws,
policies and standards must apply to all aspects of the grant.**

**The contract for this Quote Request will be awarded to the lowest price responsible responsive
bidder.**

Th County of Moore reserves the right to reject any and/or all responses.

The Moore County Health Department, located at 705 Pinehurst Avenue, Carthage, NC is seeking
competitive quotes for contracted supervision services by a LCSW (Licensed Clinical Social Worker).

A Licensed Clinical Social Worker (LCSW) is a North Carolina mandated license to practice clinical social
work. The credential is awarded to those people who have a MSW, have obtained 3000 hours of post
graduate paid supervised employment in a clinical setting in no less than two years nor more than six

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years, have received a minimum of 100 hours of clinical supervision, and have passed the ASWB Clinical level exam.

The LCSW is a license to practice clinical social work and is awarded by the North Carolina Social Work Certification and Licensure Board, which is a state regulatory board governed by state law. The LCSW is required to practice clinical social work in the state of North Carolina.

This quote request is for the provision of on-site supervision as required by the North Carolina Social Work Certification and Licensure Board for two MSW Social Workers employed by the Moore County Health Department who desire to obtain the LCSW license in order to expand services offered at our facility.

The awarded contract will be for 200 total hours of on-site supervision only and will not include any hours of off-site supervision provided by the use of technology. The combined 200 total hours of onsite supervision consists of a separate 100 hours for each of the two individual MSW Social Workers.

The hours of on-site supervision will provided as a combined total of two hours per week consisting of a separate hour for each of the two individual MSW Social Workers.

The hourly rate of compensation to be paid must be inclusive of travel time and mileage.

The contract will not include a reimbursement provision for separate travel time and mileage.

The multi-year contract term is expected to be from January 1, 2019 – December 31, 2021 in order for the state required number of hours of LCSW supervision to be completed for both MSW Social Workers in a timely manner. The exact beginning and ending date of the contact term may possibly vary by one or two months due to timing technicalities involving the pre-audit certification of the program funding and the multiple steps involved in the County of Moore contracting process.

The County of Moore operates on a fiscal year beginning on July 1st and ending on June 30th. County of Moore Governmental Offices will be closed December 24 through December 26, 2018 for the holidays. County of Moore Governmental Offices will be closed January 1, 2019 for the holidays. County of Moore Governmental Offices will be closed January 21, 2019 for the holidays.

The contracted LCSW Supervisor will be responsible for preparing and submitting weekly invoices either via USPS mail or via email to the Moore County Health Department for payment rendered within thirty days by the County of Moore Finance Department.

The weekly invoice must list in detail the individual and total amount of hours worked per calendar date for the performance of onsite supervision and the name of each MSW Social Worker that supervision was provided to.

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A Moore County EFT letter will be required to be completed by the LCSW once the contract is awarded for payment of invoices via direct deposit.

A HIPAA (Health Insurance Portability and Accountability) Business Associates Agreement will be required to be signed by the LCSW once the contract is awarded.

The contract will contain language stating that the LCSW is responsible for maintaining their own liability insurance coverage while working on-site at the Moore County Health Department.

Supervision Guidelines

- Professional and ethical conduct is expected at all times.
- All NC Social Work Board paperwork is to be brought to the first supervision sessions (licensing packet with reporting dates, signature documents, etc.).
- All contacts will be a part of supervision for the duration of this agreement.
- Unprofessional demeanor, speech and interaction observed or reported will be discussed during the supervision period.
- The LCSW will utilize Social Worker job descriptions and agency policies related to social work provided by the Moore County Health Department, including client consent for treatment and understanding of supervisory oversight.
- Adherence to supervision is defined as on-site supervision provided as a combined total of two hours per week consisting of a separate hour for each of the two individual MSW Social Workers.
- Supervision format is defined as face-to-face on-site at the Moore County Health Department.
- Supervision format will not include any hours of off-site supervision provided by the use of technology.
- Work done in the supervisory sessions will follow the usual rules of confidentiality. Permission to use client names and appropriate identifying information, as well as acknowledgment of supervisor oversight and consent for treatment should be obtained.
- The LCSW Supervisor will be required to sign a HIPAA (Health Insurance Portability and Accountability) Business Associates Agreement.
- The LCSW Supervisor will be required to sign a Moore County Health Department Confidentiality Agreement regarding Recognition of Patient's and Employee's Right to Privacy.

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Clinical Supervisor Expectations

- Provide supervision within the ethical guidelines required by North Carolina Administrative Code for the NCSWCLB (North Carolina Social Work Certification and Licensure Board)
- Provide supervision in compliance with the NASW (National Association of Social Workers) code of ethics.
- Facilitate the supervisee's ability to clinically assess the supervisee's clients for mental and emotional disorders (DSM), utilize social work methods and theory, develop appropriate treatment plans to address diagnosed disorders, and collaborate with the supervisee to identify other providers to meet needs the supervisee cannot.
- Focus on relationship development with client systems and attend to issues of transference and counter-transference: assist refinement of self-awareness.
- Offer supervisee advice, support, consultation, and challenge to enable the supervisee to reflect in depth on issues affecting the supervisee's practice. Respect supervisee's confidentiality and that of the supervisee's clients: except if the supervisee engages in or attempts to engage in any unsafe, unethical or illegal practices that are harmful to clients and that the supervisee is unwilling or unsuccessful in addressing with the supervisor. In the event of an exception arising, the supervisor will attempt to educate, redirect and support the supervisee in how to appropriately handle the issue directly. If this is unsuccessful or the practice is of such a seriousness that it needs immediate action, the supervisor will take all appropriate steps to protect the client and the supervisor's professional license and will report to the licensing board as required under regulation.
- Address supervisee's agenda, within the framework and focus negotiated at the beginning of each session. However, the supervisor reserves the right to highlight items apparently neglected or unnoticed by the supervisee.
- Maintain and utilize their own (separate) clinical supervision to support and develop their abilities as a clinical supervisor and clinician.
- Maintain a log of supervision sessions, and provide a record for the NC Social Work Certification and Licensure Board, showing the times, format (in person or through technology) and dates of the clinical supervision sessions along with a summary of the issues discussed, upon request by the Board.
- Maintain LCSW clinical licensure in good standing with the North Carolina Social Work Certification and Licensure Board.

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Supervisee Expectations

- Insure clients are properly informed of the LCSWA's practice being supervised and all client signature documents are obtained and available for the supervisor to review.
- Attend all sessions on time as agreed to in this contract or in future negotiations to meet the needs of both supervisor and the supervisee.
- Make effective use of time by preparing for the sessions, developing an agenda, bringing a list of clients served during the week to discuss, and/or preparing notes.
- Take and keep notes about the sessions to assist the supervisee in practice and development of the six month case narratives or the LCSW exam preparation.
- Be willing to learn, to develop clinical skills and be open to receiving input, challenges and suggestions.

Meeting Frequency

- Supervision is required by regulation at the rate of 1 hour of supervision for every 30 hours of clinical practice for each of the two individual MSW Social Workers.
- Meeting frequency and amount is defined as on-site supervision provided as a combined total of two hours per week consisting of a separate hour for each of the two individual MSW Social Workers.
- If the meeting is to be missed by the supervisee, the supervisee must contact the supervisor as soon as possible to cancel and reschedule the meeting.
- If the meeting is to be missed by the supervisor, the supervisor must contact the supervisee as soon as possible to cancel and reschedule the meeting.

**Addendum #1 No Group Supervision
Quote Request for LCSW (Licensed Clinical Social Worker) On-Site Supervision
November 26, 2018**

Dear Licensed Clinical Social Worker,

A question was brought up regarding providing part for the contracted LCSW supervision hours as group supervision at a reduced rate.

Please be advised that the Moore County Health Department is not interested in group supervision. Group supervision was purposely not included in our original scope for the quote request.

Please do not alter or add language to the LCSW Quote Response Form when providing your rate quote.

Thank you,
Margaret Davis
Accounting Specialist I
Moore County Health Department
(910) 947-4507
madavis@moorecountync.gov

QUOTE RESPONSE FORM

MOORE COUNTY HEALTH DEPARTMENT

Response to Quote Request for LCSW (Licensed Clinical Social Worker) On-Site Supervision

As a LCSW who has read the Quote Request dated November 26, 2018 and understands all the requirements listed, I am interested in submitting a quote to provide these contracted LCSW supervision services for the Moore County Health Department.

The hourly rate of compensation that I would charge for on-site LCSW supervision inclusive of travel time and mileage is \$ _____ per hour.

I understand that the awarded contract will not include a reimbursement provision for separate travel time and mileage.

I understand that the awarded contract will be for the provision of on-site supervision only and will not include any hours of off-site supervision provided by the use of technology.

I understand that the contract will be awarded to the lowest price responsible responsive bidder.

I understand that the County of Moore reserves the right to reject any and/or all responses.

North Carolina LSCW License #: _____

Email address: _____

Phone Number: _____

Mailing Address: _____

Signature: _____

Printed Name: _____

Date: _____

Minority Participation – Own Workforce Document

State of North Carolina – Affidavit B - Intent to Perform Contract with Own Workforce.

County of Moore

(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for the **Licensed Clinical Social Work** contract.

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and

The Bidder agrees to provide any additional information or documentation requested by the owner in support of the above statement. The Bidder agrees to make a Good Faith Effort to utilize minority suppliers where possible.

The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of _____, County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Notary Public _____

My commission expires _____

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, 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 Pub. 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 24% 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 instructions for Part II 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*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

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*, later, 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. 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*, earlier.

*Note: The 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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.