

# CITY OF SALEM

## INSTRUCTIONS FOR FILING AN APPLICATION FOR APPROVAL OF MINOR SUBDIVISION, SITE PLAN, SITE PLAN WAIVER, MAJOR SUBDIVISION, AND/OR VARIANCE

Mail or deliver the following items to the Planning Board Secretary at the Municipal Building, 125 W Broadway, Salem, New Jersey.

1. Fifteen (15) copies of COMPLETED Application.
2. Fifteen (15) copies of sealed plans and legal descriptions.
3. Fifteen (15) copies of COMPLETED Checklist (with any other items requested therein).
4. Required fees.

Your application will be assigned a number that should thereafter appear on all papers or documents concerning your application.

ALL items must be in the hands of the Planning Board Secretary a minimum of 30 days prior to the Planning Board meeting for review by Planning Board Attorney, Engineer and Secretary. You will be notified of the results of the review. If the Planning Board professionals find the application "complete", you will be notified that your public hearing will be scheduled for the Planning Board meeting the following month. After the public hearing, the Planning Board's decision will be memorialized in a resolution at the following months meeting; and within a few days thereafter that decision will be published in The South Jersey Times (the designated publication).

IT IS RECOMMENDED THAT APPLICANT SECURE THE ASSISTANCE OF AN ATTORNEY OF HIS/HER CHOICE OR READ THE APPLICABLE SECTION OF THE SALEM CITY LAND DEVELOPMENT ORDINANCE (LAND USE) BEFORE ATTEMPTING TO COMPLETE THIS APPLICATION.

\*\* Be sure that your attorney has a copy of these instructions.

## **RULES AND PROCEDURES FOR APPLICATION TO THE SALEM CITY PLANNING BOARD**

1. All applications to the Salem City Planning Board are governed by the Salem City Land Development Ordinance, New Jersey's Municipal Land Use Law (N.J.S.A. 40:55D-1), the procedural rules specified herein, and all other applicable federal, state, and local laws and regulations including, but not limited to those of the Water, and Fire Departments, the Salem County Planning Board, the Salem County Dept. of Health, the New Jersey Department of Environmental Protection (including wetland and CAFRA regulations), and the New Jersey Department of Transportation. All applicants will be presumed to have knowledge of all regulations, laws, and rules, and are therefore encouraged to consult with an attorney or otherwise become familiar with them. **The Board's attorney represents the Board ONLY and CANNOT give legal advice to the applicants.**

2. All applications must be made using the forms supplied by the Planning Board Secretary: Application and Checklist. All information specified in the Checklist applicable to each application must be provided (unless the subject of a waiver or variance request) in order for the application to be considered complete. Each waiver or variance requested must be clearly stated, with its rationale.
3. Fifteen (15) completed copies of each applicable Application form must be filed with the Planning Board Secretary, together with Fifteen (15) copies of all other documents, plans and materials required as part of the application.
4. The Planning Board Attorney, Engineer and Secretary will review the application to determine whether the application is complete. The Board may grant or deny submission waivers upon completeness review. **No application will be determined to be complete unless and until all applications and escrow fees have been paid in full. The Board will not consider or grant any request for waiver of application/escrow fees.**
5. If the Planning Board professionals determine an application to be complete, the Secretary will give the applicant written notice of completeness within 45 days of the submission of the application. Upon receipt of the completeness notice, the applicant should confer with the Planning Board Secretary to schedule the application for hearing at a regular Board Meeting. If there is no response from an applicant within a reasonable time after completeness notification, and it appears to the Board that the application will not be heard at a regular meeting in sufficient time for the Board to take action as required by New Jersey law, the application will be denied. After completeness has been certified, the Board may require such additional information from the applicant as it believes may be necessary to make an informed decision.

**The board can and may elect at its sole discretion to hear applications that do not require notice immediately upon determination of completeness. For this reason, applicants who are not required to give such notice may wish to attend the completeness review meeting in the event the Board requires the applicant's testimony or consent to conditions of approval.**

6. **Incomplete applications will not be scheduled for hearing.** If the Board determines an application to be incomplete, the Board will give the applicant written notice of incompleteness within the aforesaid 45-day period, informing the applicant of the information and materials which must be submitted to complete the applications. The applicant may thereafter supplement the application to satisfy the deficiencies. The Board will conduct a subsequent completeness review within 45 days after receipt of any such supplemental submission. The Board may require that an applicant's escrow be replenished to its initial amount as part of any supplemental submission.
7. All corporate applicants must be represented through the application process by a New Jersey licensed attorney. Other applicants may proceed without legal counsel provided that in all such instances the applicant appears personally to testify at the application hearing(s). Although the applicant may present professionals such as surveyors, architects, engineers, and realtors as witnesses to testify during the application hearing(s) (provided that their names, addresses, and area of expertise are

included in the list provided pursuant to the application) such professional(s) cannot legally “represent” the applicant.

8. The Board may, in its sole discretion, schedule, reschedule, postpone, adjourn, or continue any application hearing as permitted by law. **The Board will not hear the application(s) of any applicant who has failed to replenish application escrows, or to pay any other amounts owed to the City. The Board reserves the right to dismiss the application(s) of any applicant who has failed to replenish application escrows, or to pay any other amounts owed to the City.**
9. Unless otherwise decided by majority vote, the Board will not allow any application hearing to begin after 10:00 p.m., and will hear no testimony after 10:30 p.m.

CITY OF SALEM

APPLICATION # \_\_\_\_\_

APPLICATION FEE \$ \_\_\_\_\_ RECEIVED \_\_\_\_\_  
BY \_\_\_\_\_  
ESCROW FEE \$ \_\_\_\_\_ RECEIVED \_\_\_\_\_  
BY \_\_\_\_\_

ACTION BY PLANNING BOARD PROFESSIONALS:  
     CONSIDERED APPLICATION COMPLETE  
     CONSIDERED APPLICATION INCOMPLETE

ACTION BY PLANNING BOARD:  
    APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ OTHER \_\_\_\_\_

DATE OF PUBLICATION PRIOR TO  
MEETING \_\_\_\_\_

DATE OF PUBLICATION OF DECISION \_\_\_\_\_

(Do not write above this line – official use only)

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

APPLICANTS TELEPHONE \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

RELATIONSHIP OF APPLICANT TO OWNER (i.e. tenant, agent, purchaser under contract,  
same person, or other) \_\_\_\_\_

LOCATION OF PREMISES \_\_\_\_\_

BLOCK NUMBER \_\_\_\_\_ LOT NUMBER(S) \_\_\_\_\_

THE PREMISES ARE SITUATED ON (East, West, North, South) side of \_\_\_\_\_

\_\_\_\_\_ (Street) (Avenue) (Road) approximately \_\_\_\_\_ feet from \_\_\_\_\_  
\_\_\_\_\_  
(Landmark or intersection of another street)

THE PREMISES ARE LOCATED IN THE FOLLOWING ZONE (Check One):

- |  |   |
|--|---|
| <input type="checkbox"/> AR Agricultural Residential | <input type="checkbox"/> C Commercial             |
| <input type="checkbox"/> R Residential               | <input type="checkbox"/> I Industrial             |
| <input type="checkbox"/> VR Village Residential      | <input type="checkbox"/> CI Commercial/Industrial |
| <input type="checkbox"/> VC Village Commercial       |   |

Area to be disturbed (square feet) \_\_\_\_\_

Total number of proposed dwelling units \_\_\_\_\_

\_\_\_\_\_ Request for Waiver from Site Plan Review and Approval

Reason for request \_\_\_\_\_

NECESSARY RELIEF:

- \_\_\_\_\_ Appeal decision of an Administrative Officer (NJS 40:55D-70a)
- \_\_\_\_\_ Map of Ordinance Interpretation of Special Question (NJS 40:55D-70b)
- \_\_\_\_\_ Variance Relief (hardship) (NJS 40:55D-70c (1))
- \_\_\_\_\_ Variance Relief (substantial benefit) (NJS 40:55D-70c(2))
- \_\_\_\_\_ Variance Relief (use) (NJS 40:55D-70d)
- \_\_\_\_\_ Conditional use Approval (NJS 40:55D-70d)
- \_\_\_\_\_ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin (NJS 40:55D-34)
- \_\_\_\_\_ Direct issuance of a permit for a lot lacking street frontage (NJS 40:55D-35)

Section(s) of Ordinance from which a variance is requested \_\_\_\_\_

Waivers requested of Development Standards and/or Submission requirements: (attach additional pages needed) \_\_\_\_\_

Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished at least TEN (10) days prior to the date scheduled for the hearing.

An affidavit of service (proof of service upon all property owners, personally or by certified mail) and a proof of publication (furnished by the newspaper) must be in the hands of the Solicitor before the start of the public hearing.

Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed).

\_\_\_\_\_

NOTE: All deed restrictions, covenants, easements, associations by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

Present use of the premises: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Attorney \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicant's Land Surveyor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicants Planning Consultant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicants Engineer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

List any other Expert who will submit a report or who will testify for the Applicant: (Attach additional sheets as may be necessary)

Name \_\_\_\_\_  
Field of Expertise \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Application Represents a Request for the Following:

**SUBDIVISION**

\_\_\_\_\_ Minor Subdivision Approval  
\_\_\_\_\_ Major Subdivision Approval (Preliminary)  
\_\_\_\_\_ Major Subdivision Approval (Final)  
Number of lots to be created (including remainder lot) \_\_\_\_\_  
Number of proposed dwelling units (if applicable) \_\_\_\_\_

**SITE PLAN**

\_\_\_\_\_ Site Plan Approval  
\_\_\_\_\_ Preliminary Site Plan Approval (Phases, if applicable \_\_\_\_\_)  
\_\_\_\_\_ Final Site Plan Approval (Phases, if applicable \_\_\_\_\_)  
\_\_\_\_\_ Amendment of revision to an Approved Site Plan  
\_\_\_\_\_ Sketch Plats/Sketch Plans (not required, but recommended)

Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? \_\_\_\_\_

Are any off-tract improvements required or proposed? \_\_\_\_\_

Is the subdivision to be filed by Deed or Plat? \_\_\_\_\_

What form of security does the applicant propose to provide as performance and maintenance guarantees? \_\_\_\_\_

Other approvals which may be required and date plans submitted:

	Yes	No	Date Plans Submitted
Municipal Utilities Authority	_____	_____	_____
Salem County Health Department	_____	_____	_____
Salem County Planning Board	_____	_____	_____
Salem County Soils Conservation District	_____	_____	_____
NJ Dept. of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Construction Permit	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Atlantic City Electric	_____	_____	_____
South Jersey Gas Company	_____	_____	_____

Certification required from Tax Collector that all taxes due on the subject property have been paid.

List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

Quantity	Description of Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IT IS THE RESPONSIBILITY OF THE APPLICANT to mail or deliver copies of the application form and all supporting documents to the Planning Board Secretary. The documentation must be received by the Planning Board Secretary at least 14 days prior to the meeting of the Planning Board in order for the matter to be on the agenda.

The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the Applicants Professionals:

---

CERTIFICATION: I certify that the foregoing statements and the materials submitted are true. I am aware that if any statements made by me in the application are willfully false, I shall be subject to punishment. I further certify that I am the individual APPLICANT or that I am an officer of the Corporate applicant and that I am authorized to sign the application for the Corporation of that I am a general partner of the partnership applicant. (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

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Signature of Applicant

CERTIFICATION: I certify that I am the OWNER of the property which is the subject of this application, that I have authorized the Applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant. I am aware that if any statements made by me are willfully false, I shall be subject to punishment. (If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

INDIVIDUAL....Print name under signature:

---

Owner

Corporation.... Print name of Corporation:

ATTEST:

---

Secretary

---

President

PARTNERSHIP...Print name of partnership:

---

General Partner



I understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account (Builders Trust Account), in accordance with the Ordinances of the City of Salem. I further understand that the escrow account is established to cover the cost of professional services, including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add the sum to the escrow account within fifteen (15) days after notification.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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**The board can and may elect at its sole discretion to hear applications that do not require notice immediately upon determination of completeness. For this reason, applicants who are not required to give such notice may wish to attend the completeness review meeting in the event the Board requires the applicant's testimony or consent to conditions of approval.**

6. **Incomplete applications will not be scheduled for hearing.** If the Board determines an application to be incomplete, the Board will give the applicant written notice of incompleteness within the aforesaid 45-day period, informing the applicant of the information and materials which must be submitted to complete the applications. The applicant may thereafter supplement the application to satisfy the deficiencies. The Board will conduct a subsequent completeness review within 45 days after receipt of any such supplemental submission. The Board may require that an applicant's escrow be replenished to its initial amount as part of any supplemental submission.
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## CITY OF SALEM

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8. The Board may, in its sole discretion, schedule, reschedule, postpone, adjourn, or continue any application hearing as permitted by law. The Board will not hear the application(s) of any applicant who has failed to replenish application escrows, or to pay any other amounts owed to the City. The Board reserves the right to dismiss the application(s) of any applicant who has failed to replenish application escrows, or to pay any other amounts owed to the City.
9. Unless otherwise decided by majority vote, the Board will not allow any application hearing to begin after 10:00 p.m., and will hear no testimony after 10:30 p.m.

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APPLICATION # \_\_\_\_\_

APPLICATION FEE \$ _____	RECEIVED _____
BY _____	
ESCROW FEE \$ _____	RECEIVED _____
BY _____	
ACTION BY PLANNING BOARD PROFESSIONALS:	
<input type="checkbox"/> CONSIDERED APPLICATION COMPLETE	
<input type="checkbox"/> CONSIDERED APPLICATION INCOMPLETE	
ACTION BY PLANNING BOARD:	
APPROVED _____ DENIED _____ OTHER _____	
DATE OF PUBLICATION PRIOR TO MEETING _____	
DATE OF PUBLICATION OF DECISION _____	

(Do not write above this line - official use only)

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

APPLICANTS TELEPHONE \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

RELATIONSHIP OF APPLICANT TO OWNER (i.e. tenant, agent, purchaser under contract, same person, or other) \_\_\_\_\_

LOCATION OF PREMISES \_\_\_\_\_

BLOCK NUMBER \_\_\_\_\_ LOT NUMBER(S) \_\_\_\_\_

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THE PREMISES ARE SITUATED ON (East, West, North, South) side of \_\_\_\_\_  
\_\_\_\_\_  
(Street) (Avenue) (Road) approximately \_\_\_\_\_ feet from \_\_\_\_\_  
\_\_\_\_\_  
(Landmark or intersection of another street)

THE PREMISES ARE LOCATED IN THE FOLLOWING ZONE (Check One):

- |  |   |
|--|---|
| <input type="checkbox"/> AR Agricultural Residential | <input type="checkbox"/> C Commercial             |
| <input type="checkbox"/> R Residential               | <input type="checkbox"/> I Industrial             |
| <input type="checkbox"/> VR Village Residential      | <input type="checkbox"/> CI Commercial/Industrial |
| <input type="checkbox"/> VC Village Commercial       |   |

Area to be disturbed (square feet) \_\_\_\_\_  
Total number of proposed dwelling units \_\_\_\_\_  
Request for Waiver from Site Plan Review and Approval \_\_\_\_\_  
Reason for request \_\_\_\_\_

## NECESSARY RELIEF:

- \_\_\_\_\_ Appeal decision of an Administrative Officer (NJS 40:55D-70a)
- \_\_\_\_\_ Map of Ordinance Interpretation of Special Question (NJS 40:55D-70b)
- \_\_\_\_\_ Variance Relief (hardship) (NJS 40:55D-70c (1))
- \_\_\_\_\_ Variance Relief (substantial benefit) (NJS 40:55D-70c(2))
- \_\_\_\_\_ Variance Relief (use) (NJS 40:55D-70d)
- \_\_\_\_\_ Conditional use Approval (NJS 40:55D-70d)
- \_\_\_\_\_ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin (NJS 40:55D-34)
- \_\_\_\_\_ Direct issuance of a permit for a lot lacking street frontage (NJS 40:55D-35)

Section(s) of Ordinance from which a variance is requested \_\_\_\_\_

Waivers requested of Development Standards and/or Submission requirements: (attach additional pages needed) \_\_\_\_\_

Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished at least TEN (10) days prior to the date scheduled for the hearing.

An affidavit of service (proof of service upon all property owners, personally or by certified mail) and a proof of publication (furnished by the newspaper) must be in the hands of the Solicitor before the start of the public hearing.

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Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed).

---

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NOTE: All deed restrictions, covenants, easements, associations by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

Present use of the premises: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Attorney \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicant's Land Surveyor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicants Planning Consultant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Applicants Engineer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

List any other Expert who will submit a report or who will testify for the Applicant: (Attach additional sheets as may be necessary)

Name \_\_\_\_\_  
Field of Expertise \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Application Represents a Request for the Following:

## SUBDIVISION

- \_\_\_\_ Minor Subdivision Approval  
\_\_\_\_ Major Subdivision Approval (Preliminary)  
\_\_\_\_ Major Subdivision Approval (Final)  
Number of lots to be created (including remainder lot) \_\_\_\_\_  
Number of proposed dwelling units (if applicable) \_\_\_\_\_

## SITE PLAN

- \_\_\_\_ Site Plan Approval  
\_\_\_\_ Preliminary Site Plan Approval (Phases, if applicable \_\_\_\_\_)  
\_\_\_\_ Final Site Plan Approval (Phases, if applicable \_\_\_\_\_)



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- Amendment of revision to an Approved Site Plan
- Sketch Plats/Sketch Plans (not required, but recommended)

Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? \_\_\_\_\_

Are any off-tract improvements required or proposed? \_\_\_\_\_

Is the subdivision to be filed by Deed or Plat? \_\_\_\_\_

What form of security does the applicant propose to provide as performance and maintenance guarantees? \_\_\_\_\_

Other approvals which may be required and date plans submitted:

	Yes	No	Date Plans Submitted
Municipal Utilities Authority	_____	_____	_____
Salem County Health Department	_____	_____	_____
Salem County Planning Board	_____	_____	_____
Salem County Soils Conservation District	_____	_____	_____
NJ Dept. of Environmental Protection	_____	_____	_____
Sewer Extension Permit	_____	_____	_____
Sanitary Sewer Connection Permit	_____	_____	_____
Stream Encroachment Permit	_____	_____	_____
Waterfront Development Permit	_____	_____	_____
Wetlands Permit	_____	_____	_____
Tidal Wetlands Permit	_____	_____	_____
Potable Water Construction Permit	_____	_____	_____
NJ Department of Transportation	_____	_____	_____
Atlantic City Electric	_____	_____	_____
South Jersey Gas Company	_____	_____	_____

Certification required from Tax Collector that all taxes due on the subject property have been paid.

List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

Quantity	Description of Item
_____	_____
_____	_____

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
IT IS THE RESPONSIBILITY OF THE APPLICANT to mail or deliver copies of the application form and all supporting documents to the Planning Board Secretary. The documentation must be received by the Planning Board Secretary at least 14 days prior to the meeting of the Planning Board in order for the matter to be on the agenda.

The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the Applicants Professionals:

\_\_\_\_\_  
CERTIFICATION: I certify that the foregoing statements and the materials submitted are true. I am aware that if any statements made by me in the application are willfully false, I shall be subject to punishment. I further certify that I am the individual APPLICANT or that I am an officer of the Corporate applicant and that I am authorized to sign the application for the Corporation of that I am a general partner of the partnership applicant. (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

\_\_\_\_\_  
Signature of Applicant

CERTIFICATION: I certify that I am the OWNER of the property which is the subject of this application, that I have authorized the Applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant. I am aware that if any statements made by me are willfully false, I shall be subject to punishment. (If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

INDIVIDUAL... Print name under signature: \_\_\_\_\_

Owner

Corporation... Print name of Corporation: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President

PARTNERSHIP... Print name of partnership: \_\_\_\_\_

\_\_\_\_\_  
General Partner

# CITY OF SALEM

I understand that the sum of \$ \_\_\_\_\_ has been deposited in an escrow account (Builders Trust Account), in accordance with the Ordinances of the City of Salem. I further understand that the escrow account is established to cover the cost of professional services, including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add the sum to the escrow account within fifteen (15) days after notification.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Salem City

Every application for development shall be accompanied by Check(s) payable to City of Salem in accordance with the following schedule of Administrative Escrow Fees. Administrative Fees and Escrow Fees shall be paid in separate checks.

		Administrative Fees	Escrow Deposits
1.	Informal Review		
	<ul style="list-style-type: none"> <li>a. One (1) fifteen (15) minute appearance</li> <li>b. Any additional appearance</li> </ul>	<ul style="list-style-type: none"> <li>\$100</li> <li>\$200</li> </ul>	<ul style="list-style-type: none"> <li>\$300</li> <li>\$750</li> </ul>
2.	Subdivisions		
	<ul style="list-style-type: none"> <li>a. Minor Subdivision Plat</li> <li>b. Preliminary Major Subdivision Plat</li> </ul>	<ul style="list-style-type: none"> <li>\$100</li> <li>\$500</li> </ul>	<ul style="list-style-type: none"> <li>\$1000</li> <li>\$500 plus \$150 per lot. Minimum deposit shall be \$2000.</li> </ul>
	<ul style="list-style-type: none"> <li>c. Final Major Subdivision Plat</li> </ul>	<ul style="list-style-type: none"> <li>\$500</li> </ul>	<ul style="list-style-type: none"> <li>\$250 plus \$75 per lot. Minimum deposit shall be \$1000</li> </ul>
	<ul style="list-style-type: none"> <li>d. Amended: Minor, Preliminary Major and/or Final Major Subdivision Plat</li> </ul>	<ul style="list-style-type: none"> <li>\$200</li> </ul>	<ul style="list-style-type: none"> <li>\$1000</li> </ul>
	<ul style="list-style-type: none"> <li>e. Request for Re-approval or Extension of Time</li> </ul>	<ul style="list-style-type: none"> <li>\$300</li> </ul>	<ul style="list-style-type: none"> <li>\$300 plus \$25 per lot. Minimum deposit shall be \$500.</li> </ul>
3.	Site Plans		
	<ul style="list-style-type: none"> <li>a. Minor</li> <li>b. Preliminary Major Site Plan</li> </ul>	<ul style="list-style-type: none"> <li>\$200</li> <li>\$300</li> </ul>	<ul style="list-style-type: none"> <li>\$2000</li> <li>\$500/acre or part thereof, plus \$50 per dwelling unit in the case of multiple family units and/or \$0.10/gross sq. ft. of building area in the case of non-residential buildings, provided a minimum \$4000 shall be deposited.</li> </ul>
	<ul style="list-style-type: none"> <li>c. Final Major Site Plan</li> </ul>	<ul style="list-style-type: none"> <li>\$200</li> </ul>	<ul style="list-style-type: none"> <li>\$250/acre or part thereof, plus \$25 per unit in the case of multiple-family units and/or \$0.05/gross sq. ft. of building area in the case of non-residential buildings, provided a minimum \$2000 shall be deposited.</li> </ul>
	<ul style="list-style-type: none"> <li>d. Amended Minor, Preliminary Major and/or Final Major Site Plan</li> </ul>	<ul style="list-style-type: none"> <li>\$200</li> </ul>	<ul style="list-style-type: none"> <li>\$1000</li> </ul>
	<ul style="list-style-type: none"> <li>e. Request for Re-approval or Extension of Time</li> </ul>	<ul style="list-style-type: none"> <li>\$300</li> </ul>	<ul style="list-style-type: none"> <li>\$300 plus \$100 per acre of part thereof</li> </ul>

	f. Conditional uses (In addition to fees for Required Site Plan or Subdivision Review)	\$300	\$100 per acre of part thereof, Minimum deposit is \$1000
4.	Variances		
	a. Use and Others (NISA 40:55D-70d)	\$300	\$2000
	b. Conditional Use and Bulk (NISA 40:55D-70c)	\$300	\$500 first variance plus \$200 each additional variance
	c. Hardship (NISA 40:55D-70c)	\$300	\$500
	d. Appeals and Interpretations	\$300	\$1000
	e. Permit (NISA 40:55D-34 & 35)	\$300	\$1000
5	Site Plan Waivers	\$200	\$500

**Application and Escrow Fees (Amended 3-6-1996 by Ord. No. 96-2)**

1. The application fees and escrow fees received hereinabove are minimums which must accompany the application. An application shall not be deemed complete until the application fee and escrow fee required have been paid. The Planning Board shall exercise its discretion in establishing the figure required for the escrow fund in the event that the project will require more time for review than has been provided for by the figures received hereinabove or the project is of a nature that is not expressly included in one of the aforementioned categories.
2. Application fees and escrow fees must be submitted in separate checks payable to Salem City



**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission.  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Site Plan			Subdivision			Variance Plan	Site Plan Waiver	Official Verification
	Minor	Preliminary Major	Final Major	Minor	Preliminary Major	Final Major			
8 E	The plat/plan shall be prepared under the supervision of and be signed and sealed by a licensed New Jersey land surveyor, professional planner, professional engineer or registered architect in accordance with the provisions of N.J.A.C.13:40-7.1, et seq.								
9 E	The map/plan must include: <ul style="list-style-type: none"> <li>• Name and address of the owner and applicant.</li> <li>• Name and address of the person preparing the plan with license # and seal.</li> <li>• Signature block for Chairman, Secretary and Engineer of the Planning Board.</li> <li>• Date of the original plan and revision dates.</li> <li>• Legend/Title block including title, block and lot, zone district, address, municipality and county.</li> </ul>								
10 E	Source and date of current property survey prepared and sealed by a registered NJ Land Surveyor.								

**City of Salem Land Use Application Checklist**  
**Shaded Areas are NOT required for submission**  
**(Checklist to be used in conjunction with Land Use Section of the Salem City Code)**

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Site Plan			Subdivision			Variance Plan	Site Plan Waiver	Official Verification
	Minor	Preliminary Major	Final Major	Minor	Preliminary Major	Final Major			
11 E	<p>The plat or plan shall be based upon an accurate survey, with the corners of each lot to be subdivided (including lots to be retained) marked in the field with survey pins. Certification and monumentation required by Map Filing Law. The foregoing survey requirement shall not apply, however to one (1) lot to be retained by the owner-subdivider if the information as shown on the City Tax Map clearly demonstrates that its area and each of its dimensions exceed by ten percent (10%) or more than the minimum required by the Land Development Ordinance of Salem City.</p>								
12 E	<p>Metes and bounds description showing dimensions, bearings, curve data, length of tangents, radii, arcs, chords and central angles for all center lines and right-of-ways, utility easements and centerline curves on streets, as well as a legal description of the proposed property along with any covenants and deed restrictions.</p>								



**City of Salem Land Use Application Checklist**  
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 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Site Plan			Subdivision			Variance Plan	Site Plan Waiver	Official Verification
	Minor	Preliminary Major	Final Major	Minor	Preliminary Major	Final Major			
13 S									
14 E									
15 E									
16 E									
17 E									
18 S									
19 S									

13 Certification from the Tax Collector that all taxes are paid to date.

14 Plans shall be prepared at a minimum scaled of: (1) inch equals fifty (50) feet for a tract up to 40 acres in size; (1) inch equals 100 feet for a tract between 40 and 150 acres; and (1) inch equals 200 feet for a tract of 150 acres or more.

15 North designation by arrow on each sheet.

16 Date reference meridian and graphic scale.

17 A key map, at an appropriate scale, with a north arrow showing the location of the site and its relationship to surrounding areas, existing street locations, municipal and zone boundaries. (1" = 2000' or larger)

18 The Tax map sheet, block and lot numbers as per the Assessor's records.

19 The names of all property owners within 200 feet.

**City of Salem Land Use Application Checklist**  
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Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor		Site Plan		Final Major	Minor	Subdivision		Final Major	Variance	Site Plan Waiver	Official Verification
	Minor	Final Major	Preliminary Major	Final Major			Preliminary Major	Final Major				
20 E												
21 E												
22 E											NO SUBMISION	
23 E											NO SUBMISION	
24 A											NO SUBMISION	
25 E											NO SUBMISION	



City of Salem Land Use Application Checklist  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Site Plan			Subdivision			Variance Plan	Site Plan Waiver	Official Verification
	Minor	Preliminary Major	Final Major	Minor	Preliminary Major	Final Major			
33 E								NO SUBMISSION	
34 E									
35 E									
36 E									
37 E									

**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Site Plan	Subdivision			Variance Plan	Site Plan Waiver	Official Verification
		Minor	Preliminary Major	Final Major			
38 E	Any structures of historic significance on or within two hundred (200) feet of the tract, and a statement of the impact of the development on the historic structure.					NO SUBMIS SION	
39 S	Identification of all abutting land that is currently assessed as qualified farmland.					NO SUBMIS SION	
40 E	A landscaping and buffering plan showing what vegetation will remain and what will be planted (common and botanical name), indicating names of plants and trees and dimensions, approximate time of planting, method of planting, and corner sight distance triangles. See Code 110 - 53					NO SUBMIS SION	
41 E	Existing contours with intervals two feet where slopes are less than 15% and five feet when 15% or more referred to a known datum (NAVD 88) and indicated by a dashed line. Where any changes in contours are proposed, finished grades shall be shown as a solid line.					NO SUBMIS SION	

**City of Salem Land Use Application Checklist**  
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 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor	Site Plan Preliminary Major	Final Major	Minor	Subdivision Preliminary Major	Final Major	Variance Plan	Site Plan Waiver	Official Verification
42 E								NO SUBMISSION	
43 E								NO SUBMISSION	
44 E								NO SUBMISSION	
45 E								NO SUBMISSION	
46 E								NO SUBMISSION	
47 E								NO SUBMISSION	

**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor	Site Plan Preliminary Major	Final Major	Minor	Preliminary Major	Final Major	Variance Plan	Site Plan Waiver	Official Verification
48 E	Shaded			Shaded			Shaded	NO SUBMISSION	
49 E			Shaded	Shaded	Shaded	Shaded	Shaded	NO SUBMISSION	
50 E				Shaded					
51 E				Shaded			Shaded	NO SUBMISSION	
52 E				Shaded			Shaded	NO SUBMISSION	
53 E				Shaded			Shaded	NO SUBMISSION	

**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor	Site Plan Preliminary Major	Final Major	Minor	Preliminary Major	Final Major	Variance Plan	Site Plan Waiver	Official Verification
54 E	If lots proposed for subdivision or development have frontage on or require access to a State Highway, submit copies of any permits issued by NJDOT pursuant to NJAC 16:47-1.							NO SUBMIS SION	
55 E	A letter of interpretation from the New Jersey Department of Environmental Protection either verifying the locations of the freshwater wetlands boundary and transition areas on the subject property, or determining and certifying that the proposal is exempt from the provisions of the Fresh Water Wetlands Protection Act, or confirming the absence of freshwater wetlands or freshwater wetlands transition areas on the subject property.  <i>The requirement may be waived if the site is clearly uplands and the applicant submits a signed statement by a New Jersey licensed engineer or land surveyor that:</i> (a) He has personally visited the subject property and conducted a site investigation as necessary to							NO SUBMIS SION	



**City of Salem Land Use Application Checklist**  
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Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	<p><i>determine that there are no freshwater wetlands or transition areas on the subject property.</i></p> <p><i>He has examined the subject property on a national wetlands inventory map.</i></p> <p><i>He has reviewed the soils on the subject property as set forth in the Salem County Soil Survey Map as issued by the United States Department of Agriculture.</i></p> <p><i>He has certified that there are no freshwater wetlands or freshwater wetland transition areas on the subject property.</i></p>							
56 E	<p><b>Storm water and Drainage:</b>                  Demonstrate consistency with section 110-23 regarding stormwater management and control, including plans and profiles. Plans and design data for storm drainage facilities, including pre- and post-developed drainage sheds.</p> <p><b>Utilities:</b> Preliminary plans and profiles of water and sewer at a proposed scale of not more than one (1) inch equals fifty (50) feet horizontally and one (1) inch equals five (5) feet vertically showing connections to existing and proposed utility systems.</p>						NO SUBMIS SION	
57 E							NO SUBMIS SION	

**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor	Site Plan Preliminary Major	Final Major	Minor	Subdivision Preliminary Major	Final Major	Variance Plan	Site Plan Waiver	Official Verification
58 E								NO SUBMISSION	
59 E							(if applicable)		
60 E								NO SUBMISSION	
61 E								NO SUBMISSION	
62 E								NO SUBMISSION	
63 E								NO SUBMISSION	
64 E								NO SUBMISSION	

City of Salem Land Use Application Checklist  
 Shaded Areas are NOT required for submission.  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

65	Road and paving cross sections at fifty foot intervals and profiles.												NO SUBMISSION
----	--	--	--	--	--	--	--	--	--	--	--	--	---------------

**City of Salem Land Use Application Checklist**  
 Shaded Areas are NOT required for submission  
 (Checklist to be used in conjunction with Land Use Section of the Salem City Code)

Name of Applicant: \_\_\_\_\_ Application #: \_\_\_\_\_

	Minor	Site Plan Preliminary Major	Final Major	Minor	Subdivision Preliminary Major	Final Major	Variance Plan	Site Plan Waiver	Official Verification
66 E	Method by which common or public open space or commonly held building or structure is to be owned and maintained.							NO SUBMISSION	
67 E	Letter containing a list of all items to be installed or completed and to be covered by a performance guarantee, with quantities and cost of each item and the total cost of all items.							NO SUBMISSION	
68 E	Archeological Study							NO SUBMISSION	

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

## 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.

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

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	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](http://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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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](http://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](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://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](http://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 <sup>1</sup>
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 <sup>2</sup>
5. 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 <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
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 <sup>4</sup>
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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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](mailto: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](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://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.