



**SNOW PLOW CONTRATOR/SUB-CONTRACTOR
APPLICATION PACKET
WINTER SEASON
2015-16**

ALL RATES ARE PER HOUR UNLESS OTHERWISE STIPULATED

2015 RATES FOR PICKUPS, VANS, PANELS, SUVs, ETC.
GAS & DIESEL

| | |
|--------------------------|-------|
| Up to 7,000 lbs ----- | 69.72 |
| 7,001 to 8,800 lbs ----- | 72.00 |
| 8,801 and up ----- | 75.00 |

TRUCKS – DIESEL – Rear Wheel Drive

| | |
|-----------------------------|--------|
| Up to 22,499 lbs. ----- | 74.38 |
| 22,500 to 27,499 lbs. ----- | 75.81 |
| 27,500 to 32,499 lbs. ----- | 81.19 |
| 32,500 to 37,499 lbs. ----- | 88.83 |
| 37,500 to 42,499 lbs. ----- | 93.82 |
| 42,500 to 47,499 lbs. ----- | 99.51 |
| 47,500 to 52,499 lbs. ----- | 106.08 |
| 52,500 to 57,499 lbs. ----- | 110.52 |
| 57,500 to 62,499 lbs. ----- | 116.41 |
| 62,500 and over ----- | 121.73 |

TRUCKS – DIESEL – All Wheel Drive

| | |
|-----------------------------|--------|
| Up to 22,499 lbs. ----- | 77.55 |
| 22,500 to 27,499 lbs. ----- | 83.07 |
| 27,500 to 32,499 lbs. ----- | 90.10 |
| 32,500 to 37,499 lbs. ----- | 98.74 |
| 37,500 to 42,499 lbs. ----- | 100.32 |
| 42,500 to 47,499 lbs. ----- | 104.89 |
| 47,500 to 52,499 lbs. ----- | 111.65 |
| 52,500 to 57,499 lbs. ----- | 116.73 |
| 57,500 to 62,499 lbs. ----- | 121.76 |
| 62,500 and over ----- | 137.14 |

TRUCKS – GASOLINE – Rear Wheel Drive

| | |
|-----------------------------|--------|
| Up to 22,499 lbs. ----- | 71.60 |
| 22,500 to 27,499 lbs. ----- | 73.76 |
| 27,500 to 32,499 lbs. ----- | 78.93 |
| 32,500 to 37,499 lbs. ----- | 82.08 |
| 37,500 to 42,499 lbs. ----- | 84.78 |
| 42,500 to 47,499 lbs. ----- | 86.71 |
| 47,500 to 52,499 lbs. ----- | 89.03 |
| 52,500 to 57,499 lbs. ----- | 90.99 |
| 57,500 to 62,499 lbs. ----- | 94.27 |
| 62,500 and over ----- | 100.08 |

TRUCKS – GASOLINE – All Wheel Drive

| | |
|-----------------------------|--------|
| Up to 22,499 lbs. ----- | 75.47 |
| 22,500 to 27,499 lbs. ----- | 79.08 |
| 27,500 to 32,499 lbs. ----- | 86.28 |
| 32,500 to 37,499 lbs. ----- | 90.27 |
| 37,500 to 42,499 lbs. ----- | 92.85 |
| 42,500 to 47,499 lbs. ----- | 95.16 |
| 47,500 to 52,499 lbs. ----- | 98.88 |
| 52,500 to 57,499 lbs. ----- | 104.26 |
| 57,500 to 62,499 lbs. ----- | 109.60 |
| 62,500 and over ----- | 115.40 |

PLOWS

| | |
|---------------------------|------|
| One way, add ----- | 4.69 |
| Reversible, add ----- | 5.12 |
| V-Plow, add ----- | 5.40 |
| Underbody, add ----- | 4.81 |
| Side wing plow, add ----- | 3.12 |

SPREADERS

| | |
|--|------|
| Dump body slide-in up to 10 CY, add ----- | 3.14 |
| Dump body slide-in over 10 CY, add ----- | 5.07 |
| Truck bed conveyor type, up to 10 CY ----- | 4.22 |
| Truck bed conveyor type, over 10 CY ----- | 6.04 |
| Tailgate ----- | 2.00 |
| Pickup ----- | 2.05 |
| Truck equipped w/ zero velocity controller ----- | 4.96 |

2015 RATES CONTINUED

GRADERS

LOADERS & BACKHOES - Wheel Mounted

| | | |
|-------------------|-------|--------|
| Up to 18,000 lbs. | ----- | 110.00 |
| 18,001 and over | ----- | 250.00 |

GRADER PLOWS

| | | |
|-------------------|-------|-------|
| One-way plow, add | ----- | 7.40 |
| Hydraulic | | |
| Snow Wing, add | ----- | 10.06 |
| V-Plow, add | ----- | 9.72 |

SKID-STEERS - w/ Transportation

| | | |
|-----------------------------------|-------|-------|
| Up to 600 lbs. operating capacity | | 51.37 |
| 601 to 1,000 lbs. | ----- | 51.22 |
| 1,001 to 1,500 lbs. | ----- | 55.53 |
| 1,501 and over | ----- | 90.00 |

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page One of Three

The independent contractor shall maintain at a minimum the following insurance giving evidence of same to Inc. Village of Mastic Beach on **the form of Certificates of Insurance, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change.** New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. Workers Compensation and NYS Disability

| | |
|------------|--|
| Coverage | Statutory |
| Extensions | Voluntary Compensation; All States Coverage Employers Liability – Unlimited |

NOTE: If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following must be submitted to the Inc. Village of Mastic Beach:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

New York State Workers Compensation CE-200 EXEMPTION FORM is available at www.wcb.ny.gov

FOR AN ON-LINE APPLICATION:

CE-200 (12/08) is an on-line application that allows an immediate print of the exemption form.

- Click on **On-Line Services** – on the right side of the screen.
- Then click on **Request for WC/DB Exemption** and follow the directions.

OR

FOR AN APPLICATION BY MAIL:

CE-200 (2/09) is an application which must be printed and mailed/faxed to Albany. The exemption certificate is then mailed to the applicant.

- Click on **Forms** – at the top center of the page.
- Click on **List of ALL Common Workers Compensation Board Forms.**

The forms are in ALPHABETICAL ORDER. Scroll down to CE-200 (2/09) – which is half way down the page

Applicants eligible for exemptions must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant.

Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page Two of Three

II. Commercial General Liability
(REQUIRED by ALL contractors)

Coverage and Limits \$1,000,000 Combined Single Limit with explosion,
collapse and underground hazard.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

III. Automobile Insurance
(REQUIRED by ALL contractors)

Limit \$1,000,000 Combined Single Limit

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

For Pick-up Trucks and Dump Trucks

- \$100,000 bodily injury each person;
- \$300,000 bodily injury each occurrence;
- \$100,000 property damage each occurrence

IV. Umbrella Liability - Suggested

Coverage Umbrella Form, or Excess Follow Form

Suggested Limit \$2,000,000.

Additional Insured Inc. Village of Mastic Beach, all elected and appointed
officials, employees and volunteers.

Inc. Village of Mastic Beach
Insurance Requirements For Snow Plow Contractors/Sub-Contractors
Page Three of Three

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

The Vendor/Contractor shall indemnify and hold harmless the Inc. Village of Mastic Beach, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with, any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the Vendor/Contractor or its subcontractors, agents, servants, or employees, including without limiting the generality of the forgoing, all liability, damages, loss, claims, attorneys, court and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. Village of Mastic Beach its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Mastic Beach. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ___ day of _____, 201__.

Name of Firm

Address

Notary:

Sworn before me this

___ day of _____, 20__

Contractor Signature

Notary Public

Print Contractor Name/Title

Vehicle Information Form

NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: _____

Please fill in ALL applicable information about your vehicle(s) and provide phone number.
 *NOTE: All vehicles are subject to inspection by the Village

| | | | |
|----------------------------|--|-----------------------|--------------|
| TRUCK: | | LOADER: | |
| Make: | | Make: | Model: |
| Year: | | Year: | Horse Power: |
| Body Type: | | Crawler/Wheel Drive: | |
| Wheel Drive (rear or all): | | Gas/Diesel: | |
| Gas/Diesel: | | Bucket Size: | |
| License Plate # | | License Plate # | |
| Gross Vehicle Weight: | | Gross Vehicle Weight: | |

| | | | |
|-----------------------|--|-----------------------|--|
| DOZER/TRACTOR: | | SWEeper: | |
| Make: | | Make: | |
| Year: | | Year: | |
| Crawler/Wheel Drive: | | Wheel Drive: | |
| Gas/Diesel: | | Cubic Yards: | |
| License Plate # | | License Plate # | |
| Gross Vehicle Weight: | | Gross Vehicle Weight: | |

| | | | |
|-----------------------|--|-----------------------|-------|
| DUMP TRUCK: | | CRANE: | |
| Make: | | Make: | Year: |
| Year: | | Gas/Diesel: | |
| Capacity: | | Bucket Size: | |
| License Plate # | | License Plate # | |
| Gross Vehicle Weight: | | Gross Vehicle Weight: | |

| | | | |
|------------------------------|--|-----------------------------|--|
| PLOW: | | GRADER: | |
| Length: | | Make: | |
| Type (one-way/reversible/v): | | Type (one-way/hydraulic/v): | |
| Manual/Power: | | Gas/Diesel: | |
| | | License Plate # | |
| SPREADER: | | Gross Vehicle Weight: | |
| Cubic Yards: | | | |

Corporate Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

_____, being duly sworn deposes and says:

That he/she is an officer of the _____ Corporation, to

wit: it's _____ a domestic corporation with its principal

place of business at _____.

That said corporation is the owner of the following equipment:

Which said equipment is to be rented by the Village of Mastic Beach.

That no officer, elected or appointed, of the Village of Mastic Beach is a stockholder or an officer, nor will become a stockholder or officer, of the aforesaid corporation during the rental period.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20___

NOTARY PUBLIC

SIGNATURE

Individual Affidavit of Ownership

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

This is to certify that I, _____,
am employed by the Village of Mastic Beach as an independent contractor. I use my own tools
and equipment and I hire no employees.

_____, being duly sworn deposes and says:

That I am the owner of the following equipment:

That no officer, elected or appointed, of the Village of Mastic Beach is an owner or co-
owner of said equipment, nor will become an owner or co-owner of said equipment, during the
rental periods.

That this affidavit is made to induce the Village of Mastic Beach to rent such equipment
and said Village relies on the truth of the statements herein made.

Sworn to before me this

___ day of _____, 20__

NOTARY PUBLIC

SIGNATURE

Village of Mastic Beach
Employer Affidavit of Compliance
With Respect to the Hiring of Employees in Accordance
With Federal Law

STATE OF NEW YORK
COUNTY OF SUFFOLK
VILLAGE OF MASTIC BEACH

Employer Firm: _____

Project Name: _____

I, _____, being duly sworn, deposes and state:

That I am an ___ Officer, ___ Partner, ___ Owner, ___ or Member of the Firm

By submission of this Affidavit, and each person signing on behalf of any Employer, including but not limited to owner, firm, corporation or entity hereby certifies, under penalties of perjury, that I affirm of my own knowledge that the above named person on behalf of the Employer has complied with the requirements of Title 8 of the United State Code (U.S.C.) Section 1324a and any amendments thereto, and that all employees, including non-citizens, aliens, which includes full-time, part-time, temporary or seasonal employees, are authorized to work in the United States and that said employees, including non-citizens, aliens, have provided the required documents for my review, which appear to be genuine and demonstrate, and that to the best of my knowledge, the employees, including non-citizens, aliens, are authorized to work in the United States; and 2) that during the term of the contract, agreement or period of work performed by the Employer, all employees hired, retained, shall be authorized to work in the United States in compliance with Federal Law and 3) that the Employer will only employ/retain subcontractors/special consultants who hire, retain, employees authorized to work in the United States, and 4) any such subcontractors/special consultants shall be required to submit an Affidavit demonstrating compliance with Federal Law regarding the eligibility of employees to work in the United States, and that the subcontractor's/special consultant's employees have submitted the required documents demonstrating compliance with Federal Law, which said Affidavit shall be submitted to the Village with the Employer's request for subcontractor/special consultant approval and at all times required by the Village Code.

Sworn to before me this

___ day of _____, 20___

NOTARY PUBLIC

SIGNATURE

Request for Taxpayer Identification Number and Certification

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

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

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | |
|--|--|
| | Social security number _____ - _____ - _____ |
| | or Employer identification number _____ - _____ |

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|------------------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

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

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

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

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

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

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

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

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

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

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

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

Backup Withholding

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

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

Payments you receive will be subject to backup withholding if:

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

3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

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

Also see *Special rules for partnerships* above.

What is FATCA reporting?

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Line 1

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

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

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

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

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

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

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

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

Line 2

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

Line 3

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

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

Line 4, Exemptions

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

Exempt payee code.

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

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

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

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

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

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

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

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

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

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

Line 5

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

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

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

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

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

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3876).

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

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

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

Part II. Certification

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

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

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

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ¹ |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor ¹ |
| For this type of account: | Give name and EIN of: |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 9. Corporation or LLC electing corporate status on Form 9832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(E)) | The trust |

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

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

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

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

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

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

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

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

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

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

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

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

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

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

Privacy Act Notice

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

BACKGROUND CHECK PERMISSION

In connection with my application to render services to the Village of Mastic Beach, I hereby consent to the following:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of the Village's consideration of my application to render services, I give permission to the Village to investigate my personal, employment, and criminal history. I understand that this background investigation will include, but not be limited to, verification of all information given by me to the Village.

2. CONSENT TO CONTACT PAST EMPLOYERS AND COMPANIES

I specifically give permission to the Village to contact all of my prior employers and companies I have provided services to for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Village, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Village. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers or companies I have provided services to the Village. I further agree to indemnify all past employers or companies I have provided services to for any liability they may incur because of their reliance upon this Agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to the Village to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right under law concerning notification of the request for a release of such information. In the event a law does not provide for the Village to have access to information, I hereby delegate the Village as my agent for the receipt of information. I understand that the scope of this investigation will be limited as required by applicable law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in the Village's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or other federal, state, or local governmental agency will not release reference information or criminal history information directly to the Village, I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This Agreement represents the entire understanding and agreement relating to its subject matter. The Village shall be entitled fully to rely on this Agreement. I understand that I have no guarantee of being hired to provide services to the Village and that the Village may determine not to engage me for any lawful reason.

NAME: _____

SIGNATURE: _____

DATE: _____