



Dear Relative Child Care Provider:

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas Child Care Services. Please complete the required forms and documents as requested.

Here's what you need to do:

Find the attached "Relative Provider Checklist- Eligibility Determination" form. Please complete everything on this checklist and return all forms and documents as requested.

Important things to remember:

Please do not return a partial packet. When you have completed and/or collected all required documentation, return all forms and documentation by mail or fax. Our fax numbers are (903) 794-8004, 903-794-8012 or 903-794-8014. After faxing, please wait 30 minutes before calling to confirm receipt of fax.

What to expect:

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, you will be mailed an Authorization for Child Care Enrollment with Relative Provider (*Form 2450*) which will give the official start date for care to begin, any parent share of cost, care days and type of care. If you have not heard from us within 10 days, please call our office to inquire about the status of your application.

This is parent choice program. We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.

We thank you in advance of your cooperation.

Sincerely,

Workforce Solutions Northeast Texas
Child Care Services

Mount Pleasant

312 N. Riddle
Mt. Pleasant, TX 75455
(903) 572-9841
(903) 572-0159 (Fax)

Paris

5210 S.E. Loop 286
Paris, TX 75460
(903) 784-4356
(903) 784-7267 (Fax)

Sulphur Springs

1513 Houston St.
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana

1702 Hampton Road
Texarkana, TX 75503
(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services

1702 Hampton Road
Texarkana, TX 75503
(903) 794-8999
(903) 794-8012 (Fax)

YOUR CHECKLIST

(For Relative Provider Eligibility Determination)

Please use this checklist to help you complete the application package. All of this information may be mailed or faxed to Workforce Solutions Northeast Texas Child Care Services. You may go to your nearest Workforce Solutions Northeast Texas center to use a computer, printer or fax machine free of charge. See <http://www.netxworkforce.org> for the location nearest you. For child care provider assistance, please call: (903) 794-8999.

FORMS ALL RELATIVE PROVIDERS NEED TO RETURN:

Copy of your Listed Permit from the Department of Family and Protective Services

- Please submit to us a copy of your Listing Certificate issued by the Texas Department of Family and Protective Services.

Relative Provider Financial Agreement (1 page)

- Please fill out the form by completing ALL information requested and the relative and the parent sign. This verifies that you both understand and accept the policies and procedures of Workforce Solutions Northeast Texas. Return it to us.

Child Care Automated Attendance System Responsibilities, Reporting and Security Requirements Form (1 page)

- Please read this form and sign and date that you understand these requirements.

Form W-9 request for taxpayer ID number (1 page)

- Please fill out the form, sign and date it. Return to us.

Employment Verification Form (1 page)

- If you are employed, please have your employer complete the form. If you are not employed, your signature and social security number is all that is needed. Return the form to us.

Direct Deposit Form and cancelled check or deposit slip (1 page)

- Please fill out the form, sign and date it. You may attach a copy of your cancelled check or savings account deposit slip. Return to us.

Copy of state issued picture ID

- Please submit to us a clear copy of your current photo ID. This can be in the form of a state issued identification card or driver's license.

Readable copy of your signed Social Security Card

- Please submit to us a clear copy of your current signed social security card.

Proof of permanent residence for both you and the child(ren)

- Return to us proof of residency for you and the parent and children. This may be a utility bill, other types of bills, or a rental or lease agreement.

Proof of relationship to the child(ren)

- Return to us proof of relationship. Copies of birth certificates, marriage license, and/or court decree must be provided to verify the relative is eligible to be a provider.

RELATIVE'S NAME _____

CASE NO. _____

You have been requested as a potential Relative Provider with Workforce Solutions Northeast Texas Child Care Services. Please complete the required forms and documents as requested. The *Relative Provider Handbook* gives you important information about your rights and responsibilities if you are approved as a Relative Provider with Workforce Solutions Northeast Texas. Please go to www.netxworkforce.org to read the handbook.

To determine if you are eligible to be a relative provider, you must complete and return all forms and documentation before we can authorize child care.

If you and the client who requested you are determined to be eligible to participate in our child care assistance program, you will be mailed a **Form 2450 Authorization for Child Care Enrollment** which will give the authorized start and end dates for care, any parent share of cost, care days and type of care.

We cannot set up to pay you to care for a child until all requested documentation is received and you and the parent have been certified to be eligible.

Return all forms to Workforce Solutions Northeast Texas:

Fax all requested documentation to: (903) 794-8004,

903-794-8012, 903-794-8014;

or you may **Mail** all requested documentation to:

Workforce Solutions Northeast Texas

Child Care Services

1702 Hampton Rd

Texarkana, TX 75503

INCOMPLETE PAPERWORK MAY RESULT IN DELAYING DETERMINING ELIGIBILITY.

Child Care Automated Attendance Systems Responsibilities, Reporting and Security Requirements

The Texas Workforce Commission has implemented child care attendance and reporting procedures using the Child Care Automated Attendance (CCAA) system. Providers are required to use the CCAA system for parents to report attendance.

The CCAA system is designed to give parents the responsibility for reporting child care attendance and provide tracking and verification that the child attended a particular child care facility.

All Child Care Providers for Workforce Solutions Northeast Texas must inform Workforce Solutions Child Care Services when an enrolled child has not attended on a regular and consistent basis in accordance with their authorized enrollment. Providers shall report to Workforce Solutions Child Care Services authorized days that do not match the referral in the CCAA system within 5 days of receiving the authorization of enrollment. As a provider for Workforce Solutions Northeast Texas, you must review the CCAA system attendance and absence reports, at a minimum, every five calendar days. We strongly recommended you check the system more frequently than once a week.

Providers must comply with the security requirements of CCAA listed below, and be aware that failing to do so may warrant corrective or adverse actions, such as investigation and prosecution for fraud, closing intake, moving children to another provider selected by the parent, withholding provider payments or reimbursement of costs incurred, termination of child care services and recoupment of funds from the child care provider. **As a child care provider, you must report any misuse of the CCAA cards and PINs to Workforce Solutions.**

The Provider understands and agrees with the following CCAA regulations and security requirements:

- **No employee of the child care facility is allowed to possess, accept, or use a parent’s or secondary cardholder’s CCAA card or personal identification numbers (PINs).**
- **No employee is allowed to perform the attendance/absence reporting function on behalf of a parent.**
- **Relatives providing care to a child receiving assistance from Workforce Solutions Northeast Texas cannot be designated as a secondary cardholder.**
- **Owners or Directors of the child care facility cannot be designated as a secondary cardholder by a parent with a child enrolled at the facility.**
- **If a child exceeds 65 total absences during their 12 month eligibility period, the child will not be eligible to receive services at the next eligibility redetermination and shall not be eligible for assistance for 12 months from the end of the most recent eligibility period.**
- **Providers understand that a representative of Workforce Solutions Northeast Texas may monitor the use of the CCAA system/CCAA cards at any given time and as often as deemed necessary.**

By signing below, you agree to the above security requirements, as well as the responsibilities and reporting requirements.

Name of Facility	
Owner/Provider Signature	Date
Provider Specialist Signature	Date

RELATIVE PROVIDER FINANCIAL AGREEMENT

A. ELIGIBILITY TO PROVIDE CHILD CARE

Providers must meet the following criteria to be eligible to provide child care:

- > Be 18 years old or older
 - > Be related by blood, marriage or court decree
- > Be the child's grandparent, great-grandparent, aunt, uncle or sibling
 - > Living in a separate household from the child/ren
 - > Be Listed with the Department of Family and Protective Services

B. PROVIDER INFORMATION

NAME OF PROVIDER:	DATE OF BIRTH:	SOCIAL SECURITY # :
ADDRESS (Street, City, State, Zip):		TELEPHONE #:
MAILING ADDRESS (if different):		

How are you related to the child/ren? _____ (example: Grandmother, etc.)

I understand documentation must be provided verifying I am an eligible provider.

Where is child care being provided? In the child/ren's home? In my home? I understand Workforce Solutions Northeast Texas staff will visit the home where care is being provided to confirm that care for the eligible child/ren is being given. After three attempts by Workforce Solutions staff to visit the home to confirm care is being given, the relative care will be ended and the parent will be notified to choose another care arrangement.

Address where care is being given. _____ Phone #: _____

How are you related to the parent? _____

Are you employed? Yes If yes, your employer must complete the employment verification form.
 No If no, sign and record your social security number on the employment form.

C. CHILD CARE SERVICES CURRENT REIMBURSEMENT RATES

	Infants(0-17 months)	Toddlers (18-35 mos.)	Preschool (3-5 years)	School-age (6-12 years)
Full Day Rate:	\$10.00	\$9.50	\$9.50	\$9.50
Part Day Rate:	\$8.00	\$8.00	\$6.00	\$6.00
Blended Rate:	-	-	\$6.51	\$6.51

The information I have provided above is complete and correct. If any of the information changes, I must submit the changes in writing. I understand care will be paid as authorized on the Notification of Client Eligibility Form (Form 2450) with the exception of absences and holidays. I understand it may be fraud to document for payment of authorized care not in direct support of the parent's employment or education. Claiming for services not actually provided constitutes fraud. I understand that Workforce Solutions Northeast Texas staff will use the SS# supplied by me to verify employment and unemployment insurance information. I have signed an employment verification form for Workforce Solutions staff to contact my employer to verify hours worked. I understand participation as a provider is voluntary.

I have read the *Relative Provider Handbook* at networkforce.org and I understand and agree to abide by the policies and procedures described within. Yes No

PROVIDER SIGNATURE _____ DATE: _____

D. PARENT INFORMATION

I understand care will be paid as authorized on the Notification of Client Eligibility for Self Arranged Child Care (Form 2450) with the exception of absences and holidays. I understand it may be fraud to document for payment of authorized care that is not in direct support of the parent's employment or education. I understand that unauthorized and fraudulent claims paid will be subject to a collection process. I understand documentation must be provided verifying the relative is eligible to be a provider.

PRINT PARENT'S NAME: _____ DATE: _____

PARENT'S 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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.

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 on page 3.

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

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?* 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)(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 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 (1-800-829-3676).

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 ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. 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:
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 8832 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)(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* 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.

Workforce Solutions Northeast Texas Employment Verification

Provider's Name: _____

Date of Request: _____

TO: THE **EMPLOYER** OF THE UNDERSIGNED

This is your authorization to release the information concerning my employment as required below. In order to establish provider eligibility for child care assistance with Workforce Solutions Northeast Texas, verification of employment work schedule is required. Please complete this form as soon as possible.

Your cooperation and prompt return of this information is appreciated.

Signature of Employee

Social Security Number

INFORMATION BELOW TO BE COMPLETED BY THE EMPLOYER

Business Name: _____ Telephone #: _____

Street Address: _____

City, State, Zip: _____

Employee's Job Title or Position Held: _____

Employee's Work Schedule:

(Examples: "M-F 8am to 5pm" or "11am to 7pm shift, 4 days on and 2 days off" or "days and hours vary")

Enter Work Schedule: _____

Approx. Length of Employment _____

Approx. Hire Date _____

Avg. Number of Hours Worked per Week: _____

Signature of Employer Representative

Title

Date

Please mail form to:

Workforce Solutions Northeast Texas

1702 Hampton Rd

Texarkana, TX 75503

Phone: (903) 794-8999

(903) 794-8004

Or fax form to:

Provider Direct Deposit Agreement

GUARANTY BANK AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I (we), hereby authorize Workforce Solutions Northeast Texas, hereinafter called Workforce Solutions, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effective until Workforce Solutions has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford Workforce Solutions and DEPOSITORY a reasonable opportunity to act on it.

Financial Institution Name		
City	State	Zip Code
Transit/ABA Number		Account Number

Signature

✓ Mark the type of Account:

Name (Print)

____ Savings Account

Date

____ Checking Account

TAPE YOUR VOIDED CHECK HERE

Ima Sample 507 Redbud Mt. Pleasant, TX 74555	123	
PAY TO THE ORDER OF _____	_____	
_____ Guaranty Bank Mt. Pleasant, TX		
Memo _____		
↑ Transit/ABA Number	↑ Account Number	↑ Check Number

Instructions for Documenting Proof of Relationship

Documentation must be provided to verify that a Relative Provider meets the eligibility requirements to participate in the Workforce Solutions Northeast Texas Child Care Services program.

The proof of relationship chart shows what is required to prove relationship. You and the parent of the children will need to work together to get copies of the needed documentation.

If you cannot provide this required documentation, the parent may want to contact Workforce Solutions Northeast Texas and talk with a Client Services Specialist to assist in enrolling in a regulated provider temporarily until documentation can be provided. After documentation has been received that proves the provider meets the relationship requirement, the children can be transferred to relative care.

PROOF OF RELATIONSHIP CHART

Listed below is a guide listing the required documentation showing proof that the relative chosen is qualified as a relative provider in the Workforce Solutions child care assistance program.	
If the provider is a sister or brother of the parent (aunt or uncle of the child):	Copies of two birth certificates are required: 1. The parent's birth certificate and the 2. provider's birth certificate These must show a common mother or father.
If provider is a brother-in-law or sister-in-law of parent:	Copies of two birth certificates are required: 1. The parent's birth certificate and the 2. Parent's sibling's birth certificate These must show the parent and sibling have a common parent. Marriage license or certificate of provider showing marriage to the parent's sibling.
If the provider is a mother or father of the parent (grandparent of the child):	Copy of one birth certificate is required: 1. A birth certificate of the parent listing the provider as either their mother or father.
If the provider is a step grandparent of the child:	Copy of one birth certificate is required: 1. A birth certificate of the parent listing the provider's spouse as either their mother or father. 3. A marriage license or certificate of the provider showing marriage to the parent's parent.
If the provider is the grandparent of the parent (great-grandparent of the child):	Copies of two birth certificates are required: 1. The parent's birth certificate 2. The parent's parent's birth certificate These must show that the provider is the grandparent of the parent.
If the provider of a step great-grandparent of the child	Copies of two birth certification 1. The parent's birth certificate 2. The parent's parent's birth certificate showing that the provider's spouse if the grandparent of the parent A marriage license or certificate showing that the provider is married to the grandparent of the parent
If the provider is a child of the parent (sibling of the child):	Copy of one birth certificate is required: 1. The provider's birth certificate showing the parent and that the provider is at least 18 years of age. Also, a proof of residency must be provided showing that the sibling lives outside the home.
If the provider is a step sibling of the child:	1. Marriage license or certificate of the parent. 2. Birth Certificate of the provider showing parent and that the provider is 18 years of age. Also, a proof of residency must be provided showing that the sibling lives outside of the home.

There may be special circumstances not listed here that would require other documentation as proof. If so, contact Child Care Services at (800) 874-3226 or (903) 794-8999 to speak with the billing department.