HAZLET TOWNSHIP LAND USE BOARD

Application #_____

Site Plan Application _____ Preliminary Subdivision _____ Final Subdivision ____
USE Variance _____

Applicant's Name _____

Individual _____
Partnership _____
Corporation _____

Address _____

Town _____ Phone _____

ATTACH A LIST OF ALL PARTNERS/ OFFICERS HOLDING 10% OR MORE PARTNERSHIP OR CORPORATION.

Owner of Record _____

Address _____

Signature of Property Owner of Record:

_____

Town _____ Phone _____

It is understood the signature of Property Owner indicates his acknowledgement and permission for this application to Be submitted to the Hazlet Township Land Use Board for consideration.

Site Planner's Name _____

Address _____

Town _____ Phone _____ Email: _____

Block _____ Lot _____ Zone _____ Conforms, Yes _____ No _____

Proposed Development Name _____

Location _____ Variance, Yes _____ No _____

Reason for Variance (Attach Variance Application) _____

Land Area _____ Building Area _____ % of Building Coverage _____

Parking Spaces Required _____ Parking Spaces Provided _____ New Curb Cuts _____

Parking Space Dimensions: Width _____ Length _____ Drive Aisles _____

Sign: New _____ Existing _____ Number of Lots Proposed _____

New Lighting _____ Landscaping _____ Building Height _____

Check where applicable: Freehold SCD _____ CAFRA _____ NJDOT _____
NJDEP _____ Sewerage Utility _____ Tree Removal Permit _____

PURSUANT TO ARTICLE X, SECTION 100.1 (B) 9 OF THE DEVELOPMENT REVIEW ORDINANCE, I AGREE TO PAY ALL PROFESSIONAL FEES WHICH MAY BE INCURRED BY THE LAND USE BOARD IN THE REVIEW OF THIS APPLICATION. I AGREE FURTHER TO PAY THE ESTIMATED COSTS OF SUCH REVIEW IMMEDIATELY UPON NOTIFICATION OF SUCH ESTIMATE.

_____ _____
SIGNATURE OF APPLICANT OR AGENT DATE

APPLICATION FEE $ _____ RECEIVED BY _____ DATE _____
ESCROW FEE $ _____ RECEIVED BY _____ DATE _____
FIRE PREVENTION FEE $ _____ RECEIVED BY _____ DATE _____

Revised June 2023

The street address of the property is _____

The location of the property is approximately_____feet from the intersection of _____and _____

Block _____Lot _____

Existing use of Property_____

Proposed use of Property _____

Lot Dimensions	Existing	Required
Frontage	_____	_____
Depth	_____	_____
Width	_____	_____
Lot Area, Acres or Square Feet	_____	_____

Type of Proposal is: New Structure ____ Expansion of Structure____

Improved parking area ____ Alteration of Structure ____

Other (Explain)_____

Name of Business or Present Activity_____

Name of Business or Proposed Activity_____

Are there Deed Restrictions that apply or are contemplated? YES_____ NO_____
(if yes, attach copy)

Improvements – List all proposed **ON-Site** utility and **Off-Tract** improvements:

_____

_____

_____

Plat Submission – List maps and other exhibits accompanying this application:_____

_____

Waiver Request – List waivers request and reason for same:

_____

Variance Application:

The Proposed _____ _____

Is contrary to Article _____ Section _____ of the Development

Review Ordinance in the following particulars _____

_____

_____

The reason for this request and the grounds urged for the relief demanded are as follows:

_____

_____

Applicant's Attorney _____ Tel # _____
Address _____ Email: _____

Applicant's Engineer _____ Tel # _____
Address _____ Email: _____

Applicant's Planner _____ Tel # _____
Address _____ Email: _____

Applicant's Traffic Expert _____ Tel # _____
Address _____ Email: _____

****

I, _____ being of full age, being sworn upon _____

Oath deposes and says:

I am the appellant in the above matter and the information as set forth herein is true to the best of my knowledge and belief.

_____
signature of applicant

Sworn and subscribed before me this _____ day of _____ 20___

_____
Notary Public

HAZLET TOWNSHIP LAND USE BOARD

APPLICATION # _____

6 COPIES OF COMPLETED APPLICATION, **6** COPIES OF PLANS AND **1 PDF FILE** MUST BE FILED WITH BOARD SECRETARY

DATE RECEIVED _____

APPLICATION FOR FINAL APPROVAL OF FINAL SUBDIVISION PLAT

Applicant's Name _____ Individual _____

Address _____ Partnership _____

Phone _____ ATTACH A LIST OF ALL PARTNERS OR OFFICERS HOLDING 10% OR MORE OF PARTNERSHIP OR CORPORATION

Name and Address of Owner if other than above:

Name _____ Signature of Property Owner if other than Applicant:

_____

_____

Phone _____

Location of Subdivision _____

Block _____ Lot/s_____ Number of Proposed Lots _____ Zone _____

PROPERTY TAXES ARE PAID THROUGH CURRENT QUARTER YES _____ NO _____
(PLEASE ATTACH COPY OF PAID TAX BILL OR CERTIFICATION FROM TAX COLLECTOR)

Please check other Applications where appropriate:

Soil Conservation District:	Yes __ No __	Application made:	Yes __ No __
NJDEP	Yes __ No __	Application made:	Yes __ No __
CAFRA	Yes __ No __	Application made:	Yes __ No __
Hazlet Sewerage Utility	Yes __ No __	Application made:	Yes __ No __
Tree Removal Permit DOT	Yes __ No __	Application made:	Yes __ No __
	Yes __ No __	Application made:	Yes __ No __

Article IX, Section 900, No resolution approving any development application which is subject hereto shall be passed by the Hazlet Township Land Use Board until all fees and escrow sums required hereunder have been paid in full.

_____ _____

SIGNATURE OF APPLICANT *DATE*

Revised June 2023

ATTACHED HERETO AND MADE A PART HEREOF ARE THE FOLLOWING:

1. Subdivision or Site Plan Application (6 copies)

2. Plats drawn to conform with the requirements of the Development Review Ordinance (6 copies).

3. Check list (Schedule 'A' or Schedule 'B')

Applicant's Attorney _____ Tel # _____
Address _____ Email: _____

Applicant's Engineer _____ Tel # _____
Address _____ Email: _____

Applicant's Planner _____ Tel # _____
Address _____ Email: _____

Applicant's Traffic Expert _____ Tel # _____
Address _____ Email: _____

I, the undersigned, being duly sworn according to law upon my oath do depose and say that all of the statements contained herein are based on my own knowledge to be true and correct.
Dated: _____ By: _____

Sworn and subscribed to before me:
This _____ day of _____ 20___

_____

If the Applicant is not the owner of the property herein, the Property Owner must sign the following consent:

The foregoing application is hereby consented to on

the _____ day of _____ 20___

_____ _____
Signature of Property Owner *Address*

_____

_____
Telephone number

HAZLET TOWNSHIP LAND USE BOARD

1766 Union Avenue
TOWNSHIP OF HAZLET
COUNTY OF MONMOUTH, NEW JERSEY 07730
(732) 264-1700 (8659)

PROOF OF SERVICE

In the matter of the application :

Of: _____:

STATE OF NEW JERSEY :

COUNTY OF MONMOUTH :

I, _____ being duly sworn on my oath, depose and say: That I am the applicant, owner, agent of applicant (Strike out inapplicable words) at the date herein after stated. I served notice, of which the annexed is a true copy, upon the following property owners, each of whose property is within two hundred feet of the property of the appellant to be affected in this matter, in the following manner, that is to say.

(a) Personally by handing such copy to said property owners, being residents of the Township.

(b) By mailing, Certified Mail, Return Receipt Requested, such true copy to the last known address of such property owner as shown by the most recent tax lists of said Township.

Attached, is the original address list, signatures affixed to the NOTICE with date of each signature, and/or submitted Certified White Receipts as well as Green Card Return Receipts from the Post Office of each mailing.

(LS) _____

Subscribed and Sworn to before me this

_____ day of _____ 20___.

_____

HAZLET TOWNSHIP LAND USE BOARD

PLEASE TAKE NOTICE that the undersigned has appealed to the Hazlet Township Land Use Board so as to permit/grant:

Notice

On premises located on _____Hazlet, NJ

Described as follows:_____

Known as Block: _____ Lot: _____ on the Tax Map, which is within 200 feet of the property owned by you.

The application, maps and plans are on file with the Board Secretary of the Hazlet Township Land Use Board and may be inspected, by appointment *(732) 217-8659*, at the Hazlet Township Municipal Building, 1766 Union Avenue, Hazlet, NJ, during business hours by all interested parties prior to the meeting.

This appeal is now on the Administrator's calendar and a public hearing will be held On the _____ day of _____,20_____ in the New Municipal Building located at 1766 Union Avenue, Hazlet, NJ. Said meeting will take place At **7:00 pm**, at which time you may appear either in person, by agent or attorney and present any objection which you may have to granting this appeal.

This notice is served upon you by order of the Hazlet Township Land Use Board.

Respectfully,

Dated:_____

_____
Signature of Applicant

Last Revised June 2023

Date Received:_____ Case No: _____

Return to: Laura McPeek

Hazlet Township Land Use Board

1766 Union Avenue, Hazlet, NJ 07730

ENVIRONMENTAL ASSESSMENT CHECK-LIST

To be completed by Applicants and included in the **Subdivision and Site Plan review Package.**

Project Name:_____

Phase (if applicable): _____

Municipality: _____

Block and Lot(s): _____

Acreage: _____

Applicant's Address: _____

City: _____, **State:** _____, **Zip:** _____

Telephone No., _____, **Email:**_____

Person completing this form: _____

Signature _____**Title**_____

Project Type: (***Check One***)

_____ Site Plan, Provide SIC Code if known _____( )

_____ Major Subdivision, Number of Units _____( )

_____ Minor Subdivision, Number of Units _____( )

_____ Condominium, Type and Number of Units _____( )

Revised June 2023

CHECK ALL STATEMENTS THAT APPLY

Project Construction

___ NJDEP Permits are required
___ Project will be completed in phases
___ Construction will continue for more than one year
___ Project will include Industrial or Research Use
___ Project will include Manufacturing Use

Physical Features

___ On-Site slopes EXCEED ten percent (10%)
___ Slopes greater than fifteen percent (15%) will be disturbed
___ Depth of Water Table is three feet (3') or less
___ Excavations may expose Acid Soils
___ Impervious Area will EXCEED 10,000 square feet and/or seventy-five percent (75%) of the site
___ Project area within two-hundred feet (200') of site includes a mapped or known Flood Zone
___ Project area includes a Greenway mapped by the Municipality or Monmouth County
___ Parking will be in EXCESS of four (4) spaces

Drainage

For the next 4 questions, please refer to the Monmouth County Planning Board Drainage Features Map

___ Name of Drainage Basin _____

___ Name of Watershed _____

___ Name of Sub-Watershed _____

___ Name of Stream Project drains to: _____

Water

___ Project includes or is adjacent to Open Water or Wetlands
___ Project will divert Ground Water Supplies
___ Project will require Siltation Controls
___ Grading will Alter Existing Drainage Patterns
___ Project will require Storm Water Outfalls
___ Project will require Detention or Retention Basins
___ Project will require Drainage Swales and/or ditches
___ Drainage Water will be routed Off-Site
___ Drainage Water will be routed to a Stream and/or Wetlands

Agricultural Resources

___ Project Site was FARMED sometime in the past
___ Project will irreversibly convert more than two acres of Agricultural land to other uses
___ Project is expected to sever, cross or limit access to Agricultural land (cropland, hayfields, pastures, vineyards, orchards, nursery, etc.
___ Construction activity will excavate or compact soil profiles On-Site
___ Construction activity will excavate or compact soil profiles Off-Site
___ Contiguous lands are an Agricultural Use

Plants and Animals

___ New Jersey Heritage Data Base has been consulted to determine the historic record of sightings and the potential presence of habitat for threatened or endangered species
___ Habitat for threatened or endangered species is known to exist on the project area
___ Project area includes any portion of a known critical or significant wildlife habitat
___ New Jersey Native Plant Society has been contacted to ascertain the presence of wildflower or wild herb plant communities or specimens
___ Project will result in the removal of more than one-half acres of Forest Cover

Esthetic Resources

___ A detailed landscape plan has been prepared
___ Project area includes Buffers along the perimeters
___ Non-vegetative buffer screens are proposed
___ On-site lighting will be screened to prevent off-site spillage
___ Project is located along a Scenic byway

Historic and Archeological Resources

___ Project includes or is contiguous to a facility listed on a Municipal, County, State or Federal Register of Historic places
___ Project is located within a Historic District
___ Project includes an archeological site or fossil bed
___ Project is located near archeological sites or fossil beds that have been known to occur

Open Space and Recreation Resources

___ Project includes lands shown as proposed Open Space and/or Greenways on the official Monmouth County Open Space Master Plan map
___ Project is adjacent to an existing or proposed Green Acres Site or Municipal Preserve, Natural Area, Park or Recreation Site
___ Project will NOT include Recreational Facilities

Utilities and Waste Management

___ Project will require an increase in Regional Solid Waste Disposal Facility capacity
___ Project will require Sewerage Treatment Facilities to be installed or expanded
___ Septic facilities will be installed or expanded
___ Project will require an extension or increase in Regional Water Purveyor capacity
___ Project will require extension and/or improvements in Electric or Gas Delivery systems and/or capacity

Air Resources

___ Project will reduce existing levels of service at intersections serving this project
___ Project will decrease levels of service on adjoining roadways
___ Project will require an increase in Public Transit capacity
___ Project will require or include alterations to roadways, Intersections, and/or bridges
___ Project will alter the existing mix of vehicles which use nearby Municipal & County roadways
___ Project includes construction of a Chimney or Stack
___ Project is expected to emit Industrial Gases

Noise and Odor

___ Completed Project, may produce or increase odors or vibrations
___ Completed Project, will produce operating noise in excess of existing outside ambient noise levels
___ Project will remove natural or manmade screens which buffer existing and future noise generators from noise receptors
___ Project will employ construction procedures which may exceed typical noise, odor and/or dust emissions

STATE AND REGIONAL PERMITS AND/OR CERTIFICATES

CHECK ALL THAT THIS PROJECTS WILL REQUIRE AS WELL AS THE STATUS

		STATUS		
		Applied	Pending	Action*
___	CAFRA	( )	( )	_____
___	Statewide General Freshwater Wetlands Permit	( )	( )	_____
___	Open Water Fill Permit	( )	( )	_____
___	Individual Freshwater Wetlands Permit	( )	( )	_____
___	Transition Area Waiver or Averaging Permit	( )	( )	_____
___	Stream Encroachment	( )	( )	_____
___	Water Diversion	( )	( )	_____
___	Soil Erosion & Sediment Control	( )	( )	_____
___	Air Pollution Control	( )	( )	_____
___	Waterfront Development	( )	( )	_____
___	Discharge Prevention & Control	( )	( )	_____
___	Underground Storage Tank (UST)	( )	( )	_____
___	Dam Repair and/or Construction	( )	( )	_____
___	Realty Improvement Sewerage & Facilities Certificate	( )	( )	_____
___	NJDEP Permit (Surface Water)	( )	( )	_____
___	NJDEP Permit (Ground Water)	( )	( )	_____
___	Sewer Extension and/or Construction	( )	( )	_____
___	Sewer Connection Exemption	( )	( )	_____
___	Water Quality Certificate	( )	( )	_____
___	Solid Waste Facility Registration	( )	( )	_____
___	Disruption of Solid Waste	( )	( )	_____
___	Recycling Facility	( )	( )	_____
___	Hazlet-Waste Facility	( )	( )	_____
___	Water Diversion (Surface)	( )	( )	_____
___	Water Diversion (Groundwater)	( )	( )	_____
___	Water Lowering Permit	( )	( )	_____
___	Well Drilling Permit	( )	( )	_____
___	Potable Water Facility	( )	( )	_____
___	Green Acres Review	( )	( )	_____
___	Access Driveway Permit	( )	( )	_____
___	Drainage Permit	( )	( )	_____
___	Highway Advertising Permit	( )	( )	_____
___	Outdoor Advertising Permit	( )	( )	_____

Any Additional _____

*Conditional, Denied, Other, or N/A

Monmouth County Planning Board

HALL OF RECRODS ANNEX POST OFFICE BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE 732-431-7460

FILE NUMBER_____

SITE PLAN APPLICATION FORM

Municipality_____ Project Name_____
Applicant_____ Attorney_____
Address _____ Address _____
_____ _____
Telephone _____ Telephone _____
Owner_____ Name of person and_____
(if other than applicant) firm preparing the plan
Address _____ Address _____
_____ _____

Municipal Agency plans has been filled with: check one
___ Planning Board ___ Zoning Board ___ Land Use Board ___ Construction Official

Tax Map: Block _____ Lot(s)_____

Location (Road, intersecting roads, between what roads?) _____

Zone _____ Existing Use _____ Proposed Use _____

If residential, indicate number of dwelling units _____ Gross Density _____

Area of tract _____Impervious Area: Existing _____ Proposed _____ Total_____

Area of building (square feet): Existing _____ Proposed _____ Total _____

Number of buildings _____ Area of each _____

Number of parking spaces: Existing _____ Proposed _____ Total _____

Number of employees: Existing _____ Proposed _____ Total _____

Hours of operation: Starting time_____ Ending Time_____

Signature of applicant or agent_____ Date:_____

The review period as set forth in N.J.S.A. 40:27-6.7 will not commence until the proper application fee, complete plans and any required information and data are submitted.

Certified checks, cashier's checks or money orders shall be made payable to the County of Monmouth. Cash will not be accepted.

State, county and municipal governments, churches, hospitals and secular non-profit institutions are not required to submit fees.

Do Not Write Below This Line

___ Review Fee Paid Amount_____Date Received_____
Received by:_____ Revised June 2023

SUBDIVISION APPLICATIONS:

1. **Prior to receiving Preliminary or Final Approval of any Subdivision/Site Plan**, a copy of said Plan must be submitted by the applicant to the Tax Assessor's Office for approval of the Block and Lots.

_____ _____

Date submitted to Tax Assessor Submitted by (signature)

2. Pursuant to Article IX. Section 900 of the Development Review Ordinance, upon approval of a **minor or major subdivision** the applicant shall provide the following non-refundable fee to cover engineering costs for revisions or changes to the Official Township Tax Map.

   a. **Minor subdivisions**: The applicant shall provide a non-refundable fee of **$75.00 per lot** to cover the engineering cost for revisions and/or changes to the Official Tax Map.
   b. **Major subdivision**: The applicant shall be responsible for all fees connected therewith for any changes or revisions relative to the tax map sheets relating to the major subdivision to cover the engineering costs for the revisions and/or changes to the Official Tax Map.

Do Not Write Below This Line, For Official Use Only

Number of Proposed Lots_____

Fee Paid _____

Signature_____

Hazlet Township Land Use Board

Revised June 2023

HAZLET TOWNSHIP BUREAU OF FIRE PREVENTION

812 Poole Ave., Suite A, Hazlet, NJ
Email mbarney@hazletfiredistrict.org

SITE PLAN/SUBDIVISION REVIEW APPLICATION

APPLICANT NAME:_____
APPLICANT ADDRESS:_____
PROJECT NAME:_____
PROPERTY LOCATION:_____
BLOCK:_____LOT:_____

Application#_____has been made to the Planning/Zoning board for above referenced property, submitted to The Bureau of Fire Prevention on_____.
Attached Original plans dated_____
Attached Revised plans dated _____
Plans for review submitted by _____
for review by the Fire Official, Hazlet Township Bureau of Fire Prevention.

Fee $150.00 Date Received_____ Check #_____

.....

FOR OFFICE USE ONLY

☐ Approved (Final) ☐ Approved (Preliminary)

☐ Approved with Conditions:_____
_____
_____
_____

☐Denied Due to:_____
_____
_____
_____

Property Identification Sign ☐ Building☐

Store Name &/or Number Front ☐ Rear ☐

_____ Date_____
Thomas Horner, Fire Official

Cc: Applicant
Land Use Board

Account Number: 1004026330 Master Account Name: Hazlet Twp. Developers Escrow

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

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

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

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, *later.*

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
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.