



Catholic Charities  
of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All

Catholic Charities of the Diocese of Raleigh, Inc.  
7200 Stonehenge Drive  
Raleigh, North Carolina 27613-1620  
(919) 821-9750  
FAX (919) 821-9712

**CHECK LIST FOR CONTRACT WORKERS**

<b><u>TO BE COMPLETED BEFORE A BACKGROUND CHECK CAN BE DONE</u></b> (and before contract worker can begin at any site)	
1. Application	
2. Disclosure Form	
3. Code of Conduct (send complete Code of Conduct-not just signature page)	
4. Resume	
<b>5. ADMINISTRATION - Background Check Completed</b>	

<b>ADDITIONAL REQUIREMENTS</b> (to be completed on first day)	
1. Contract Agreement	
2. Verification of qualification (License, transcript)	
3. W-9 Form	
4. Confidentiality Agreement	
5. Conflict of Interest (send complete Conflict of Interest – not just signature page)	
6. Emergency Contact Sheet	
7. Electronic Set-up Form	
8. References (3)	
9. Attendance at Safe Environment Training Please indicate the date attended or plan to attend and send copy of certification. Here is the link to the Safe Environment Training Calendar: <a href="http://dioceseofraleigh.org/offices/child-and-youth-protection/calendar">http://dioceseofraleigh.org/offices/child-and-youth-protection/calendar</a> )	



### Catholic Charities of the Diocese of Raleigh Application for Employees and Contract Workers

#### Main Application

Name: \_\_\_\_\_  
                                First                                Middle                                Last

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
                                City                                State                                Zip

Home Phone: \_\_\_\_\_  
                                Area Code                                Number

Cell Phone: \_\_\_\_\_  
                                Area Code                                Number

Work Phone: \_\_\_\_\_  
                                Area Code                                Number

Email Address: \_\_\_\_\_

#### Catholic Charities Questionnaire

Types of Application: \_\_\_\_\_ Employment  
                                \_\_\_\_\_ Contract Worker

***Catholic Charities of the Diocese of Raleigh participates in E-Verify. All employees, within three days of beginning work, must provide proof of eligibility to work in the United States.***

What position are your applying for?  
\_\_\_\_\_

What interests you about the position you are applying for?  
\_\_\_\_\_  
\_\_\_\_\_

What has prepared you for the position that you are applying for?  
\_\_\_\_\_  
\_\_\_\_\_

### Residential History

\_\_\_\_\_ Check here if you have lived in your current residence for longer than 7 years.

If you have lived in your current residence for 7 or more years, do not complete the residential history. You only need to check the box at the top of this sections.

Dates (mm/yyyy)	Street Address	City/State/Zip	Country
Beg. Date _____  End Date: _____			
Beg. Date _____  End Date: _____			

### Employment History

\_\_\_\_\_ Check here if you have no employment history.

Start with your current employer and indicate employment history for the last 7 years. If current employer, end date will be current.

Dates of Employment (mm/yyyy)	Company name and address (City, State, Zip)	Immediate Supervisor name & Phone Number	Position Held/Job Description	Reason for Leaving position
Beg. Date _____  End Date: _____				
Beg. Date _____  End Date: _____				
Beg. Date _____  End Date: _____				

### Educational History

\_\_\_\_\_ Check here if you have no educational history.

Educational history should include high school and forward. If currently enrolled in program, end date will be current.

<b>Dates (mm/yyyy) (start with most recent)</b>	<b>School name and address (City, State, Zip)</b>	<b>Type of School</b>	<b>Name of Program or Degree</b>	<b>Program Completed?</b>
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				

### Volunteer History

\_\_\_\_\_ Check here if you have no volunteer history.

Volunteer history should include any experience applicable to the position to which you are applying. If you are still participating in a volunteer program, do not list an end date.

<b>Dates (mm/yyyy) (start with most recent)</b>	<b>Organization City, State, Zip</b>	<b>Contact</b>	<b>Contact Phone Number</b>	<b>Position/Duties</b>
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				
Beg. Date _____ End Date: _____				



## References

<b>Reference Name First/Last</b>	<b>Address (City/State/Zip)</b>	<b>Daytime Phone</b>	<b>How long have you known this person?</b>	<b>Has this person agreed to be a reference?</b>
Professional/Civic				
Professional/Civic				
Personal				
Personal				
Family Member				

## Declarations

The **Catholic Charities of the Diocese of Raleigh, Inc.** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. Please read and initial each of the statements below.

\_\_\_\_\_ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my position.

\_\_\_\_\_ I agree to observe all of **Catholic Charities of the Diocese of Raleigh** guidelines and policies for the program in which I am applying, especially the Code of Conduct for Church Personnel for the Diocese of Raleigh.

\_\_\_\_\_ I understand that Catholic Charities has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the **Catholic Charities of the Diocese of Raleigh** cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time.

\_\_\_\_\_ I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may be grounds for denial of the application to provide employment and/or volunteer services.

\_\_\_\_\_ I hereby authorize **Catholic Charities of the Diocese of Raleigh** to conduct a personal and professional background check for the purposes of my application at **Catholic Charities of the Diocese of Raleigh**. **Catholic Charities of the Diocese of Raleigh** may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during **Catholic Charities of the Diocese of Raleigh** contact with the individuals for purposes of employment or volunteer services. I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by **Catholic Charities of the Diocese of Raleigh**. I have also read and understood the above stated information within this release and am signing below of my own free will.

\_\_\_\_\_ I hereby acknowledge that I have been notified in a separate writing that **Catholic Charities of the Diocese of Raleigh** may request a Consumer Report about me. I understand that the Consumer Report may contain information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that the Consumer Report may contain public record information such as consumer credit reports, criminal records, judgments, liens, driving records, educational history, prior employment history, or other public record information.  
I further understand that information may be requested from various Federal, State, local and other agencies that reflects my past activities.

\_\_\_\_\_ By my signature below, I authorize **Catholic Charities of the Diocese of Raleigh** to request and obtain a Consumer Report containing, without limitation, the above-described information in connection with my application. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of **Catholic Charities** to furnish the above described or similar information. Also by my signature below, I waive any and all causes of action that I may have against **Catholic Charities of the Diocese of Raleigh** caused by the gathering or supplying of the above described or similar information.

\_\_\_\_\_ I understand that a criminal background check will be conducted prior to and may be conducted during my service. I authorize investigations of all statements contained in the application.

\_\_\_\_\_ My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Confidential Background Check Information

*Please note: Information in this section is only used to obtain criminal records, which are reviewed by a Catholic Charities official in strictest confidence.*

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been convicted for physically, sexually, or emotionally abusing a child or an adult?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegation of child abuse, physical abuse, or sexual abuse?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you changed your last name in the past 7 years?

If yes, what was your previous last name? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No At any time during the past 7 years have you lived in a different state (within in the United States) or do you currently live outside the state this Diocese is located in?

If yes, what state did you live in? \_\_\_\_\_

### ***To be completed ONLY after an offer of a position is made:***

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_



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**DISCLOSURE OF REQUEST FOR CONSUMER REPORT**

In connection with your application for employment, Catholic Charities of the Diocese of Raleigh may request and have prepared a Consumer Report about you that may be used to evaluate your eligibility for hire and continued employment. If you become an employee of the Catholic Charities, or are currently an employee, Catholic Charities may obtain a Consumer Report about you for employment purposes at any time while you are employed.

The Consumer Report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. It may contain public record information such as consumer credit reports, criminal records, judgments, liens, driving records and civil litigation records. Information for the Consumer Report may be requested from various Federal, State, local and other agencies.

I hereby acknowledge that I have been provided the foregoing Disclosure of Request for Consumer Report and have been allowed to keep a copy for my records.

Printed Name:

Address:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Catholic Charities of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All

## **Code of Conduct for Church Personnel for Catholic Charities of the Diocese of Raleigh\***

Revision Date: 01/2013

### **SECTION ONE: Preamble**

- 1.1 By virtue of our baptism, all Catholics share in the mission of the Church to continue the work of Jesus Christ. Jesus is Lord and we must seek the Kingdom as He did. We must preach the Good News that there is a God who loves us beyond our imagining. We must give our love and the provisions of life to those who have them in small measure. By our actions we must share our conviction that everything that occurs between us is a function of our relationship with God.
- 1.2 The call to discipleship is abundant in grace. It is also an awesome responsibility. We who represent the Church, the bishop, priests, deacons, seminarians, non-ordained religious, lay employees and lay volunteers who are involved in work for the Diocese of Raleigh, its parishes and agencies and who represent the Church by virtue of office, designated position, employment or contract (hereafter called Church Personnel) have a special obligation due to roles of leadership and positions of trust. Our brothers and sisters, young and old, invite us into their lives, open their hearts, share their joys and hopes, their grief and anxieties with us. They are confident that we will listen compassionately and act honorably in their best interest. Our behavior as Church Personnel, both public and private, has the potential to inspire those entrusted to our pastoral care to faith and hope and to motivate them toward greater generosity and participation in a life of faith. Sadly, when trust is abused it also has the potential to weaken or destroy faith, and cause scandal.
- 1.3 It is essential that Church Personnel be constantly mindful of the trust given to them. Faithfully discharging the responsibilities that accompany our work requires constant prayerful reflection and must be sustained and supported by God's grace. Our obligations require each of us to act with love and prudence. This Code of Conduct will assist in this task.
- 1.4 These statements do not presume to provide answers to all ethical questions. They present a set of general standards to help guide day to day actions and form a framework for developing policies and discussing ethical questions. Church Personnel in the Diocese of Raleigh agree to abide by this Code of Conduct and understand that disregarding these principles through personal conduct or life style contrary to the moral and religious doctrines or teachings of the Roman Catholic Church may lead to corrective and/or disciplinary action.

## **SECTION 2: Principles**

### 2.1 Church personnel of the Diocese of Raleigh shall:

- a. Respect the teachings and precepts of the Catholic Church
- b. Respect the rights, dignity and worth of each person from conception to natural death.
- c. Conduct their relationships with others free of deception, manipulation, exploitation or intimidation.
- d. Work to ensure just treatment for colleagues, employees, volunteers, parishioners and others with whom they interact.
- e. Seek to provide an environment that is non-discriminatory, free from all forms of abuse and promotes respect, self control and personal safety.
- f. While under our supervision to protect, to the best of our ability those entrusted to our care, especially children and youth as well as adults who are physically or mentally challenged.
- g. Provide guidance for individuals or groups in a way that protects and respects each person, and is free from deception, manipulation, exploitation or intimidation.
- h. Keep all information received in the course of formal counseling or spiritual direction in the strictest confidence in accord with professional ethical codes and as mandated by canon and civil law.
- i. Make no false accusations against another or reveal the faults and failings of another to those who have no right to know.
- j. Be responsible stewards of the human, temporal, and financial resources of the Church.
- k. Maintain a high level of competence in our designated role in the Church and prudently attend to our physical, spiritual, mental and emotional well-being.
- l. Avoid accepting or conferring an office, position, assignment or compensation that creates a conflict of interest or the perception of impropriety.
- m. Examine our own actions and intentions objectively to ensure that our behavior promotes the welfare of the community and exemplifies the strong moral tradition of the Church.
- n. Promptly report incidents of ethical misconduct by other Church Personnel to the proper Church and/or civil authority
- o. Church personnel are prohibited from speaking in a manner that is derogatory or demeaning. All are expected to refrain from swearing or using foul language.

- p. Church personnel are prohibited from possessing or viewing child pornography as is consistent with North Carolina State Law. Church personnel are prohibited from possessing or allowing a person to view pornography or any sexually explicit or morally inappropriate materials on Church property, at Church sponsored events or in the presence of minors. Such materials include, but are not limited to: magazines, videos, films, recordings, computer software, computer games, or printed materials. In addition, topics of conversation or discussion, vocabulary or any other form of personal interaction or entertainment that could not be used in the presence of parents or a responsible adult are also prohibited.
- q. Church personnel are to refrain from sexually offensive humor and conversation.

2.2 In addition to these guidelines church personnel shall abide by any applicable professional codes of conduct, ethical norms, canon or civil laws.

### **SECTION 3: Behavioral Guidelines for Church Personnel Working with Minors**

- 3.1 The following guidelines are intended to assist Church Personnel in making decisions about interactions with minors in Church sponsored and affiliated programs. They are not intended to address every possible situation or designed to address interactions within families. For clarification of any guideline or to inquire about a behavior not addressed here, please contact your pastor, agency director, principal or the Director for the Program for the Protection of Children and Young People.
- a. Corporal punishment is prohibited when disciplining minors. Physical force may only be used to restrain individuals from inflicting harm on themselves and/or others.
  - b. Church Personnel are prohibited from engaging in sexually oriented conversations with minors except in the context of sharing the Church's teaching on human sexuality. Church personnel are never permitted to use examples from their own sexual history or experience.
  - c. Church Personnel are prohibited from using tobacco products in the presence of minors or having in their possession or being under the influence of any alcoholic beverage or any illegal drugs when working with minors. Church Personnel are prohibited from providing minors with any alcoholic beverage, tobacco, drugs or any substance prohibited by law.
  - d. Medications may be administered to minors only with written parental permission. Parents should provide the medication clearly labeled (prescriptions or over-the counter medications) and dosing instructions for the medication.
  - e. Church Personnel should schedule one-on-one guidance sessions or meetings with minors at times and locations that promote accountability and meet accepted standards of propriety. This includes limiting the length and the number of meetings, making referrals and notifying the parents and/or guardians as appropriate. Church Personnel providing counseling services should follow the standards of care and code of ethics for their respective professions in terms of services to minors and notification of parents and/or guardians.

- f. Adults should avoid being alone with a minor so as to remove the opportunity for, or perception of impropriety. Church Personnel are prohibited from sleeping in the same bed, hotel room, van, sleeping bag or tent with a minor unless the adult is a parent, guardian or sibling of the minor. Church personnel should not take an overnight trip alone with a minor who is not an immediate family member. Church Personnel should avoid being alone with a minor (not a member of the family) in a locker room, rest room, dressing facility, car or vehicle or other isolated area that is not appropriate to a ministerial relationship. When the good of the minor requires that they be accompanied by an adult to any of these locations, the time alone with the minor should be minimal and another adult should be made aware of the circumstances. As a general rule, changing and showering facilities should be separate for male and female and facilities and arrangements for minors separate from adults or should be used by adults and minors at different times.

NOTE: When there is only one large room that serves as the sleeping area for each gender, at least two adult leaders should be present in each sleeping area.

- g. Church Personnel, acting in their ministerial role, should not host minors who are not family members for overnight accommodations where there is no other adult supervision present. This includes, but is not limited to, accommodations in any church-owned facility, private residence, hotel room, or any other place where there is no other adult supervision present.
- h. Clergy should not allow minors who are not members of their family to stay overnight in their private accommodations or residence unless accompanied by other adults.
- i. Appropriate demonstrations of affection between Church Personnel and minors can be important for a child's development and a positive part of ministry. Touching must be age appropriate and based on the need of the minor not the adult. If an adult has questions regarding demonstrating affection toward a minor they should discuss the matter with their supervisor or an adult qualified to render an opinion about appropriate ministerial boundaries.

3.2 Church Personnel may be in a position to provide transportation for minors.

The following guidelines apply:

- a. Ordinarily minors should not be transported without written permission.
  - b. Minors should be transported directly to their destination with no unauthorized stops.
  - c. Drivers must be validly licensed and insured.
  - d. Drivers may not drive a diocesan vehicle without prior authorization.
  - e. Drivers are to abide by all applicable state laws (including safety seats /belts) and diocesan policies regarding the safe transportation of children and youth.
- 3.3 Church Personnel observing anyone (adult or minor) abusing a minor, must take immediate steps to intervene to provide a safe environment for the minor and report the misconduct in accord with diocesan policies and civil law. **Church personnel who have cause to suspect that a minor has been abused must report the suspected abuse in accord with the Diocese of Raleigh Policies and Procedures for the Protection of Children and Young People and civil law.**



**SECTION 4: Guidelines for the Supervision of Minors**

Guidelines include, but are not limited to, the following:

- 4.1 Church personnel are responsible for releasing minors in their care at the close of activities only to parents, legal guardians or other persons designated by parents or legal guardians in writing. Special circumstances for the release of children require written parental/guardian permission.
- 4.2 Programs for minors should be administered by at least two adult supervisors.
- 4.3 Church personnel should report uncontrollable, dangerous, or unusual behavior of minors to parents /guardians as soon as possible.
- 4.4 Church personnel are to report substance abuse by minors to parent/guardian as soon as possible.
- 4.5 As far as possible, facilities should be monitored during church services, and during all other (school and parish) activities on the church/school grounds.
- 4.6 Parents should be encouraged to be part of all services and programs in which their children and young people are involved.
- 4.7 Parental permission should be obtained, including a signed medical treatment authorization form before taking minors on trips.
- 4.8. Parental approval must always be obtained before permitting any minor to participate in athletic or other activities.

*\*Formerly the Code of Professional Responsibility*

**I have read and agree to abide by the Code of Conduct for Church Personnel for the Diocese of Raleigh – Catholic Charities.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**



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## EMPLOYEE CONFIDENTIALITY AGREEMENT

I, the undersigned, hereby agree that I will not at any time, during my employment or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside of Catholic Charities of the Diocese of Raleigh, Inc., any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable local, state or federal laws governing proper release of information.

I also understand that unauthorized use or disclosure of protected health information will result in disciplinary action up to and including termination of employment or association and the possible imposition of fines pursuant to applicable state and federal laws.

Protected Health Information is “individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic, medical, and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.”

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Date

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Employee signature

08.01.2016



# Catholic Charities of the Diocese of Raleigh

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## **Conflict of Interest Policy Board of Directors and Employees**

**1. Scope.** The following statement of policy applies to each member of the Board of Catholic Charities of the Diocese of Raleigh, Inc. (Catholic Charities) and to all persons employed by Catholic Charities, regardless of position. Catholic Charities, its Board of Directors (Board) and Staff (employees and contract workers) are committed to ethical, business like, and lawful conduct. To ensure understanding and compliance with Catholic Charities standards and relevant Federal Government requirements, each member of the Board, (including the Officers as Ex Officio members), and each Staff member, including contract workers, will be required to read, agree to and sign this Conflict of Interest Policy. Each Board member shall complete the Annual Conflict of Interest Statement (1) upon entry onto the Board and (2) annually while a member of the Board. Each Catholic Charities employee shall sign the annual Conflict of Interest Statement (1) at the time of hire and (2) annually.

**2. Responsibility.** All decisions of the Board and employees of Catholic Charities are to be made solely on the basis of a desire to promote the best interests of Catholic Charities and those it serves.

**3. Disclosure of Conflicts with Respect to Potential Financial Transactions.** In the event any financial transaction or other matter involving Catholic Charities also involves (1) a Board member, employee or their relative, or (2) an organization with which any Board member, employee or their relative has any material financial interest, the Board member or employee having the affiliation or interest, at the first knowledge of the transaction or other matter, shall disclose fully the precise nature of the interest or involvement. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

**4. Disclosure Statement.** Each Board member and employee of Catholic Charities shall be required to submit a disclosure statement listing all organizations with which he or she is affiliated and describing the nature of the affiliation as defined below. In the event there is any material change in the information contained in any disclosure statement, the person who submitted it shall promptly submit written notification of the change.

A Board member or employee is deemed to be affiliated with any organization that may be potentially related to the financial operation of Catholic Charities if he or she, or their relative (1) is a director, trustee, officer, partner, employee, or agent; or (2) receives direct financial benefit from sales or services; or (3) has a 35 percent or greater interest. In no way should this policy imply that Board members or employees or their relatives should reveal any religious, ethnic, political, fraternal or civic affiliations.

All personnel of Catholic Charities, including Board members and Staff members and their relatives, are expected to be alert to and to avoid conflicts of interest that jeopardize the care of persons served and that interfere with the Staff's delivery of services as further delineated in the Code of Ethics of Catholic Charities of the Diocese of Raleigh, Inc., especially IV Ethical Standards.

**5. Administration.** All disclosures required under this policy and amendments thereto, if by Board members, shall be directed in writing to the Chairperson of the Board, or if by employees, in writing to the Executive Director. The Chairperson of the Board and the Executive Director shall be responsible for the administration of this policy. Issues identified as a result of disclosures under this policy concerning Board members shall be reported initially to the Chairperson of the Board for appropriate action; those concerning Staff shall be referred initially to the Executive Director. Information disclosed under this policy shall be held in confidence by the persons authorized to receive and act upon it except where, in the judgment of any of such persons, the best interest of Catholic Charities requires further disclosure. The Chairperson of the Board will report annually that he or she and the Executive Director have supervised the completion of the signing of the annual statement by Board members and Staff members and that either there are no reportable issues or there are some issues and the Chairperson will disclose what those issues are to the Board.

**6. Restraint on Participation.** A Board member who has declared or has been found to have a conflict of interest in any proposed transaction or other matter shall refrain from participating in consideration of the proposed transaction or other matter, unless for special reasons the Board requests information or interpretation from the person or persons involved. In the case of a Board member, he or she shall not vote on the matter in question and, if so requested by the Chairperson or any other member of the Board, shall not be present at the time of the vote. With respect to restraint on participation by a staff member, the Executive Director, or, where applicable, the Chairperson, shall take such action as is necessary to assure that the transaction or other matter is completed in the best interests of Catholic Charities without the substantive involvement of the person who has the possible conflict of interest.

**7. Advance Determinations.** Any staff member who is uncertain about possible conflict of interest in any matter may request the Executive Director to determine whether a possible conflict exists. Any Board member who is uncertain about possible conflict of interest in any matter may request the Executive Committee to determine whether a possible conflict exists; the Executive Committee shall resolve the question by majority vote. If required, the question of potential conflict might be referred to counsel for an opinion prior to the Executive Committee vote.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title(Board Member or Staff Member):** \_\_\_\_\_



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**EMERGENCY INFORMATION SHEET**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMERGENCY DATA:

Person(s) to notify in case of Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions 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)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	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*
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.



Catholic Charities  
of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All

**Electronic Accounts Set-up for Catholic Charities of the Diocese of Raleigh**

Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

First Date of Work: \_\_\_\_\_

**Please select which applies:**

Employee: \_\_\_

Contract Worker: \_\_\_

Intern \_\_\_

**Indicate the appropriate role(s) of staff, contractor or intern:**

Counselor: \_\_\_

Family Support Staff: \_\_\_

Office Manager: \_\_\_

Other: \_\_\_ Position: \_\_\_\_\_

**Passwords must be**

- Minimum of 8 characters long (3xamp!e#)
- Contain at least 1 Number (419...)
- Contain at least 1 Special Character (!#^)

Requested password: \_\_\_\_\_

**Mail with employee packet or Email this form to Jarrett McClellan @ [jarrett.mcclellan@raldioc.org](mailto:jarrett.mcclellan@raldioc.org)**



Catholic Charities  
of the Diocese of Raleigh

Providing Help—Creating Hope—Serving All