BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

Welcome to Bloom and Blossom Learning Support!

We are delighted to have you join **Bloom and Blossom Learning Support**! Your dedication to supporting children and families is truly valued, and we are excited to collaborate with you in creating meaningful learning experiences.

To ensure a seamless onboarding process, we have included important documents for your review and completion. Please submit the following materials via email, Bloomandblossomls@gmail.com, before your interview so we can verify your credentials and maintain compliance:

- **Resume**
- **Completed Annual Physical** including MMRs, and proof of Tetanus shot
- **Professional License or Certification Copy**
- **DOH profile** (for 1099 employees)
- **Professional Liability Insurance** (if applicable for 1099 employees with a DOH Letter).
- **Sexual Harassment**

  https://www.nyc.gov/site/cchr/law/sexual-harassment-training.page

- **Mandated Reporter Training Certification** (Registration Instructions).

We are thrilled to have you as part of our team and look forward to making a positive impact together. If you have any questions or need assistance, please don't hesitate to reach out.

Warmest Regards,
Human Resources Team
Bloom and Blossom Learning Support

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

Document/Form	Description	Completed
Provider Application	Complete and submit your provider application form.	☐
Resume	Provide an updated resume that highlights your professional experience.	☐
Two Forms of ID	Submit two forms of identification, including one from: Social Security Card, Passport, or Driver's License.	☐
DOH "Provider Profile" Page	Only required if you are a 1099 contractor (self-employed).	☐
Professional Liability Insurance	Required if you are a 1099 contractor (self-employed).	☐
Background Check Authorization	Complete the authorization form to allow a background check.	☐
Employee Data Form	Fill out personal and employment details on this form.	☐
Equal Employment Opportunity (EEO) Form	Complete this form to confirm your understanding of EEO policies.	☐
NPI Number Form	Submit your National Provider Identifier (NPI) number.	☐
Statewide Central Register Check	Required form for background check approval.	☐
License Authenticity Agreement	Confirm the validity of your professional license or certification.	☐
Copy of Professional License/Certificate	Submit a copy of your current professional license or certification.	☐
Day Care Authorization	Required if applicable for your position (e.g., for childcare services). (For Agency Use)	☐

Document/Form	Description	Completed
Personnel Profile Form	Fill out your detailed personal and professional profile.	☐
Three Professional References	Provide three references, dated within the last year.	☐
Annual Physical Health Form	Submit a recent physical health form.	☐
W-9 Form	Submit if you provided the DOH "Provider Profile" page.	☐
W-4 Form	Submit if you did not provide the DOH "Provider Profile" page.	☐
Continuing Education (CE) Credits	Provide proof of any relevant continuing education for the current year, if applicable.	☐
Child Abuse Training Proof	Submit documentation showing completion of required child abuse training.	☐
Sexual Harassment Training Proof	Submit documentation showing completion of required sexual harassment training.	☐
Direct Deposit Information	Provide your bank details or a voided check for direct deposit setup.	☐

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

BLOOM AND BLOSSOM LEARNING SUPPORT EARLY INTERVENTION PROGRAM

EMPLOYMENT AND INDEPENDENT CONTRACTOR AGREEMENT

This AGREEMENT is made between Bloom and Blossom Learning Support ("Employer") and the individual identified below ("Employee" or "Contractor") under the following terms and conditions:

IDENTITY OF EMPLOYER: Name: Bloom and Blossom Learning Support Type of Entity: LLC Address: __________________________________Phone: __________________________________

IDENTITY OF EMPLOYEE/CONTRACTOR: Name: __________________________________ SSN/Tax ID: __________________________________Address: __________________________________Designation (Check One): [ ] W-2 Employee [ ] 1099 Independent Contractor

TERM OF AGREEMENT: This agreement shall commence on ________________and continue until ________________, subject to the provisions herein.

JOB DESCRIPTION: Employer engages Employee/Contractor to perform professional services in the Early Intervention Program, including but not limited to:

- Providing therapeutic services in the child’s home or natural environment.
- Adhering to state and county Early Intervention rules and regulations.
- Maintaining flexible scheduling to accommodate family needs.

LICENSES AND CERTIFICATIONS:

- License Number: __________________________________
- Certificate Number (if applicable): __________________________________

RESPONSIBILITIES:

- Submit documentation of pre-employment physical examination and annual updates.
- Comply with Employer's policies, objectives, and procedures.
- Attend orientation, staff conferences, and continuing education programs.
- Maintain confidentiality of patient records.
- Carry liability insurance with minimum coverage of $1,000,000 per occurrence / $3,000,000 aggregate. (Only for independent contractors)
- Provide timely and accurate documentation, including session notes and progress reports.

TERMS OF PAYMENT:

- W-2 Employees: Paid biweekly on the 1st and 15th , subject to applicable taxes and withholdings.
- 1099 Contractors: Paid biweekly on the1st and 15th, based on submitted invoices.
- Rate per 30-minute session: $_________
- Rate per 60-minute session: $_________

SUBMISSION OF NOTES/BILLING:

- Submit notes and invoices bi-monthly, on the 3rd and 17th.
- Late submissions may result in pay reductions or withheld payments.

EXPENSES:

- Employer is not liable for any personal expenses incurred unless agreed upon in writing.

EQUIPMENT AND MATERIALS:

- Employee/Contractor is responsible for providing necessary tools and materials unless otherwise specified.
- Access to office supplies and equipment will be provided as needed.

FRINGE BENEFITS (W-2 EMPLOYEES ONLY):

- Eligible for holidays, sick leave, and personal time as outlined in the employee manual.

WORKER'S COMPENSATION:

- Provided to W-2 employees in compliance with state law.

EXCLUSIVITY AND NON-COMPETE:

- Employee/Contractor agrees not to work with competing Early Intervention providers during the term of this agreement.
- Post-termination, Employee/Contractor may not solicit or work with clients introduced through Bloom and Blossom Learning Support.

TERMINATION:

- Without Cause: Either party may terminate with 30 days' written notice.
- With Cause: Immediate termination may occur for reasons including, but not limited to, breach of contract, failure to perform duties, fraud, or conduct endangering clients or staff.

CONFIDENTIALITY AND NON-DISCLOSURE:

- Employee/Contractor agrees to maintain the confidentiality of all sensitive information.

GOVERNING LAW:

- This agreement shall be governed by the laws of the State of New York.

ENTIRE AGREEMENT:

- This document constitutes the full agreement between the parties and supersedes all prior agreements.
- Amendments must be made in writing and signed by both parties.

SIGNATURES:

Employer: Name: ___________________________________Signature: ______________________________Date: ________________

W-2 Employee: Name: ___________________________________Signature: ______________________________Date: ________________

1099 Contractor: Name: ___________________________________Signature: ______________________________Date: ________________

BLOOM AND BLOSSOM

LEARNING SUPPORT

ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

Provider Application

Equal Opportunity Employer Statement:
Bloom and Blossom Learning Support is an Equal Opportunity Employer. We do not discriminate on the basis of race, creed, color, religion, sex, national origin, ancestry, citizenship, age, marital status, disability, sexual orientation, or any other characteristic protected by federal, state, or local law.
We are committed to providing reasonable accommodations for qualified applicants and employees with disabilities. If you require assistance in completing this form, participating in an interview, or performing your job duties, please inform us, and we will make necessary accommodations unless it imposes an undue hardship on our operations.

Applicant Information

Field	Details
Full Name	First Name: ____________________________ Middle Initial: __________ Last Name: ____________________________
Street Address	_________________________________ Apartment/Unit #: ___________________
City/State/Zip Code	_________________________________ _________________________________
Phone Number	_________________________________
Email Address	_________________________________
Social Security Number	_________________________________
Are you a U.S. Citizen or authorized to work in the U.S.?	Yes ☐ No ☐
If No, do you have the legal right to work in the U.S.?	Yes ☐ No ☐

Field	Details
How did you hear about Bloom and Blossom Learning Support?	Instagram ☐ Facebook ☐ Google ☐ Referral ☐ Recruiting Website ☐ Other: ________________

Professional Qualifications

Field	Details
License/Certification(s)	NYS License # _______________ Certification Title: ___________________________ TSHH/TSSLD Exp. Date: ___________
Areas of Specialization	☐ Certified Teacher ☐ Special Education ☐ Speech Therapy ☐ Occupational Therapy/COTA ☐ Physical Therapy ☐ Social Work ☐ Psychology
Languages Spoken	________________
Are you currently contracted with the DOE?	Yes ☐ No ☐
Have you previously worked for Bloom and Blossom?	Yes ☐ No ☐

Educational Background

Field	Details
Name of School	________________________________
City/State	________________________________
Degree	Type of Degree: __________________ Year of Graduation: ________________

Statement and Signature

I, the undersigned, certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading statements or omissions may result in disqualification from consideration for employment or immediate termination if hired.

I authorize Bloom and Blossom Learning Support to verify my employment history, educational background, and references, and to conduct necessary background checks. I release Bloom and Blossom Learning Support, my former employers, and any individuals providing information from any liability related to the release of such information.

I understand that my employment with Bloom and Blossom Learning Support is at-will and may be terminated by either party, with or without cause, at any time, and that no verbal or written statements, except as signed by the President of Bloom and Blossom Learning Support, will alter this status.

I further understand that I will be required to submit proof of my identity and legal authorization to work in the United States, as required by law, and that any offer of employment is contingent upon the successful completion of Bloom and Blossom Learning Support's pre-employment screening process.

Signature ______________________________

Date __________________________________

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

STATEWIDE CENTRAL REGISTER DATABASE CHECK

Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE:	RESOURCE I.D. (RID)	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE:	PHONE NUMBER **(Area Code):**
			S	

PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:

AGENCY NAME: ______________________

AGENCY LIAISON: ______________________

STREET ADDRESS ______________________

CITY: **STATE:** NY **ZIP CODE:**

The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form

FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" *List RELATIONSHIP in the fields below*

(see reverse side for instructions) Attach additional page if necessary.

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law is to enable the N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA *PLEASE TYPE OR PRINT CLEARLY

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH		
APPLICANT						
MAIDEN/ALIAS						

Please provide, in **chronological order,** your current address and any other addresses at which you have resided froP %,57H 72 P5(6(N7 including street, city and state or other Country For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age & older.

CURRENT STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	APT #	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE

EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE

9

LDSS-3370 (Rev. 10/2014) -DCCS version

STAPLE TO LDSS-3370 *(IF NEEDED)*

STATEWIDE CENTRAL REGISTER DATABASE CHECK FORM
ADDITIONAL PAGE

(Use only if the space on the LDSS-3370 form is not sufficient)

APPLICANT NAME: ______________________________

Print clearly, All dates must be consecutive. Be sure to associate address histories with particular individuals

Previous Street Address	City	State	Zip	From	To

ANNUAL PHYSICAL FORM

Name:____ Male ☐ Female ☐

Address: ____ Date of Birth: ____________________

Telephone#:_________________________________

Medical Practitioner: Please complete the following:

Height: __________ Weight: __________ BP: __________ T.P.R __________

1. Immunizations and Lab Tests:

* QuantiFERON Pos ☐ Neg ☐ Date Drawn: ________________
Result Date: ________________

Chest X-ray: (If PPD is positive) Pos ☐ Neg ☐ Date: ____________________
(Attach lab report)

* Rubella Pos ☐ Neg ☐ Titer:________Date: _________

* Rubeola (if born after 12/31/56) Pos ☐ Neg ☐ Titer:_________Date: ________

* MMR Vaccine (alternate for Rubella & Rubeola) Date:_________Date: ________

* Varicella Vaccine Date: ______________

* Hepatitis B Vaccine (optional) #1 Date:________#2 Date:_________#3 Date:_________Titer: _________

Medical Exemption from Influenza Vaccine:
Yes ☐ (complete attached exemption form) No ☐ (complete information below)

* Seasonal Influenza Vaccine (for applications from Sept. to Mar.) Date: _________________

Type of vaccine: ________________________________ Dose:________________________
Manufacturer & Lot #: ___________________________ Site of Administration: ___________

Person administering the vaccine:

Name: ____
Last Name First Name

Signature:___________________________________ Title: ___________________________
Reactions (if applicable): ____

2. Review of Systems:

Cardiovascular________________ Muscular ________________
Digestive ________________ Nervous ________________
Endocrine ________________ Reproductive___________________
Excretory ________________ Respiratory____________________
Immune ________________ Skeletal ________________

Present Medication(s): Yes☐ No ☐ (If yes, attach list of medications, dosages, and purpose)

____

2. Past Medical History	YES	NO
Any serious problems, surgery	☐	☐
Tuberculosis	☐	☐
Diabetes	☐	☐
Mental/Behavioral Disorder	☐	☐
Cardiovascular Disease	☐	☐
Hypertension/Hypotension	☐	☐
Asthma	☐	☐
Epilepsy/Seizure Disorder	☐	☐
Cancer	☐	☐
Kidney Disease	☐	☐
Drug/Alcohol Abuse	☐	☐
Allergies	☐	☐
Other ________________________________		

3. Tuberculosis (TB) Questionnaire/Screening	YES	NO
Exposure to TB at Work/Home	☐	☐
Positive Chest X-Ray	☐	☐
Unintended Weight Change (+/- 10 lbs)	☐	☐
Persistent Cough	☐	☐
Conversion to Positive PPD	☐	☐
Low Grade Fever	☐	☐
Unexplained fatigue	☐	☐
Blood Streaked Sputum	☐	☐
Active TB	☐	☐
Night Sweats	☐	☐
Loss Appetite	☐	☐
Clear, Yellow or Dark Sputum	☐	☐

I certify that I have examined the above-named individual and found him/her to be free of any addiction/ habituation to depressants, stimulants, narcotics, illegal drugs, or alcoholic substances. Yes ☐ No ☐

I certify that I have examined the above-named individual and found him/her to be:

[ ] Fully Employable – No limitations

[ ] Employable – Suggest Follow Up and/or completion of: ____________________________________

[ ] Not Currently Employable – Recommend Additional Testing /Treatment and/or Follow Up as soon as possible for: ____

Medical Practitioner's Signature____________________________________ Date: _______________

Address:____ Phone #: ___________________________

Title:____ **Office Stamp:**

License #: ____

Please note:

- **Physical is not acceptable without Medical Practitioner's stamp; which includes practitioner's name, address, phone # and license #. Form must be stamped and signed.**
- **If applicable, a copy of Chest X-Ray Report or QuantiFERON report must be attached.**

Vaccine Waiver

The NYS Department of Health is recommending that I receive these certain vaccinations. I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring any of the following infections/diseases ***because I am declining, at this time to be vaccinated:***

- Hepatitis B
- Tetanus
- Diphtheria
- Pertussis
- Varicella
- Influenza

Bloom and Blossom Learning Support recommends that I follow-up with my own Health Care Provider regarding these recommended vaccinations.

Print Name:____

Signature:____

Today's Date:____

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

I hereby certify that all the statements I have made are truthful and accurate to the best of my knowledge. I affirm that I am not addicted to, nor dependent on, any illegal drugs or alcohol. I also confirm that my physical and mental well-being is not compromised in any way that would impair my ability to provide safe, effective, and compassionate care for patients. I understand the importance of maintaining a high standard of professional conduct, and I am fully committed to performing my duties without any impairment that could impact the safety and quality of care I provide.

Signature:

____

Please Print Name:

____

Date:

____

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

PROFESSIONAL REFERENCE FORM
Business Name: ____
Contact Name: ____
Address: ____
City: ___________________________**State**: ________**Zip**: ________
Telephone: _______________________**Fax**: _______________________

The undersigned has applied for employment with our company and authorizes you to provide information regarding past performance in accordance with the provisions of the Privacy Act of 1974. All information will remain confidential. Thank you for your cooperation.

Sincerely,
Personnel Manager

Applicant Name: ____
Employment Dates: From ________________To ________________
Position: ____
Reason for Separation: ___________________________________
Would you rehire?: _______________________________________

Evaluation

- **Attendance**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Quality of Work**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Job Knowledge**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Cooperation**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Dependability**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Appearance**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Stability**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Overall Rating**: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Comments:

Reference Signature: ______________________**Title**: _______________________
Date: ____________________________

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize you to provide any information you have regarding my services and character, and I unconditionally release your organization from any liability for any damage that might result from furnishing such information.

Applicant's Signature: ___________________________
Date: ___________________

Bloom and Blossom Learning Support

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

PROFESSIONAL REFERENCE FORM
Business Name: ____
Contact Name: ____
Address: ____
City: __________________________ **State**: _______ **Zip**: _______
Telephone: _______________________ **Fax**: _______________________

The undersigned has applied for employment with our company and authorizes you to provide information regarding past performance in accordance with the provisions of the Privacy Act of 1974. All information will remain confidential. Thank you for your cooperation.

Sincerely,
Personnel Manager

Applicant Name: ____
Employment Dates: From ________________ To ________________
Position: ____
Reason for Separation: ____________________________________
Would you rehire?: _______________________________________

Evaluation

- **Attendance**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Quality of Work**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Job Knowledge**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Cooperation**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Dependability**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Appearance**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Stability**: ☐ Excellent ☐ Good ☐ Average ☐ Poor
- **Overall Rating**: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Comments:

Reference Signature: ______________________ **Title**: _______________________
Date: ____________________________

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize you to provide any information you have regarding my services and character, and I unconditionally release your organization from any liability for any damage that might result from furnishing such information.

Applicant's Signature: ___________________________
Date: ___________________

Bloom and Blossom Learning Support

BLOOM AND BLOSSOM
LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

	All questions below must be answered. If you answer "Yes" to any question, provide an explanation on a separate (confidential) sheet.		
1.	Have you ever been convicted of, or pled "Guilty" or pled "No Contest" to any offence in this state or elsewhere? (i.e. felonies, misdemeanors, and violations except for minor traffic infractions?	Yes	No
2.	Are any criminal charges currently pending against you in this state or elsewhere?	Yes	No
3.	Have you ever forfeited bail or bond following your appearance as a defendant in a Criminal court action?	Yes	No
4.	Has a family court ever rendered a finding indicating you have abused or neglected a child ? If so, on a separate sheet explain the date and nature of the findings, of the Court.	Yes	No
5.	Had you ever had any professional certificate or license denied, revoked, or suspended?	Yes	No
6.	Have you ever been discharged or required to resign form any position for reasons other than layoff due to reduction of the workforce?	Yes	No
7a.	Have disciplinary charges ever been preferred against you by an employer?	Yes	No
7b.	Were you ever found guilty of the charges?	Yes	No
8.	Have you ever resigned as an alternative to facing charges or dismissal?	Yes	No
9.	Have you ever been disqualified for employment in any civil service position?	Yes	No
10.	Have you ever had a teaching license or certificate denied, revoked, or suspended by the NYC Department of Education or other school district because of unsatisfactory service or criminal record?	Yes	No
11.	Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	Yes	No
12.	Have you ever been discontinued from probationary service or denied tenure as a pedagogue?	Yes	No
13.	Did you ever receive a discharge from military service that was issued under other than honorable circumstances?	Yes	No

Attestation:

1. I affirm that I have thoroughly reviewed the eligibility requirements for the position for which I am submitting this application. To the best of my knowledge, I currently meet, or will meet, all the specified requirements by the designated start date.
2. I understand that if any information or documentation provided in this application is found to be fraudulent, forged, or altered, my application for employment will be denied. Furthermore, should I already be employed, such actions may lead to disciplinary measures and/or termination.
3. I acknowledge that if any information or documentation submitted in connection with this application is later found to be fraudulent, forged, or altered after my application has been processed and I have been employed and received additional compensation as a result, I agree to return, upon demand, any amount directly attributable to the fraudulent, forged, or altered information. This amount may be recovered through paycheck deductions or other means, should I no longer be employed.
4. I hereby certify that the information provided herein and in any accompanying documentation is, to the best of my knowledge and belief, accurate and truthful. I understand that any omission or misstatement of material facts may result in the denial of my employment application, invalidation of my application, termination of my employment, or other disciplinary action. Such actions may also be recorded in my file for future reference or referred for prosecution by the District Attorney's office.

Signature:

Please Print Name:

Date:

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

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

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

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

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

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

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

☐ Other (see instructions) ▶

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

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

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

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

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

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

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II **Certification**

Under penalties of perjury, I certify that:

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

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

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

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

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

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

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

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

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

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

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

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

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

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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

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

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

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

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

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

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

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Line 1

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

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

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

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

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

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

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

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

Line 2

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

Line 3

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

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

Line 4, Exemptions

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

Exempt payee code.

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

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

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

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

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

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

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

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

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

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

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

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

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

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

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

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

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

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

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

What Name and Number To Give the Requester

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

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.

NEW YORK STATE
2023

Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address *(number and street or rural route)*	Apartment number	Single or Head of household ☐ Married ☐ Married, but withhold at higher single rate ☐
&ity, village, or post o;ce	6tate =I3 code	**Note:** If married but legally separated, mark an ***X*** in the *Single or Head of household* box.

Are you a resident of New York City? .... Yes ☐ No ☐

Are you a resident of Yonkers? .... Yes ☐ No ☐

Before making any entries, see the *Note* below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable *(from line 19, if using worksheet)*	**1**	
2 Total number of allowances for New York City *(from line 31, if using worksheet)*	**2**	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	**3**	
4 New York City amount	**4**	
5 Yonkers amount	**5**	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of $500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date

Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter ***1*** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit *www.tax.ny.gov* (search: *IT-2104-I)* or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an ***X*** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See ***Employer*** in the instructions. Visit *www.tax.nys.gov* (search: *IT-2104-I)* or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State .... A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay *(mm-dd-yyyy) (see Box B instructions)*: ______

You may report new hire information online instead of mailing the form to New York State. Visit *www.nynewhire.com*.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of $2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? .... Yes ☐ No ☐

If *Yes*, enter the date the employee qualifies *(mm-dd-yyyy)*: ______

Employer's name and address *(Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)*	Employer identification number

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▸ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▸ **Give Form W-4 to your employer.**
▸ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		▸ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c)
☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . ▸ ☐

TIP: To be accurate, submit a 2023 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▸ $ ________

Multiply the number of other dependents by $500 ....▸ $ ________

Add the amounts above and enter the total here . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▸ **Employee's signature** (This form is not valid unless you sign it.) ▸ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

NPI Number Requirement

To work at **Bloom and Blossom Learning Support**, it is **mandatory** to have an NPI (National Provider Identifier) number. Please ensure that you provide the following details:

- **Provider's Full Name**: ________________________
- **Individual NPI Number**: _______________________
- **Business NPI Number** (if applicable): ______________

If you do not currently have an NPI number, you can easily apply for one by visiting the official website:
https://nppes.cms.hhs.gov

Please complete this requirement prior to beginning your work at Bloom and Blossom Learning Support.

BLOOM AND BLOSSOM

LEARNING SUPPORT
ADMIN@BLOOMANDBLOSSOMLS.COM
646-212-2575

Welcome to Bloom and Blossom Learning Support Early Intervention Agency!

Essential Steps for New Providers

As you begin your journey in the field of Early Intervention (EI), there are several important steps you'll need to take to ensure you meet the necessary requirements and certifications. Below is a guide to help you navigate the process effectively.

---

1) NPI Registration Information

To begin, you must obtain your **National Provider Identifier (NPI)**, a crucial part of working within the healthcare system. The NPI number is required for billing, identification, and verification purposes.

- **Steps to Obtain Your NPI:**
  - Visit http://nppes.cms.hhs.gov.
  - Follow the process to **Create a New Account**.
  - If you need assistance, you can contact customer service at **800-465-3203**.

This step is essential for any professional in the healthcare field.

---

2) Mandatory Training Courses (Certificates Required)

As an early intervention provider, you will need to complete mandatory training courses. These ensure that you are equipped to work with children and families while maintaining a safe and professional environment.

Sexual Harassment Training

This training is a legal requirement, and you'll need to obtain a certificate upon completion.

- Complete the training at https://www1.nyc.gov/site/cchr/law/sexual-harassment-training.page.
- **Important:** Read the instructions carefully. After you complete the training, you will need to submit your name in order to receive your certificate. Be sure to save or take a screenshot of the certificate as you will not be able to retrieve it once you click "Complete" on the left side of the screen.

Child Abuse Training

Understanding how to identify and report child abuse is essential in your role as an early intervention provider.

- Complete the training at https://www.nysmandatedreporter.org/RegistrationInstructions.aspx.

---

3) Continuing Education (CE) Requirements

As part of your ongoing professional development, you are required to complete **10 hours of Continuing Education (CE)** each year. This helps you stay up-to-date with the latest practices and enhances your ability to support children and families effectively.

- Access CE courses through:
  - https://www.eittoc.com/
  - https://www.nyseipopdc.org/copy-of-course-descriptions (Free options available)

These courses will help you build your skills and knowledge in early intervention practices.

---

4) Malpractice Insurance (For 1099 Employees Only)

If you are working as an independent contractor (1099 employee), you will need to secure **malpractice insurance**. The required minimum coverage is:

- **$1,000,000 per occurrence**
- **$3,000,000 per aggregate**

Here are some options for obtaining malpractice insurance:

- Trusted Choice Professional Liability Insurance for Teachers
- CPH Professional Liability Insurance
- HPSO Student Malpractice Insurance Coverage

Having the proper coverage ensures that you are protected while working with children and families.

---

5) Training Videos for Early Intervention Professionals

As you begin working in early intervention, it's important to understand the key concepts behind developing Individualized Family Service Plans (IFSPs) and how to engage families in the process. These videos will help guide you as you create meaningful plans that reflect each family's unique needs.

Developing Meaningful IFSPs through Family Engagement

This training video focuses on strategies to ensure that families are actively involved in the development of their child's IFSP. The more the family is engaged, the more likely the plan will meet their child's needs effectively.

- To access this training and other professional development resources, visit the **SSIP/IFaCT** initiative on the BEI website.

Additional Resources:

- For a full list of **trainings for families**, click here.
- For a full list of **trainings for professionals**, click here.
- You can also view the **family perspective videos** at this link.
- Access other **online learning modules** for early intervention providers https://www.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page

---

By following these steps and completing these essential trainings and requirements, you'll be well on your way to becoming a successful early intervention provider. If you have any questions or need further assistance, feel free to reach out to us!

Welcome to the world of Early Intervention—your role is invaluable in helping children and families thrive.

WORK AREA PREFERENCE - If you will accept work in any area circle "ANY AREA" ------------------->								**ANY AREA**	
BROOKLYN - If you will work in any part of Brooklyn circle "BROOKLYN ALL" ------------------------- >								**BROOKLYN ALL**	
Bath Beach	11214	Brighton Bch	11235	Dyker Heights	11228	Kensington	11223	SeaGate	11224
Bay Ridge	11209	Brook. Heights	11201	E Flatbush	11203	Kensington	11229	Sheepshead Bay	11235
Bedford Stuy	11205	Brownsville	11212	E Flatbush	11212	Manhattan Beach	11235	Starret City	11239
Bed Stuy	11206	Bushwick	11221	E New York	11207	Mapleton	11204	Stuyvestant Hghts	11233
Bed Stuy	11216	Bushwick	11237	Flatbush	11210	Marine Park	11234	Sunset Park	11220
Bed Stuy	11221	Canarsie	11236	Flatlands	11234	Midwood	11230	Sunset Park	11232
Bed Stuy	11233	Carrol Gardens	11231	Fort Greene	11205	Mill Basin	11234	Vinegar Hill	11201
Bensonhurst	11204	Clinton Hill	11205	Fort Hamilton	11209	Park Slope	11215	Williamsburg	11206
Bensonhurst	11214	Cobble Hilt	11201	Gowanus	11217	Park Slope	11217	Williamsburg	11211
Bergen Bch	11234	Coney Island	11224	Gravesend	11223	Parksville	11204	Williamsburg	11249
Dumbo	11201	Crown Heights	11213	Greenpoint	11222	Prospect Park South	11226	Windor Terrace	11215
Boerum Hill	11201	Crown Heights	11225	Greenwood	11232	Prospect Heights	11238		
Boerum Hill	11217	Cypress Hills	11208	Jamaica Bay	11236	Prospect Lefferts Gard	11225		
Borough Park	11219	Ditmas Park	11218	Kensington	11218	Red Hook	11231		
QUEENS - If you will work in any part of Queens circle "QUEENS ALL"---------------------------------- >								**QUEENS ALL**	
Arverne	11692	College Point	11356	Fresh Meadows	11366	Jackson Heights	11372	Richmond Hill	11418
Astoria	11102	Corona	11368	Glen Oaks	11004	Kew Gardens	11415	Ridgewood	11385
Astoria	11103	Douglaston	11363	Hollis	11423	Kew Gardens Hills	11367	Rochdale	11434
Astoria	11105	East Elmhurst	11369	Howard Beach	11414	Laurelton	11413	Rockaway Pk/Seaside	11694
Astoria	11106	Elmhurst	11373	Jamaica	11405	Little Neck	11362	Rosedale	11422
Auburndale	11358	Far Rockaway	11691	Jamaica	11424	Long Island City	11101	Saint Albans	11412
Bayside	11359	Floral Park	11002	Jamaica	11428	Maspeth	11378	South Ozone Park	11421
Bayside/Bay Terr	11360	Flushing	11351	Jamaica	11430	Middle Village	11379	South Richmond Hill	11419
Belerose	11426	Flushing	11352	Jamaica	11431	Oakland Gardens	11364	Springfield Gardens	11413
Bellerose Manor	11427	Flushing	11354	Jamaica	11433	Ozone Park	11416	St Johns	11439
Breezy Point	11697	Flushing	11355	Jamaica	11435	Ozone Park	11417	Sunnyside	11104
Briarwood	11435	Flushing	11371	Jamaica	11436	Queens Village	11427	Whitestone	11357
Broad Channel	11693	Forest Hills	11375	Jamaica Estates	11432	Queens Village	11429	Woodhaven	11421
Cambria Heights	11411	Fresh Meadows	11365	Jackson Heights	11370	Rego Park	11374	Woodside	11377
MANHATTAN - If you will work in any part of Manhattan circle "MANHATTAN ALL" ----------------->								**MANHATTAN ALL**	
Central Harlem	10026	Chelsea/Clinton	10020	Greenwich Vill/Soho	10013	Lower East Side	10003	Upper West Side	10024
Central Harlem	10027	Chelsea/Clinton	10036	Greenwich Vill/Soho	10014	Lower East Side	10009	Upper West Side	10025
Central Harlem	10030	East Harlem	10029	Lower Manhattan	10004	Upper East Side	10021	Inwood/Wash. Hghts	10031
Central Harlem	10037	East Harlem	10035	Lower Manhattan	10005	Upper East Side	10028	Inwood/Wash. Hghts	10032
Central Harlem	10039	Gram. Pk/Murray Hill	10010	Lower Manhattan	10006	Upper East Side	10044	Inwood/Wash. Hghts	10033
Chelsea/Clinton	10001	Gram. Pk/Murray Hill	10016	Lower Manhattan	10007	Upper East Side	10065	Inwood/Wash. Hghts	10034
Chelsea/Clinton	10011	Gram. Pk/Murray Hill	10017	Lower Manhattan	10038	Upper East Side	20075	Inwood/Wash. Hghts	10040
Chelsea/Clinton	10018	Gram. Pk/Murray Hill	10022	Lower Manhattan	10280	Upper East Side	10128		
Chelsea/Clinton	10019	Greenwich Vill/Soho	10012	Lower East Side	10002	Upper West Side	10023		
BRONX - If you will work in any part of the Bronx circle "BRONX ALL" ------------------------------------>								**BRONX ALL**	
Allerton	10467	Edenwald	10475	Morris Park	10461	Pelham Parkway	10462	Van Nest	10460
Baychester	10469	Edgewater Park	10465	Morris Park	10462	Port Morris	10454	Van Nest	10462
Belmont	10457	Fordham Heights	10453	Morrisania	10456	Riverdale	10463	Wakefield	10466
Belmont	10458	Fordham Heights	10457	Morrisania	10459	Riverdale	10471	Wakefield	10470
Belmont	10460	Fordham Heights	10458	Mott Haven	10451	Schuylerville	10461	West Farms	10460
Bronxdale	10467	Fordham Heights	10468	Mott Haven	10454	Schuylerville	10465	Westchester Sq	10461
Bronxdale	10469	Harding Park	10473	Mott Haven	10455	Soundview	10472	Westchester Sq	10462
Castle Hill	10473	HighBridge	10452	Norwood	10467	Soundview	10473	Williamsbridge	10466
City Island	10454	Hunts Point	10474	Parkchester	10462	Spuyten Duyvil	10463	Williamsbridge	10467
City Island	10464	Kingsbridge	10463	Pelham Bay	10461	Throgs Neck	10465	Williamsbridge	10469
Clason Point	10473	Laconia	10469	Pelham Bay Park	10461	Unionport	10462	Woodlawn	10467
Co-op City	10475	Marble Hill	10463	Pelham Bay Park	10464	Unionport	10472	Woodlawn	10470
Country Club	10465	Melrose	10451	Pelham Bay Park	10465	Unionport	10473		
Eastchester	10709	Morris Heights	10452	Pelham Gardens	10469	University Heights	10453		
Edenwald	10019	Morris Heights	10453	Pelham Parkway	10461	University Heights	10468		
STATEN ISLAND - If you will work in any part of Staten Island circle "STATEN ISLAND ALL"---------- >								**STATEN ISLAND ALL**	
Mid Island	10314	Port Richmond	10310	South Shore	10308	Stapleton/St George	10301		
Port Richmond	10302	South Shore	10306	South Shore	10309	Stapleton/St George	10304		
Port Richmond	10303	South Shore	10307	South Shore	10312	Stapleton/St George	10305		