

# PENSACOLA POLICE

COURTESY • INTEGRITY • PROFESSIONALISM

## PENSACOLA POLICE DEPARTMENT LAW ENFORCEMENT TRUST FUND (“LETF”) APPLICATION

The Pensacola Police Department (PPD) is pleased that we are able to benefit our community with the use of asset forfeiture funds by providing financial assistance to local nonprofit organizations that make a difference in our community. These funds are the result of civil forfeitures of assets (including cash) that have been seized as contraband linked to certain felony crimes and that meet the strict standards and statutory requirements by the seizing law enforcement agency. Once the civil forfeiture process is complete, the seized money is maintained in a Law Enforcement Trust Fund (LETf) and can only be used in accordance with the rules set forth in Florida Statutes, Section 932.701 - 932.707, called the “Florida Contraband Forfeiture Act (FCFA).” The provisions of the FCFA allows law enforcement agencies, such as PPD, to support projects and programs that strive to improve neighborhood safety, prevent crime, and provide drug abuse education and prevention within our Pensacola community.

Applications requesting funding may be a request to fund an entire project or may be a request to fund a particular piece of a larger project or program if that project or program meets the eligibility criteria set forth in the statutes described below.

Funding requests are subject to approval by the Chief of the Pensacola Police Department and the City Council, as well as funding availability.

### **Eligibility:**

To be considered for funding:

1. The project/program must meet the statutory criteria as to the use of LETF money and must fall into one of the following categories:

- Crime Prevention
- Drug Abuse and Prevention Program
- Safe Neighborhoods
- School Resource Officer
- Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a).

2. In order to be considered for submission, the following documents **MUST** be attached to the application at the time of submission.

- Part 1 of this application
- Part 2 of this application (including line item budget)
- Sunbiz Certification of Status
- IRS Form 501(c)(3)
- IRS Form W-9

3. If the application is approved and money for the project is awarded, applicants will have 90 days to complete Part 3 and return to the PPD. Part 3 provides statutorily required audit information of how the funds received were utilized along with a description of the outcomes of the project or program for which the funds were granted. This must include receipts where applicable, as well as documentation of expenses that account for exactly how the money was spent for the program or project for which it was requested. **Part 3 must be completed and returned within 90 days following the performance period of the project / program / event for which the LETF money was awarded. Failure to submit Part 3 in a timely manner may result in a demand for the funds granted to be returned and will result in a failure of the agency to be considered as a recipient for future LETF money.**



# PENSACOLA POLICE

COURTESY • INTEGRITY • PROFESSIONALISM

## PART 1

The person completing this application must have legal authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds.

Initial Ac Applicant will keep clear and accurate records throughout the Program period so that the progress of the services rendered may be readily evaluated by PPD.

Initial Ac I understand that a final report of activities and expenditures documented by receipts or other financial proof of expenditure of the Program must be submitted by Applicant on the report form (Part 3) to the PPD no later than 90 days of the end of the performance period.

Initial Ac I understand that failure to comply with the reporting requirements in Part 3 may result in Applicant having to return LETF monies and will remove the applicant agency from future consideration to receive LETF monies.

Initial Ac If Applicant's agency fails to use the funds in the manner described in this application, or if the project or program does not occur or is not completed in the same manner and in the performance period as described in the application, or is determined later to not be qualified to receive LETF monies; or if there was an untruthful statement made by Applicant within Application; or fails to provide the necessary reporting documents to the PPD, then all LETF monies disbursed to the Applicant must be returned to the PPD within ten (10) business days of the PPD's written demand for the same and Applicant will be ineligible for any further LETF disbursements.

Initial Ac I understand that false statements or claims made in connection with this LETF application may result in fines, imprisonment, and/or any other remedy available by law.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

Applicant Agency Name: East Pensacola Student Athlete Program

Anthony Caldwell

Printed Name of Person Authorized to Complete this Application

President/ Ceo

Title

Anthony Caldwell  
Signature

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement) who is personally known to me or has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

Sec. attached  
Signature of Notary  
State of Florida at Large  
My Commission Expires:

(Notary Seal)

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT**  
FS 117.05(13) — Effective January 1, 2020

State of Florida }  
County of Escambia }

The foregoing instrument was acknowledged before me by means of

Physical Presence,

— OR —

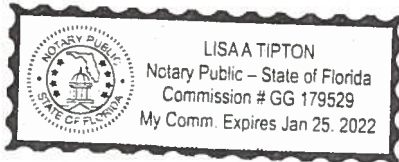
Online Notarization,

this 16<sup>th</sup> day of July, 2021, by  
Date Month Year

Deathera House  
Name of Person Acknowledging

Lisa Tipton  
Signature of Notary Public — State of Florida

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Personally known

Produced Identification

Type of Identification Produced: Florida

Drivers License

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: EPSAP Grant Application

Document Date: 7-16-2021 Number of Pages: 6

Signer(s) Other Than Named Above: \_\_\_\_\_

**PART 2**

**Section 1**

**APPLICANT INFORMATION**

<b>Name of Agency:</b>	East Pensacola Student Athlete Program		
<b>Name of Program to receive funding from LETF:</b>	Same		
<b>Amount of LETF Funds Requested:</b>	<del>10,000.00</del> \$5,000. <sup>00</sup> <i>1/12</i>		
<b>Name/ Title of Contact:</b>	Anthony Caldwell /President		
<b>Address:</b>	2400 Dr. Martin Luther King Dr	<b>Phone:</b>	850-390-0180
<b>City • Zip Code:</b>	Pensacola 32503	<b>Fax:</b>	
<b>Total Program Budget:</b>	40119.16	<b>E-mail:</b>	Epsap@yahoo.com
<b>Dates of Project/Program:</b>	1/8/2022		

**Section 2**

**LETF CATEGORY**

(Place an "X" to the left of one program area for which you intend to apply):

<input checked="" type="checkbox"/>	<b>1. Crime Prevention</b>
<input checked="" type="checkbox"/>	<b>2. Drug Abuse Education and Prevention Programs</b>
<input checked="" type="checkbox"/>	<b>3. Safe Neighborhood</b>
<input type="checkbox"/>	<b>4. School Resource Officer</b>
<input type="checkbox"/>	<b>5. Other Law Enforcement Purpose in Compliance with F.S. §932.7055(5)(a)</b>

### Section 3

#### PROPOSED PROGRAM INFORMATION

a. What is the mission statement of your agency?

The East Pensacola Student Athlete Program Inc (EPSAP) is a Florida nonprofit corporation that provides remedial education and athlete opportunities to underprivileged youth in the Pensacola Community, Escambia County, Florida by engaging in or supporting activities to prevent juvenile delinquency, dependency, school dropout, teenage pregnancy, and to promote continued education and good citizenship

b. How does your proposed project or program address the statutorily applicable LETF Category as marked in Part 2 , section 2 of this application?

(Epsap) promotes crime prevention, drug prevention and safe neighborhood. (Epsap) helps raise awareness for the youth in our program from ages 5-14. One way is we teach our youth about abuse, drugs and gang activity. We offer several sporting programs for the youth to help promote crime prevention. Also, we partner with several non profit programs to come and speak with youth about guns, drugs and safe neighborhood. Finally we host several events to promote our youth and local law enforcements in building community trust.

c. Why is this funding needed (what community program does it address)? What data or information suggests this program will be beneficial to the residents of Pensacola?

EPSAP serves over 300+ inner city youth. Our community is staffed by volunteers and parents. This program has a direct benefit to increasing safe neighborhoods and crime prevention by through teaching commitment, character and courage as they work as a team to develop healthy relationships with those around them. The skills learned through baseball will help the team members use these skills in school, home and in their community. Key skills such as communication, compromise and patience are the cornerstone to a healthy community versus anger or violence which creates unsafe neighborhoods.

d. What is the specific time frame of dates that this program or project will be performed?

The baseball program is a team sport that begins in January 2022 and ends in the month of May 2022. As part of this program EPSAP is requesting LETF funding to purchase the required baseball uniforms for the youth involved in this program. This program has a direct benefit to increasing safe neighborhoods and crime prevention by through teaching commitment, character and courage as they work as a team to develop healthy relationships with those around them. The skills learned through baseball will help the team members use these skills in school, home and in their community. Key skills such as communication, compromise and patience are the cornerstone to a healthy community versus anger or violence which creates unsafe neighborhoods.



- e. Describe in detail the program or project for which you are seeking LETF funds and specifically how the funds requested will be used. A specific breakdown of the funds must be included on the attached line item budget

This program has a direct benefit to increasing safe neighborhoods and crime prevention by through teaching commitment, character and courage as they work as a team to develop healthy relationships with those around them. The skills learned through baseball will help the team members use these skills in school, home and in their community. Key skills such as communication, compromise and patience are the cornerstone to a healthy community versus anger or violence which creates unsafe neighborhoods.

This funding will be used to purchase 125 youth baseball uniforms at \$5,000 for the 2022 season for the East Pensacola Rattlers.

I certify that I have the appropriate authority on behalf of the requesting agency to submit this application and to ensure funds are used for the purposes specified herein to provide the required accounting and reporting of these funds. I also certify that the assurances provided are true and accurate to the best of my knowledge.

OFFICIAL AUTHORIZED TO SIGN AND BIND APPLICANT AGENCY TO APPLICATION:

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

Print: Anthony Caldwell

Title: President/CEO

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of person making statement) who is personally known to me or has produced \_\_\_\_\_ as identification.

(Notary Seal)

NOTARY PUBLIC

See Attached

Signature of Notary  
State of Florida at Large  
My Commission Expires:

**FLORIDA JURAT**

FS 117.05(13) — Effective January 1, 2020

State of Florida

County of Escambia }

Sworn to (or affirmed) and subscribed before me by means of

Physical Presence,

— OR —

Online Notarization,

this 22 day of July, 2021, by  
Day Month Year

Anthony T Caldwell

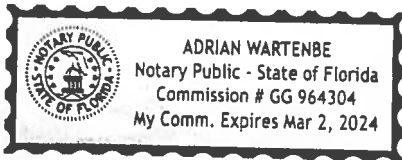
Name of Person Swearing or Affirming

Adrian Wartenbe

Signature of Notary Public — State of Florida

Adrian Wartenbe

Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Personally Known

Produced Identification

Type of Identification Produced: FL CDL

C.434 - 018 - 83 - 218 - 0

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Law Enforcement Trust Fund Application

Document Date: N/A Number of Pages: 11

Signer(s) Other Than Named Above: None

### Total Program Line Item Budget

LETF LINE ITEM BUDGET	CALCULATION	TOTAL AMOUNT
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Program Expenses

Personnel Costs/Salaries	\$ 0	
Consultants and Professional Fees	\$ 0	
Travel	\$ 0	
Equipment	\$ 1200.00	1200.00
Supplies/Uniforms	\$ 6480.00	6480.00
Printing and Copying	\$	
Other (specify) League Fees	\$ 5000.00	5000.00
Banquets		
<b>Total Program Expenses</b>	<b>\$ 12680.00</b>	<b>12680.00</b>
	<b>LETF Request</b>	<b>\$ <del>10000.00</del></b>
		<b>\$5,000.00</b>
	<b>Total:</b>	<b>\$</b>

*(150 x \$40.00) See Invoice attached*

*pcz*



# WARRINGTON YOUTH SPORTS

Invoice

**Invoice No:** 433  
**Date:** 10/13/2021  
**Terms:** NET 0  
**Due Date:** 10/13/2021

PO Box 4564 Pensacola ,FL 32507  
(850) 857-8795  
Warringtonyouthsports@gmail.com  
www.warringtonsports.com  
Custom sports wear,awards and sports equipment

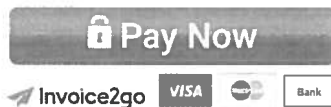
**Bill To:** East Pensacola Rattlers  
Epsap@yahoo.com

Description	Quantity	Rate	Amount
Baseball Uniforms	150	\$40.00	\$6,000.00
		<b>Parts Subtotal</b>	\$6,000.00

Please make payment to:  
Bank Account Number: 40630134891234861  
Routing Number: 121000248

Subtotal **\$6,000.00**  
TAX 8% **\$480.00**  
Total **\$6,480.00**  
PAID **\$0.00**

**BALANCE DUE \$6,480.00**



**PART 3**

**POST PROJECT/PROGRAM EVALUATION**

**This evaluation is due no later than 90 days after the funding award.**

1. Describe how the project/program met each of its goals.

2. Describe how the project/program impacted crime prevention, neighborhood safety, drug abuse education, and/or drug prevention.

3. How many participants did the project/program serve? Please describe.

4. Provide a detailed accounting of how the award was spent referencing the Line Item Budget submitted in Part 2 of the application:

Description	Amount
Total	

### CERTIFICATION

I possess the authority to certify that the funds awarded were used for purposes described in this evaluation. I understand that the Pensacola Police Department may require additional information including but not limited to receipts, program data, lesson plans, staff salary information, or any other supporting documentation to meet their obligations that the funds were spent appropriately.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness



## Consumer's Certificate of Exemption

DR-14  
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8017594455C-9	08/14/2018	08/31/2023	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

EAST PENSACOLA STUDENT ATHLETE PROGRAM I  
NC  
1290 TATE RD  
CANTONMENT FL 32533-6463

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## Important Information for Exempt Organizations

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Not For Profit Corporation

EAST PENSACOLA STUDENT ATHLETE PROGRAM, INC.

### Filing Information

<b>Document Number</b>	N18000001506
<b>FEI/EIN Number</b>	82-4532903
<b>Date Filed</b>	02/09/2018
<b>Effective Date</b>	02/05/2018
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	07/23/2018
<b>Event Effective Date</b>	NONE

### Principal Address

1290 TATE ROAD  
CANTONMENT, FL 32533

### Mailing Address

1290 TATE ROAD  
CANTONMENT, FL 32533

### Registered Agent Name & Address

ALLBRITTON, JOHN L  
1290 TATE ROAD  
CANTONMENT, FL 32533

### Officer/Director Detail

#### **Name & Address**

Title P

MCAWAY, HENRY L, III  
381 GAMARRA ROAD  
PENSACOLA, FLORIDA, FL 32503

Title CEO

CALDWELL, ANTHONY  
711 VENDEE LN  
PENSACOLA, FL 32505



Title S

FORBES, DEATHERA  
6440 MARIANA DRIVE  
PENSACOLA, FL 32504

Title T

STOKES, CLARENCE H, JR.  
P.O. BOX 9732  
PENSACOLA, FL 32513

Title M

GARRICK, ROBINSON  
7619 BROOK FOREST DR  
PENSACOLA, FL 32514

Title M

BROWN, DENNIS  
8475 LOFTON DR.  
PENSACOLA, FL 32514

Title VP

ALLBRITTON, JOHN  
1290 TATE ROAD  
CANTONMENT, FL 21514

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2019	01/13/2019
2020	03/08/2020
2021	01/13/2021

**Document Images**

<a href="#">01/13/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/08/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/23/2018 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2018 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 07 2018 .

EAST PENSACOLA STUDENT ATHLETE  
PROGRAM INC  
1290 TATE ROAD  
CANTONMENT, FL 32533-0000

Employer Identification Number:  
82-4532903  
DLN:  
26053611002118  
Contact Person: ID# 31954  
CUSTOMER SERVICE  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a) (2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
February 05, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

# 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>East Pensacola Student Athlete Program</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> 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.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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.	
<input checked="" type="checkbox"/> Other (see Instructions) ▶ <b>Nonprofit corporation exempt under IRS Code Section 501(C)(3)</b>	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1290 Tate Road</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Cantonment, FL 32533</b>	
<b>7</b> 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>										
8	2		-	4	5	3	2	9	0	3

**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 ▶ <u>11/13/2020</u>
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## 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-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.*