



City of Boston Workforce Development

Neighborhood Jobs Trust (NJT)
PROGRAM GUIDE
V. 2023.06

The Mayor's Office of Workforce Development
A Division of BPDA/EDIC

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PREFACE

The Neighborhood Jobs Trust (NJT) Program Guide is a handbook for contracted service providers to implement NJT Job Training Services. It includes a description of NJT, grant requirements, best practices for programs, procedures, a basic timeline for procedures during the grant period, a glossary of acronyms, and information on data collection.

Additionally, all sample forms and informational documents are included within the handbook. Please use this handbook as a resource for questions concerning NJT procedures regarding your program contract.

If you have additional questions, please do not hesitate to contact Anna Sherr, Senior Program Manager for NJT at anna.sherr@boston.gov.

WHAT IS NJT?

The Neighborhood Jobs Trust (the “Trust”) is a Massachusetts public charitable trust created under the authority of Chapter 371 of the Acts of 1987 and the laws of the Commonwealth of Massachusetts and is administered by the Collector-Treasurer of the City of Boston, Massachusetts (the “City”) as managing trustee pursuant to Chapter 11 of the ordinance. The purpose of the Trust is to ensure that large-scale real estate development in Boston brings a direct benefit to Boston neighborhood residents in the form of jobs, job training and related services.

The Trust is managed by three Trustees: a member of the City Council appointed by the mayor; the Director of the Office of Workforce Development; and the Collector-Treasurer of the City of Boston, who serves as a managing trustee. Administrative management of Trust funds is provided by the City of Boston’s Office of Workforce Development (OWD).

Funds in the Trust come from jobs linkage fees. The zoning law of the City of Boston requires that commercial construction projects in excess of 100,000 square feet receive a zoning variance, one condition of which is that the developer of the project is obligated to pay a linkage fee, based on square footage, to the Trust. Developers have two options:

- 1) Job Contribution Grant – the developer may simply make the payment to the Trust, to be administered in its entirety by the Trustees in accordance with established regulations and policies.
- 2) Jobs Creation Contribution – prior to making a payment to the Trust, the developer may request that linkage funds be used to create a job training program for workers who will be employed, on a permanent basis, at the development project.

PURPOSE OF FUNDS

Jobs linkage funding must be used to meet the employment needs of lower income Boston residents, defined as below 80% of median income according to the U.S. Department of Housing and Urban Development. NJT is interested in serving lower-skilled individuals, with multiple barriers to employment.

The Trust is obligated to maintain a balance between services targeted to specific neighborhoods impacted by development and services accessible to residents across the city, including those not currently impacted by large-scale development.

NJT funds are intended to serve Boston residents seeking full-time (at least 30 hours weekly), permanent employment. The program’s outcome must be a training-related job, or placement into a post-secondary program leading to a full-time position that meets or exceeds the Boston living wage

of \$17.55/hour with access to benefits (as of July 1, 2023). Educational placements must have evidence of value or recognition in their economic sector, leading to better opportunities for advancement. For certain populations, part-time jobs (at least 20 hours weekly) may be a strategic first step and this waiver will be provided on a case-by-case basis upon OWD's approval.

Services should include outreach and recruitment, in-depth assessment, classroom and (as appropriate) worksite instruction, case management, educational and career counseling, job placement, and post-placement services. Job training programs should place participants on a career pathway that can lead to higher-paying jobs and provide access to employer-provided education benefits and support in further training leading to better jobs. Because a significant part of developing economic security for families is financial management, program designs are strongly encouraged to include financial education and asset building opportunities for participants. It is also essential that services are customized to the attributes and support needs of the program's target populations and assist that population in overcoming their barriers to employment.

PROCUREMENT

CONTRACTING

Contracts will be for a 12-month period. In issuing a contract, OWD makes no commitment to refunding, but reserves the right to refund programs based on the availability of funds and on program performance, organizational capacity, administrative responsiveness, and service to target populations.

OWD will notify programs if they have been awarded NJT funding. After being awarded, programs must work with OWD to develop their contract. In the contracting process, programs and OWD will come to an agreement on the number of participants to be enrolled and placed into training-related employment or post-secondary programs for the fiscal year and on other program related matters.

The NJT contracts are hybrid performance-based contracts, with 50% of the total grant award to be paid upon contract execution, and 50% to be paid upon OWD's verification of placements achieved. There are also a number of other uniform contract forms that programs must complete.

All service providers' program and fiscal staff are required to review their contract in detail regarding the regulations of the program.

PROGRAM REQUIREMENTS

All NJT funded programs must place at least 70% of the enrolled participants in full time (30 hours per week), training related employment with 30-day retention. Part-time training related employment (at least 20 hours per week) with 30-day retention, will be considered as a placement on a case-by-case basis. OWD will have the discretion to grant a waiver upon receipt of good cause documentation. Internships will not count as placements unless the program participant is enrolled in a post-secondary education program.

Two or more part-time jobs adding up to 30 hours a week will not be considered a full-time placement and two or more part-time jobs adding up to 20 hours a week will not be considered a part-time placement.

- OWD expects, but does not require, that wages meet the Living Wage standard (\$17.55/hour in Fiscal Year 2023-2024).

- If OWD has approved a service provider to place participants into educational programs, then the participant must be enrolled in a post-secondary or credential-awarded program either full-time or part-time for at least 30 days with a full description and service plan of how this program will advance the participant onto a career path providing economic advancement and a stable living income.
- All part-time placements must also be placed into a part-time (at least 20 hours per week) training-related employment or into another part-time post-secondary or credential-awarded program. EDIC will have the discretion to grant a waiver upon receipt of good cause documentation.
- 25% of NJT-funded participants enrolled into a job training program must meet one or more of these criteria:
 - Ex-offenders and other individuals with CORI issues
 - Homeless or near-homeless individuals
 - Housing voucher recipients; or
 - TANF recipients

PROGRAMMING

ENROLLMENT AND ENROLLMENT ROSTERS

- All enrollments must occur within the Service Provider’s contract period.
- An individual must have attended a minimum of 75% of the scheduled class days within the contract period and fit the eligibility guidelines as stated in the Proof of Boston Residency.
- The participant must be listed on the NJT Enrollment Roster.
- Service Provider must complete and submit an Enrollment Roster within 2 weeks after the cycle start date.
- Service Provider must complete the last column of the Enrollment Roster by verifying which participants have completed/graduated the program and submit it to OWD within 2 weeks after the cycle end date.
- The participant’s documentation must be collected, verified, and maintained in the Service Provider’s file and EDIC must approve the participant listed on the enrollment roster to be considered “an enrollment”. As NJT staff will perform spot checks of provider files during Site Visits – all verification documents should be available for review at the provider’s location but *should not be uploaded to the BOX folder*.
- Providers are required to maintain accurate, up-to-date attendance records for each NJT skills training participant, which should also be available at the site for review.
- 25% of participants enrolled into the job training program under NJT must meet one or more of these criteria: Ex-offender and other individuals with CORI issues, homeless or near-homeless individuals, housing voucher recipients, or TANF recipients. Please note the criteria for Targeted Enrollment definitions.
- With OWD’s approval the contractor can over-enroll by 20% of the enrollment number approved during contract negotiation. All participants who are over-enrolled into the program must fit all the NJT participant eligibility criteria to be counted as an enrollment and be enrolled into the program within the contract period.

SITE VISITS AND FILE REVIEWS

Site Visits to NJT funded service providers are conducted at least once per contract year. The purpose of a site visit is for OWD to get better acquainted with the provider's programming and to conduct a File Review. We may review a sample or all NJT participant files during our visit. The following should be included in an NJT Participant file:

- A copy of the participant's intake form
- Proof of Boston residency
- Proof of Age
- Household Income (this includes proof of income, Family Size Worksheet, and Income Calculation Sheet (s))
- Signed and completed Authorization for Release of Information Form*
- Resume
- Attendance Record

**must be uploaded to BOX folder*

All participant files must be archived/stored for at least 7 years in case of future audits.

NJT may request a Classroom Observation, which could consist of speaking with participants in the program regarding their opinion of the quality of the services delivered. Participants may be asked to share and provide feedback about their experience in the program. Other site visits could include help with technical assistance as requested, and/or presence at program events such as graduations/special events.

INVOICING

Service providers should bill regularly by completing and submitting the NJT Outcome invoice, the Employee Verification form or a generated form by the Employer or the Educational Program Administrator with all the information OWD requests. The verification form must be completed and signed by the Employer or Educational program administrator and the NJT Authorization for Release of Information form must be signed by the participant listed in the invoice. NJT strongly encourages provider organizations to bill for participants in each completed cycle as the contract progresses through the grant period.

Allowable Employee Verification Documents:

- Completed and signed NJT Employee Verification form from the participant's Employer which includes all NJT-requested information.
- Copy of New Hire Letter and copies of 4 consecutive paystubs if paid weekly or 2 consecutive paystubs if paid bi-weekly or semi-monthly. (From these two documents OWD should be able to determine start date, 30-day retention, participant's job title, hourly wage, number of hours worked weekly, and the nature of the participant's benefits. If not, the NJT Service Provider must obtain another form of verification from the participant's employer.)
- Letter from participant's advisor or the educational program administrator verifying part-time or full-time enrollment in post-secondary education program and the certificate or degree anticipated at the time of completion.

Information to Note:

- This is a performance-based contract, with 50% of the payments contingent upon job placements. For compensation, OWD requires that all placements occur within the contract period or within the 90-day period following the contract's end.
- All providers have 100 calendar days after their contract expires to submit their final invoice to OWD. If your organization does not reach the placement goal or misses the deadline to submit their final invoice, any remaining funds committed to your organization will go back into the Trust and will no longer be available for invoicing.

CORRECTIVE ACTION

This process occurs prior to contract suspension and/or termination, and the de-obligation of funds, and after all other technical assistance efforts have been ineffective in reaching a resolution.

EDIC Program Management will initiate corrective action in the following situations:

- When a regulatory violation has occurred.
- When participants' health or safety is threatened.
- When primary contracted services have not been delivered.
- When funds have been improperly expended; or
- If performance is significantly below plan

CONTRACT EXTENSION REQUEST PROCEDURE

It is expected that all providers will complete the contracted scope of work within the stated time parameters of the contract. If during the term of the contract, the vendor is deemed by the NJT Program Manager or has self-reported difficulty with meeting the negotiated terms, then Technical Assistance will be provided to the vendor to assist with meeting contracted deliverables. Extenuating circumstances must be proven to secure a contract extension. Contract extension requests will be reviewed on a case-by-case basis. Requests must be made at least 90 days before the term of the contract ends.

Requests for a contract extension must be submitted in writing with supporting documentation as to the reason for the extension, its duration, and efforts to date to meet contracted outcomes. Please note that a provider's responsiveness and adherence to contract administrative requirements will also be considered.

NJT PARTICIPANT ELIGIBILITY

All Service Providers must enroll individuals in need of skilled employment who are unemployed or underemployed. This can include unemployed people who have been out of the labor force for some time, as well as individuals who are underemployed. Underemployed can mean those in temporary, part-time, or unstable positions, those working in jobs without benefits, and those whose income does not suffice to meet the needs of their families.

Participants funded by this grant must meet these eligibility criteria:

- Boston resident
- 18 years old or older
- Must be willing and able to be placed in and retain full-time, unsubsidized employment or be placed in post-secondary education leading to a career offering full-time employment at a living wage.
- Must meet income guidelines of being at or under the income benchmarks.

- Targeted Enrollment Benchmark – at least 25% of the individuals enrolled in the training program funded by NJT must come from one of these target populations:
 - Ex-offenders and other individuals with CORI issues
 - Homeless or near-homeless individuals
 - Housing voucher recipients; or
 - TANF recipients.

Participant’s files must contain the following:

- A copy of the participant’s intake form
- Proof of Boston residency
- Proof of age
- Household income (includes Proof of Income, Family Size Worksheet, and Income Calculation Sheet(s))
- Signed and completed Authorization for Release of Information Form
- Resume
- Attendance Record

Other documents that service providers may include in participant’s files:

- Individual Service Plan
- Case Notes
- Job Search Records
- Pre and Post Tests or Assessment Tools

BOSTON NEIGHBORHOOD ZIP CODES

Neighborhood	Zip Codes
Allston	02134, 02163
Back Bay	02116
Beacon Hill/ Downtown	02108
Beacon Hill/ West End	02114
Boston/Other	02467*
Brighton	02135
Charlestown	02129
Chinatown and Surrounding Areas	02111
Dorchester	002122, 02124, 02125
East Boston	02128
Fenway	02115
Fenway/ Kenmore	02215
Financial District	02110
Financial District/ North End	02109
Government Center	02203
Hyde Park	02136
Jamaica Plain	02130
Mattapan	02126
Mission Hill	02120
North End	02113
Prudential Center	02199

Roslindale	02131
Roxbury	02119, 02121
South Boston	02127
South Boston Waterfront	02210
South End	02118
West Roxbury	02132
	02467

*02467 includes portions of both Boston and Chestnut Hill

ELIGIBILITY WORKSHEETS

The following checklists and forms are included to help program administrators determine participants' NJT eligibility. In addition to the eligibility guidelines and list of acceptable documents to demonstrate proof of eligibility template forms and worksheets are included that, although not required, may be helpful during the enrollment process. Please review the following pages and contact NJT with any questions before working with potential participants. Examples of completed sample forms for both applicants and providers are included at the end of this handbook.

NJT ENROLLMENT WORKSHEET & CHECKLIST

**This enrollment worksheet is not required but may be used as a tool in gathering the necessary enrollment data and tracking the required eligibility documentation for each participant.*

Participant Name: _____ Cycle/ Cohort #: _____
 DOB: _____ Start Date: _____
 Address: _____ End Date: _____

DEMOGRAPHIC ENROLLMENT DATA

Gender:		Highest Level of Education:	
Race:		Household Size:	
Ethnicity:		Annual Household Income:	
Native Language:		Income Type:	

ELIGIBILITY DOCUMENTATION

Include each of the following in the participant file. These documents should match the data in your enrollment roster.

Eligibility Criteria/ Documentation	Type of Documentation Provided	Collected/ Completed
Intake Form		<input type="checkbox"/>
Boston Residency		<input type="checkbox"/>
Age 18+		<input type="checkbox"/>
Proof of Household Income at or below 80% Boston's AMI	Family Size Worksheet	<input type="checkbox"/>
	Income Calculation Worksheet(s)	<input type="checkbox"/>
Authorization for Release of Information	NJT Form	<input type="checkbox"/>
Resume		<input type="checkbox"/>

BARRIERS

Targeted Enrollment Benchmarks (check all that apply)			
<input type="checkbox"/> TANF/ TAFDC Recipient	<input type="checkbox"/> Housing Voucher Recipient	<input type="checkbox"/> CORI	<input type="checkbox"/> Homelessness or near homelessness

COMPLETION STATUS

Completed/ Graduated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Graduation/ End date:
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Proof of Boston Residency

Verification

Before any participant is enrolled in a NJT funding skill training program, they must provide the following required proof of primary residency to the training center as part of their enrollment. Participants will not be approved without the required documents.

A photo ID plus one the following documents: *(If the photo ID does indicate participant's current address a secondary document is not necessary)*

- A Utility Bill (not water or cell phone) dated within the past 60 days of enrollment.
- A Deed, Mortgage Payment dated within the past 60 days of enrollment, or Property Tax Bill dated within the last year
- A current Lease, Section 8 Agreement, or a notarized letter verifying residency from the owner or lessee of the property where the participant lives. This letter must be signed by the property owner.
- A W2 form dated within the year, or a Payroll Stub dated within the past 60 days of enrollment.
- A Bank or Credit Card Statement dated within the past 60 days of enrollment.
- A letter from homeless shelter
- A letter from an Approved Government Agency* dated within the past 60 days of enrollment.
- Other: _____

**Approved government agencies: Departments of Revenue (DOR), Children and Family Services (DCF), Transitional Assistance (DTA), Youth Services (DYS), Social Security, any communications on Commonwealth of Massachusetts Letterhead.*

This list is not exhaustive; if there is another official document that the participant can provide to prove Boston Residency please obtain the approval of **Anna Sherr, Senior Program Manager for NJT at anna.sherr@boston.gov. If approved, you can utilize the document as "Other".*

Proof of Age

Verification

Before any participant is enrolled in a NJT funding skill training program, they must provide the following required Proof of Age to the training center as part of their enrollment. Participants will not be approved without the required documents.

Proof of Age includes providing the full name and date of birth. Listed below are acceptable documents that can be used, provided they include the participant's full name:

- Driver's License:** Driver's License, Learner's Permit or State-Issued Identification Card from MA or another state, Puerto Rico, a U.S. territory, or a Canadian province, and must have expired less than two years ago. The DL/ID or learner permit submitted must include a photo.
- Birth Certificate:** Certified birth certificate issued by a government agency in the U.S., Puerto Rico, a U.S. territory, or Canada, or U.S. Report of Consular Birth Abroad.
- Motor Vehicle Driver's Record:** Certified MA Motor Vehicle Record, Non-Certified NC Motor Vehicle Record.
- US Military ID:** Valid unexpired U.S. military ID, including DD-2, DD-214, or U.S. Military Dependents Card, U.S. Veteran Universal Access Card.
- Passport:** Valid, unexpired passport from any nation.
- Certified Marriage Certificate:** Certified marriage certificate from a Register of Deeds or government agency in the U.S, Puerto Rico, U.S. territories or Canada.
- Court Documents:** Court documents from U.S. jurisdictions, Puerto Rico, U.S. territories or Canada.
 - Divorce decree
 - Court order for change of name or gender
 - Adoption papers
 - Certified court order for child support
- Other:** _____

This list is not exhaustive; if there is another official document that the participant can provide to prove Boston Residency please obtain the approval of **Anna Sherr, Senior Program Manager for NJT at anna.sherr@boston.gov. If approved, you can utilize the document as "Other".*

HUD 2023 INCOME LIMITS FOR NJT

Boston Primary Metropolitan
Statistical Area

NJT Funds may only be used to serve clients who are at or below 80% of
Boston's Area Median Income (AMI)

Family Size	2023 NJT Income Limits (80% AMI)
1	\$82,950
2	\$94,800
3	\$106,650
4	\$118,450
5	\$82,950
6	\$94,800
7	\$106,650
8	\$118,450

NJT Income Eligibility Documentation Guidelines

To determine if a person meets the NJT income guidelines, providers will need to establish the income source(s) and the family size. The following guidelines are intended to help providers determine what documents to request and how to conduct calculations.

Household must provide written documentation of all income for all family members at least 18 years of age. Acceptable documentation includes four consecutive pay statements if paid weekly, or two consecutive pay statements if paid bi-weekly or semi-monthly, a letter from an employer for wage earners, and an award letter from the administering agency if the applicant is receiving public assistance, i.e., TAFDC, UI, SSI/SSDI, etc. Also, for applicable higher education programs, submission of the Free Application for Federal Student Aid (FAFSA®) can act as proof for household size and income.

Documentation cannot be older than 60 days and all documentation must be included in the applicant's file with attached income calculation sheet for each household member who has a source of income.

1. If the person has had **no income in the past 60 days**, have them sign the applicant statement form verifying this information. It will be in your organization's interest to establish how they will support themselves (and their family) for the duration of the program. NJT recommends that you add this information in a written statement.
2. To determine **family size** for the NJT contract: family is defined as "two or more persons related by blood, marriage, or decree of court, who are living together in a single residence". A family may also be composed of two or more people living together (this excludes roommates but includes partners) and/or one of whom is a dependent child under the age of 18 (up until 18th birthday) and are included in one or more of the following categories:
 - A. *Applicant, spouse, and dependent children*
 - B. *Parent or guardian (that is, the applicant) and dependent children*
 - C. *Applicant and spouse*
 - D. *Applicant and applicant's partner*
 - E. *Applicant, applicant's partner, and dependent children*
3. Acceptable documentation of family size can be an Internal Revenue Service 1040 tax form from the previous year or a signed applicant statement.
4. If there is a spouse or partner in the household, the spouse's or partner's income must be declared and documented before you can determine if the applicant meets the income guidelines.
5. If the applicant is a young adult who is living in the parents' home but is not a dependent, you should gather information about the family's financial situation, then consult with OWD to help determine eligibility. The decision will be made on a case-by-case basis considering the goal to use NJT funding to serve people who do not have alternative means to pay for training.

Family Size Worksheet

I, _____, hereby state under the penalty of perjury that my family size is: _____ (which includes myself.)

The following are the names, relations of family members and income that each family member contributes to the household income, **including myself**:

Full Name	Relationship to Applicant	Annual Income <i>(attach income calculation worksheet)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

For determining family size for the NJT contract, family is defined as “two or more persons related by blood, marriage, or decree of court, who are living together in a single residence”. A family may also be composed of two or more people living together (this excludes roommates but includes partners) and/or one of whom is a dependent child under the age of 18 (up until 18th birthday) and are included in one or more of the following categories:

- *Applicant, spouse, and dependent children*
- *Parent or guardian (that is, the applicant) and dependent children*
- *Applicant and spouse*
- *Applicant and applicant’s partner*
- *Applicant, applicant’s partner, and dependent children*

I attest the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for my immediate termination from program participation and/or penalties as specified by law.

Applicant’s Signature: _____

Date: _____

Staff Person: _____

Date: _____

Agency: _____

NJT Income Calculation Sheet

Please include income documentation from within the last 60 days prior to enrollment.

Household Name: _____

Head of Household (HOH)? (circle) **Yes** (or) **No** (if "No" please complete the next line)

Relationship to HOH: _____

Wages: (if paid weekly)				
Week 1	+ _____			Totals
Week 2	+ _____			
Week 3	+ _____			
Week 4	+ _____			
		= _____/4	x 52= _____	
Wages: (if paid bi-weekly)				
Weeks 1-2	+ _____			
Weeks 3-4	+ _____			
		= _____/2	x 26= _____	2. _____
Wages: (if paid semi-monthly)				
Pay period 1	+ _____			
Pay period 2	+ _____			
		= _____/2	x 24= _____	3. _____
DTA Cash Assistance (not SNAP)				
12 (monthly)	_____ x 12	= _____		4. _____
Child Support (circle frequency)				
12 (monthly)	_____	x 12 _____		
26 (bi-weekly)	_____	x 26 _____		
24 (semi-monthly)	_____	x 24 _____		
52 (weekly)	_____	x 52 _____		5. _____
SSI/SSDI monthly	_____ x 12	= _____		6. _____
Unemployment weekly	_____ x 52	= _____		7. _____
Other _____ (circle frequency)				
12 (monthly)	_____	x 12 _____		
26 (bi-weekly)	_____	x 26 _____		
24 (semi-monthly)	_____	x 24 _____		
52 (weekly)	_____	x 52 _____		8. _____
Total yearly income				Add 1-8: _____

APPLICANT STATEMENT

The Applicant Statement may be used to document eligibility for family income when all other attempts to secure documentation have been exhausted. This form may also be used to describe the applicant's housing situation.

Required: I attest that the information provided is true and accurate, and understand that the information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I further acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes.

Example of qualifying Statement:

I certify under the penalty of perjury that I have not received any income from any source during the past 60 days, that I had not been employed during that time and have been supported by donations/contributions from relatives and friends.

I, _____, hereby attest and certify, under penalty of perjury that I

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S ADDRESS _____ CITY _____ STATE __ ZIP ____

Program Operator Use Only

The above Applicant Statement is being utilized for documentation of the following eligibility criteria:

Individual/Family Income

Housing situation



Date: _____

Dear Employer,

The Mayor’s Office of Workforce Development (OWD) invests in Boston’s workforce by funding a wide range of employment services, including skills training program for job seekers and incumbent workers. OWD is now contacting you because a person you recently hired or enrolled into your educational program participated in an OWD skills training program funded by the Neighborhood Jobs Trust. Your feedback provides important information to us about the effectiveness of the programs we support.

A staff person from OWD will be contacting your department or the designated contact person to verify information.

We thank you in advance for your cooperation. I can be reached at anna.sherr@boston.gov for comments or questions.

Below, please find the signed **Authorization for Release of Information** from the skills training program enrollee.

Sincerely, Anna

Sherr
Senior Program Manager
Neighborhood Jobs Trust

AUTHORIZATION FOR RELEASE OF INFORMATION

(Valid for 3 years)

I, _____, authorize my employer or educational institution to release information regarding my employment or academic record to the Office of Workforce Development and/or the job training agency named below. This information will be used for the sole purpose of confirming employment or post-secondary enrollment upon completing a training program funded by EDIC/OWD.

Signature of Enrollee: _____

Print Name: _____

Date: _____ Job Training Agency: _____

NJT TARGETED ENROLLMENT BENCHMARKS

All programs funded under NJT will be expected to enroll at least 25% TANF recipients, Housing Voucher recipients, homeless or near-homeless individuals, or people with CORI issues. Please see definitions below:

TANF/TAFDC RECIPIENTS

Transitional Aid to Families with Dependent Children (TAFDC) also known as TANF (Temporary Assistance for Needy Families) is a government program that gives cash and health insurance to needy families with dependent children. TAFDC helps families meet the basic needs of their children. TAFDC is sometimes called "welfare" or "public assistance."

HOUSING VOUCHER RECIPIENTS

A participant who is currently a recipient of one of the following housing vouchers:

- Mobile or Project-Base Section 8 voucher which is funded by the federal government through the U.S. Department of Housing and Urban Development (HUD)
- Massachusetts Rental Voucher Program (tenant-based vouchers) which is a state-funded voucher program. There are two components to this program: tenant-based (or mobile) vouchers, and project-based (non-mobile) vouchers.
- Alternative Housing Voucher Program, a state-funded program provided to people with disabilities under 60 years of age and their families, and who are on waiting lists for state public elderly/disabled housing at housing authorities that have rented 13.5% of their apartments to non-elderly disabled tenants.
- The Department of Mental Health (DMH) rental assistance program which is a state-funded rental subsidy program.

Please note tax-credit units or moderate-income units will not be considered under this definition housing voucher.

CORI

A CORI (Criminal Offender Record Information) is a person's criminal history. An individual will have a Massachusetts CORI if they have ever been charged with a crime in a state or federal court in Massachusetts, whether their case ended with a conviction, a finding of not guilty, charges were dismissed, or another outcome.

An individual's CORI is a record of all criminal cases where they appeared before a judge in a court in Massachusetts. Their CORI includes pending charges, prior convictions, and cases that ended without a conviction (for example, a finding of not guilty, or cases that were dismissed).

HOMELESSNESS

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.

- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days, no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.
 - For example, a person being discharged from prison after more than 30 days is eligible ONLY IF no subsequent residence has been identified and the person does not have money, family, or friends to provide housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

NEAR HOMELESSNESS OR AT-RISK OF HOMELESSNESS

- Has moved because of economic reasons 2 or more times during the 60 days immediately preceding enrolling into the program.
- Is living in the home of another because of economic hardship.
- Has been notified within 60 days of enrollment that their right to occupy their current housing or living situation will be terminated within 30 days.
- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals.
- Lives in an SRO or studio apartment in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room (overcrowded housing).
- Is exiting a publicly funded institution or system of care or otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

DOCUMENTING BENCHMARK CATEGORIES

Please collect documentation that verifies this information. This can also be a self-certified statement if no other documentation is available. OWD relies on providers to flag participants who fit the 25% benchmark and then verify this in their file. For example, if a participant receives TANF, a copy of their award letter; if the participant is a Housing Voucher recipient, a copy of their recertification letter, or voucher certificate. For CORI and homelessness, when the “proof” is more difficult to document, a self-certified statement may be the most feasible option. Feel free to contact Anna Sherr, Senior Program Manager for NJT at anna.sherr@boston.gov to discuss options for documentation.








BOX® DOCUMENT SYSTEM

NJT utilizes the Box document management system, a cloud-based platform that enables both NJT staff and our grantee partners to upload and review required documents. A folder will be set up for each organization for each grant year, and designated individuals within that organization will be invited to access, share, and edit the folder as appropriate. Each organization’s folder will contain various subfolders, designated by their purpose. NJT prefers that grantee partners upload all documents directly to Box, rather than emailing them to us, ***though we do request that you notify us via email when you have uploaded your contract, eligibility, invoicing, or other relevant documents so that we are aware that you have done so and can review and process your documents and invoices promptly.*** We are happy to help with your questions about using Box and advise you on managing content.




YOUR BOX FOLDER

Your Box folder will look similar to this and contains the following subfolders: Contracting, Enrollment, Resources & Eligibility Criteria, and information on using Box at NJT. Note that the position of subfolders is not static; the most-recently updated folder will move to the top whenever a document is added or changed.

Partner Sample Box Folder:

NAME ↑	UPDATED	SIZE
 Contracting	Sep 9, 2022 by Anna Sherr	11 Files
 Enrollment	Sep 9, 2022 by Anna Sherr	2 Files
 Invoicing	Sep 9, 2022 by Anna Sherr	3 Files
 Getting Started with NJT.boxnote	 Sep 9, 2022 by Anna Sherr	9.9 KB
 Resources & Eligibility Criteria Folder	 Sep 9, 2022 by Anna Sherr	--

Contracting – contains:

NAME ↑	UPDATED	SIZE
 Contract	Sep 9, 2022 by Anna Sherr	0 Files
 Forms and Uploads	Sep 9, 2022 by Anna Sherr	10 Files
 Instructions & Checklist.docx	Sep 9, 2022 by Anna Sherr	16.7 KB

Forms and Uploads Subfolder – Notes:

- W-9 IRS form: required only for first time NJT funding or if there is a name change to the organization

- COB Vendor (Service Provider) Information Form: required only if first time receiving NJT funding
- Current Certificate of General Liability Insurance: check for expiration date
- Current Certificate of Worker’s Compensation Insurance: check for expiration date
- Certificate of Corporate Authority (CM6) – this form designates the individual at the service provider’s organization who is authorized to sign the contract and contract documentation, to be done later in the process via DocuSign. Please provide the email address of the individual named so that NJT can send them a DocuSign invitation.
 - *The CM6 will most likely be signed by the corporate clerk or person in a similar position. It must be submitted signed with an actual “wet” signature, though a scan of the “wet” signature is allowed.*
- For all forms designated “Fillable”, please type directly into the document. Please do not submit these forms signed – they will be signed later via DocuSign.





Contract Subfolder – Notes:

- Will initially include the draft copy of the Contract, which should be reviewed by the Service Provider’s team.
- The Executed Contract will be added after it is completed and signed. DocuSign automatically emails a PDF of the executed contract to the signer, but it will also be available here for review if needed.






Cash Flow Advance Template Letter – includes:

- NJT contracts stipulate that the grantee will receive a 50% advance payment once the contract is executed, but the grantee must provide a request for that payment. Please use the provided template, as shown on the following page, replacing all text indicated in red with your organization’s details, and use your organization’s letterhead.

Enrollment – contains:

NAME ↑	UPDATED	SIZE
 Authorization of Release Form Uploads	Sep 9, 2022 by Anna Sherr	0 Files
 Enrollment Roster Upload	Sep 9, 2022 by Anna Sherr	0 Files
 Enrollment-Roster Template.xlsx	Sep 9, 2022 by Anna Sherr	31.1 KB
 NJT Authorization for Release of Information_Fillable.pdf	Sep 9, 2022 by Anna Sherr	98.1 KB

Invoicing – contains:

NAME ↑	UPDATED	SIZE
 Invoice 1	Sep 9, 2022 by Anna Sherr	0 Files
 Invoice 2	Sep 9, 2022 by Anna Sherr	0 Files
 Invoice 3	Sep 9, 2022 by Anna Sherr	0 Files
 Invoice 4	Sep 9, 2022 by Anna Sherr	0 Files
 Invoicing Instructions	Sep 9, 2022 by Anna Sherr	3 Files

ORGANIZATION'S LETTERHEAD

Organization's Address
City, State, Zip Code
Phone: XXX-XXX-XXXX
Fax: XXX-XXX-XXXX

Date

Anna Sherr
Senior Program Manager
Neighborhood Jobs Trust
Mayor's Office of Workforce Development
43 Hawkins Street
Boston, MA 02114-2907

RE: Initial Request for Payment-Advance

Dear Ms. Sherr:






In accordance with Section III of the NJT contract between *Organization's Name and Program* and the Economic Development & Industrial Corporation of Boston, this letter constitutes our initial request for payment.

With the contract now fully executed, as specified in the contract we are requesting the cash flow-related advance in the amount of **\$0.00**.

Sincerely,

Name _____
Title _____
Direct Phone Number _____
Email Address _____

Resources & Eligibility Criteria – includes:

NAME	UPDATED ↓	SIZE
 Neighborhood Boundaries and Zip Codes.pdf V2	 Jul 28, 2022 by Anna Sherr	255.5 KB
 HUD 2022 Income Limits for NJT.pdf	Jul 21, 2022 by Anna Sherr	74.8 KB
 NJT Training Video.mp4	Jul 21, 2022 by Anna Sherr	89.1 MB
 NJT Program-Guidelines.pdf	Jul 21, 2022 by Anna Sherr	1.4 MB

Resources & Eligibility – Notes:

- The Program Guidelines is the reference handbook prepared for Service Providers and will be updated as needed.

Getting Started with Box: <https://support.box.com/hc/en-us/categories/360003187914-Getting-started>

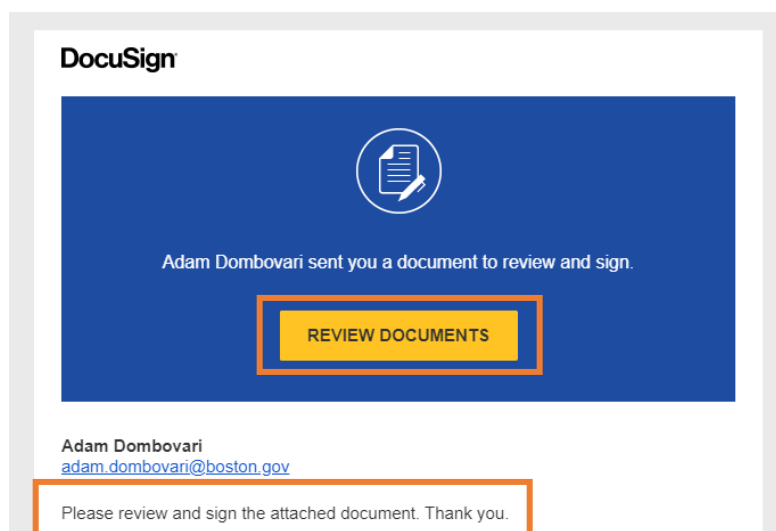
- Please refer to this document for helpful information on the Box document system.

DOCUSIGN®

The instructions below outline how to use DocuSign to review and sign documents electronically. DocuSign will be used for your NJT contract execution and other key forms. visit the DocuSign Resource Center at <https://support.docusign.com/> for additional resources, FAQs, and tutorials.

RECEIVING AND SIGNING A DOCUMENT

1. When someone sends you a DocuSign document to sign, you will receive an email from DocuSign sent on behalf of the sender. Open the email and review the message, then click “Review Documents”:



2. Once you've clicked "Review Documents", DocuSign will bring you into its platform. Select the checkbox "I agree to use Electronic Records and Signatures".

NOTE: To view and sign the documents in DocuSign, you must agree to conduct business electronically.

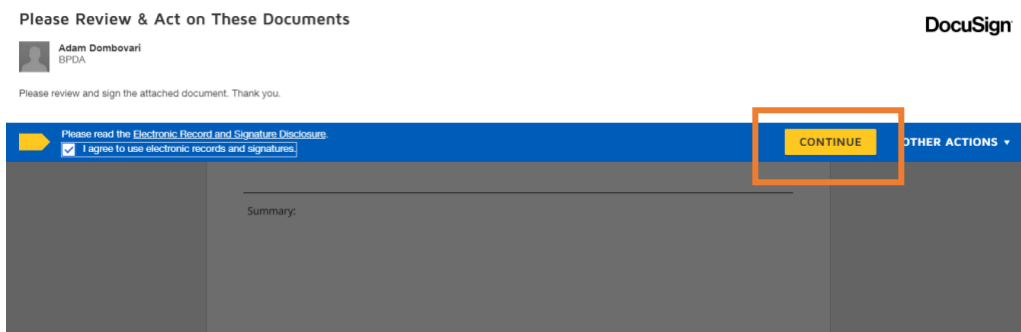
Please Review & Act on These Documents



Please review and sign the attached document. Thank you.



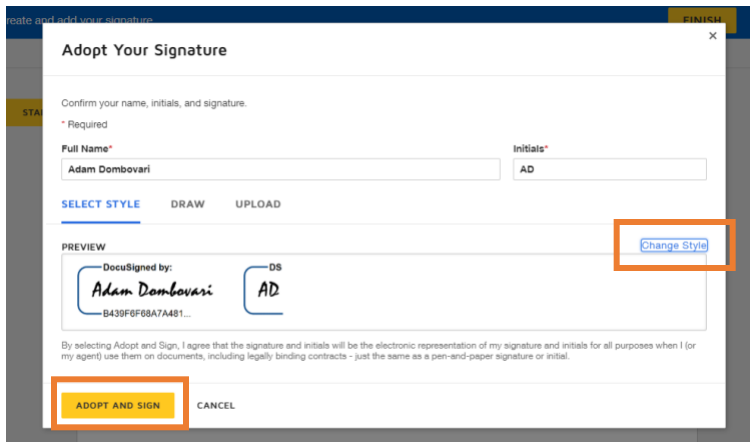
3. Hit "continue" to review the document:



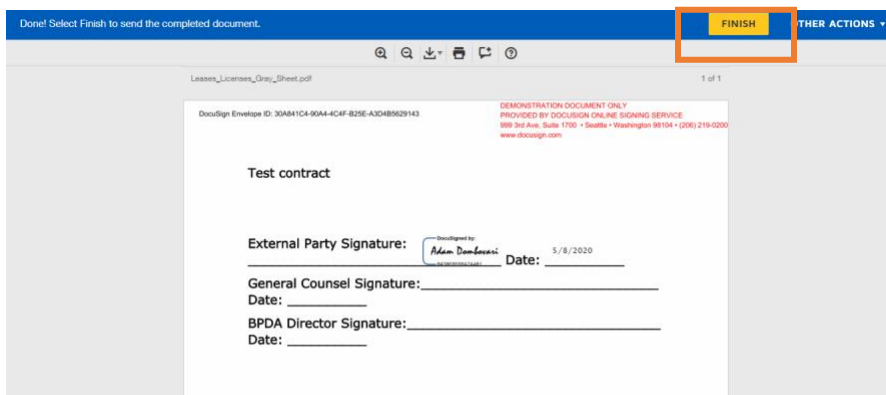
4. Click the "Start" tag on the left to begin the signing process. You will be taken to the first signature field requiring your action:



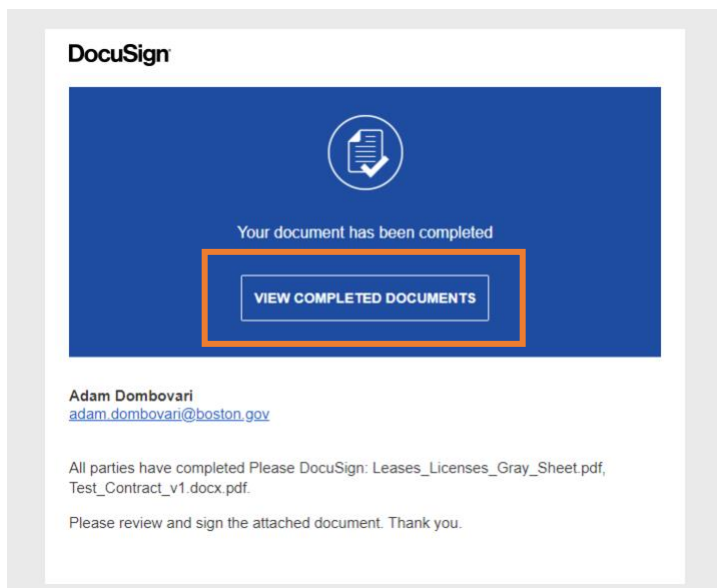
5. If you haven't set one up already, DocuSign will prompt you to adopt a signature. Verify your name and initials. You can change the default signature style by clicking on "Change Style". When you're done, click "Adopt and Sign".



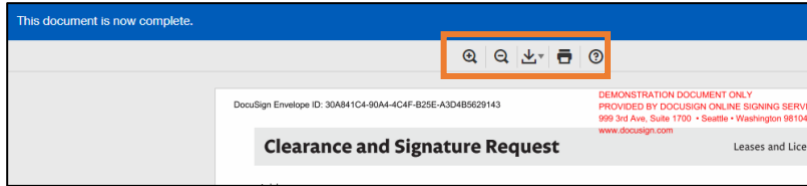
- After you finished reviewing and actioning all signature tags in the document, click on “Finish” to confirm signing:



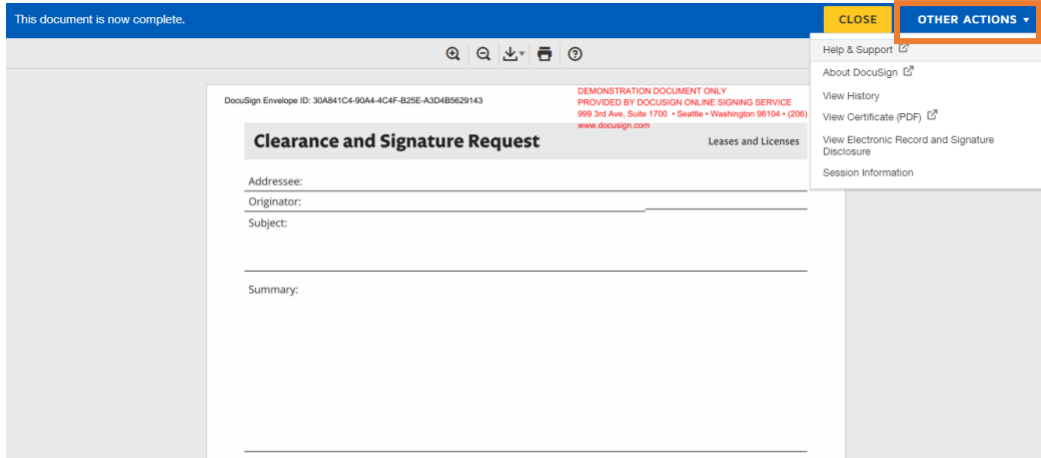
- DocuSign will offer you the option to sign up for a free account. Click “No Thanks” and the message “You’re All Done” will appear confirming that you completed the document.
- You will receive a copy of the signed document via email once everyone has signed it. Click the “View Completed Documents” link in the email to view your completed document:



If you want to download a PDF copy of your completed document, click on the download symbol (down arrow) at the top of the page in the document view screen:



NOTE: When you open the completed document via the DocuSign link, you can also view its Certificate of Completion and other information by clicking on “Other Actions”:



NJT GRANT CALENDAR & DEADLINES FY 2023

RFP Released	October 17, 2022
Bidders' Conference	October 31, 2022
Letters of Intent Due (optional but recommended)	November 7, 2022 (submit to NJT Boston by 5 pm.)
Proposals Due	December 5, 2022 (submit to NJT Boston by 5 pm.)
Notice of Awards	To be announced
Contract Start Date	January 1, 2023
Program Orientation Meeting(s)	To be announced
Contract Negotiation Meetings	January/Early February 2023
Contract Forms Due/ Updated Budget (if applicable)	14 days following Contract Negotiation Meeting
Contract Execution via DocuSign	Approximately one month after Contract Negotiation Meeting
1 st Quarter	March 31, 2023 <ul style="list-style-type: none"> • Enrollment roster due • Invoice submission (if applicable)
2 nd Quarter	June 30, 2023 <ul style="list-style-type: none"> • Updated Enrollment roster due • Invoice submission (if applicable)
3 rd Quarter	September 30, 2023 <ul style="list-style-type: none"> • Updated enrollment roster due • Invoice submission (if applicable)
4 th Quarter	December 31, 2023 <ul style="list-style-type: none"> • Updated enrollment roster due • Invoice submission (if applicable)
Contract End Date	December 31, 2023
Final Invoices Due	April 9, 2024

GLOSSARY OF TERMS AND ACRONYMS

ABE = Adult Basic Education

AEI = Alternative Education Initiative

AMI = Area Median Income

Box[®] = The Box document management system is a cloud-based platform that enables users to upload and review required documents. NJT utilizes Box for a variety of purposes, including housing all documents pertaining to the programs operated by our grantees.

BPDA = Boston Planning and Development Agency

BHA = Boston Housing Authority

BYSN = Boston Youth Services Network

CBO = Community-Based Organization

CDBG = Community Development Block Grant

Completion: an individual who has fulfilled all the requirements specified in an organization's grant contract with NJT and is therefore able to be counted towards payment of grant funds to that organization.

Contract Execution: The process of officially confirming the details and signing of a contract between NJT and a Service Provider (also known as a grantee, partner, or vendor). Certain officials within NJT and a designated person within the Service Provider's organization will be responsible for approving and signing the contract (via the DocuSign[®] process).

COB = City of Boston

CORI = Criminal Offender Record Information

DCF = Department of Children and Family Services

DEI = Diversity, Equity, and Inclusion

DMH = Department of Mental Health

DocuSign[®]: A secure, legal electronic process that allows documents to be remotely routed and signed via eSignature, saving time and money, and providing a green alternative to traditional paperwork. NJT uses this process for all grant contracts.

DOR = Department of Revenue

DTA = Department of Transitional Assistance

DYS = Department of Youth Services

EDIC = Economic Development and Industrial Corporation

Enrollment: Referring to an individual who is legitimately participating in an NJT-sponsored grant-funded program run by a grantee/partner/vendor.

ESAC = Community-based nonprofit and multi-service agency that strives to improve the quality of life for residents of Boston and eastern Massachusetts.

ESOL = English for Speakers of Other Languages

FAFSA® = Free Application for Federal Student Aid, used to obtain loans for students in higher education programs.

Grantee/Partner/Service Provider/Vendor: interchangeable terms for organizations that have received grant funding from the Neighborhood Jobs Trust (NJT).

HOH = Head of Household

HUD = Housing and Urban Development

IEP = Individual Education Program (for children who need special instruction/alternative education)

LOI = Letter of Intent

Linkage Fee: A fee levied by the Boston government that requires large scale commercial developments over 100,000 square feet in the city to pay into funds that support the creation of affordable housing and workforce development. Also known as Linkage Fund.

Living Wage: A living wage is the minimum income necessary for a worker to meet their basic needs. The amount varies by location and changes from year-to-year. The current living wage for the Boston area is \$15.87/hour for fiscal 2022.

MOA = Memorandum of agreement

NJT = Neighborhood Jobs Trust, often referred to as “The Trust”

OJT = On the Job Training

OWD = Office of Workforce Development

Participant: an individual who is legitimately enrolled in an NJT-sponsored grant-funded program run by a grantee/partner/vendor.

PIC = (Boston) Private Industry Council

RFP = Request for Proposal

Section 8: The Housing Choice Voucher Program, a program run by the Federal government to assist low-income families, is also known as Section 8.

SOMWBA = State Office of Minority and Women's Business Assistance

SRO = Single Room Occupancy

SSI/SSDI = Supplemental Security Income/Social Security Disability Insurance

Synchronous Instruction = Real-time classroom instruction delivered either in-person or via a platform such as Zoom, in which students and their teacher meet at a scheduled time, fostering a sense of community as well the opportunity for interaction. Asynchronous instruction is an alternative in which students progress through a set of lessons and materials at their own pace.

TAFDC = Transitional Aid to Families with Dependent Children

TANF = Temporary Assistance for Needy Families

TEB = Targeted Enrollment Benchmark

UI = Unemployment Insurance

WIOA = Workforce Innovation and Opportunity Act

YEE = (City of Boston Dept. of) Youth Engagement and Employment

YTTF = Youth Transition Task Force

Y = Youth

YW = Youth Works

YYA = Youth and Young Adults

SAMPLE DOCUMENTS

The following pages contain sample documents to assist you in uploading required documents for your contract and as a guide for working with information needed from participants.

Family Size Worksheet – Sample

I, Mary J. Doe, hereby state under the penalty of perjury that my family size is: 5 (which includes myself.)

The following are the names, relations of family members and income that each family member contributes to the household income, including myself:

	Full Name	Relationship to Applicant	Annual Income <i>(attach income calculation worksheet)</i>
1.	Mary J. Doe	Self	\$20,000
2.	John M. Doe	Husband	\$25,000.30
2.	Margaret C. Doe	Daughter	-0-
3.	Joseph P. Doe	Son	-0-
5.	Paul J. Doe	Son	-0-
6.			
7.			
8.			

For determining family size for the NJT contract, family is defined as “two or more persons related by blood, marriage, or decree of court, who are living together in a single residence”. A family may also be composed of two or more people living together (this excludes roommates but includes partners) and/or one of whom is a dependent child under the age of 18 (up until 18th birthday) and are included in one or more of the following categories:

- Applicant, spouse, and dependent children*
 - *Parent or guardian (that is, the applicant) and dependent children*
 - *Applicant and spouse*
 - *Applicant and applicant’s partner*
 - *Applicant, applicant’s partner, and dependent children*

I attest the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for my immediate termination from program participation and/or penalties as specified by law.

Applicant’s Signature: Mary J. Doe Date: 6/18/2023

Staff Person: Jennifer Jones Date: 6/18/2023

Agency: XYZ Community Organization

NJT Income Calculation Sheet – Sample

Please include income documentation from within the last 60 days prior to enrollment.

Household Name: Doe

Head of Household (HOH)? (circle) Yes (or) **No** (if "No" please complete the next line)

Relationship to HOH: Wife

Wages: (if paid weekly)				
Week 1	+ _____			Totals
Week 2	+ _____			
Week 3	+ _____			
Week 4	+ _____	= _____/4	x 52= _____	
Wages: (if paid bi-weekly)				
Weeks 1-2	+ <u>\$961.55</u>			
Weeks 3-4	+ <u>\$961.55</u>	= <u>\$1923.10/2</u>	x 26= <u>\$25,000.30</u>	2. <u>\$25,000.30</u>
Wages: (if paid semi-monthly)				
Pay period 1	+ _____			
Pay period 2	+ _____	= _____/2	x 24= _____	3. _____
DTA Cash Assistance (not SNAP)				
12 (monthly)	_____ x 12	= _____		4. _____
Child Support (circle frequency)				
12 (monthly)	_____	x 12 _____		
26 (bi-weekly)	_____	x 26 _____		
24 (semi-monthly)	_____	x 24 _____		
52 (weekly)	_____	x 52 _____		5. _____
SSI/SSDI monthly	_____ x 12	= _____		6. _____
Unemployment weekly	<u>\$384.62 x 52</u>	= <u>\$20,000</u>		7. <u>\$20,000</u>
Other _____ (circle frequency)				
12 (monthly)	_____	x 12 _____		
26 (bi-weekly)	_____	x 26 _____		
24 (semi-monthly)	_____	x 24 _____		
52 (weekly)	_____	x 52 _____		8. _____
Total yearly income				Add 1-8: <u>\$45,000.30</u>

APPLICANT STATEMENT – SAMPLE

The Applicant Statement may be used to document eligibility for family income when all other attempts to secure documentation have been exhausted. This form may also be used to describe the applicant’s housing situation.

Required: I attest that the information provided is true and accurate, and understand that the information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I further acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes.

Example of qualifying Statement:

I certify under the penalty of perjury that I have not received any income from any source during the past 60 days, that I had not been employed during that time and have been supported by donations/contributions from relatives and friends.

I, Albert Smith, hereby attest and certify, under penalty of perjury that I have not received any income from any source during the last 60 days, have not been employed during that time and have been supported with donations and contributions from family and friends. I am now homeless and have been staying with different family members and friends after being evicted from my apartment. I understand that this information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law. I further acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes.

APPLICANT’S SIGNATURE: Albert Smith DATE 2/13/2023

APPLICANT’S ADDRESS: 123 Any St.

CITY: Boston STATE: MA ZIP: 02110

Program Operator Use only

The above Applicant Statement is being utilized for documentation of the following eligibility criteria:

Individual/Family Income Housing situation

CASH ADVANCE LETTER FOR ORGANIZATIONS:

NJT contracts are written so that 50% of the grant funds are advanced to the organization following contract execution, but the organization must submit a request for funds in the form of a Cash Advance Letter to receive said funds. Please see the following page for a sample letter.

Instructions: Please replace all **RED type** with your organization's details. Use your ORGANIZATION NAME in conjunction with your letterhead or logo.

XYZ Organization, Inc.
Replace with LOGO/LETTERHEAD

XXX Street Name, Floor/Suite XX
Boston, MA, 00000-0000
Phone: XXX-XXX-XXXX
Fax: XXX-XXX-XXXX

Today's date

Anna Sherr
Senior Program Manager
Neighborhood Jobs Trust
Mayor's Office of Workforce Development
43 Hawkins Street
Boston, MA 02114-2907

RE: Initial Request for Payment-Advance

Dear Ms. Sherr:

In accordance with Section III of the NJT contract between **Organization's Name and Program** and the Economic Development & Industrial Corporation of Boston, this letter constitutes our initial request for payment. With the contract now fully executed, as specified in the contract we are requesting the cash flow-related advance in the amount of **\$0.00**.

Sincerely,

Name: _____ Mary Jones _____
Title: _____ Program Director _____
Direct Phone Number: _____ XXX-XXX-XXXX _____
Email Address: _____ MaryJones@XYZ.org _____

IRS W-9 FORM:

If this is your organization's first NJT grant, you are required to complete an IRS W-9 form. The form is also required for existing grantees who have a change of address. Please see the following pages for this form. It can be downloaded from our site at <https://bpda.app.box.com/file/1039400349889> or from the IRS's website. Since the form must be signed with a "wet" signature, it will have to be uploaded to your Box folder upon completion. Fill out all applicable fields completely, per the instructions included with the form. The address should reflect your organization's business office, which may be different from the location where your program is offered.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

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	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
------------------	---	---------------------

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), ABL 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 ⁴
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.