



NACHSA National Association of County Human Services Administrators

An Affiliate Organization of NACo  National Association of Counties

January 1, 2019

Dear Director:

The National Association of County Human Services Administrators (NACHSA) appreciates your past support and asks you to renew your 2019 dues today.

Last year, NACHSA advocated on behalf of counties on a number of human services issues. Those efforts included:

- **SSBG:** NACHSA met with Senate offices to once again ensure that Congress rejected efforts to eliminate the Social Services Block Grant.
- **SNAP:** The Association worked to ensure counties continued to have administrative flexibility in administering the Supplemental Nutrition Assistance Program (SNAP) to serve families and individuals who depend upon it during times of financial stress. As the 2018 farm bill was debated, NACHSA sent letters to the House and Senate to protect the fundamental nature of SNAP – to address food insecurity.
- **TANF:** For the first time in years, both the House and Senate began to reauthorize the Temporary Assistance for Needy Families (TANF) program. While the process stalled in both chambers, NACHSA worked closely with the National Association of Counties to respond to Committee requests on bill drafts.
- **Public Charge:** NACHSA submitted comments identifying the increased administrative expenses and harmful effects on legal immigrants of a proposed rule expanding the list of government programs which would affect the ability of a legal immigrant to extend or change their status.

NACHSA also regularly updates its members on other federal developments and human services resources through its e-Alerts. Implementing the Family First Prevention Services Act, updates on programs addressing homelessness, and workforce development initiatives are among the topics covered.

To continue and expand our work, we need you as a dues-paying member. Given prudent budgeting and stable membership, NACHSA dues remain at the level assessed in 2003. As the only national organization focused solely on representing county administrators, NACHSA remains a great investment and adds value to the work you do every day.

Thank you in advance for your support and participation. Enclosed is an invoice which is based on county population. If you have any other questions, please e-mail me at csend@cwda.org or call 916.443.1749, or contact Tom Joseph at tj@paragonlobbying.com or call 202.898.1446.

Sincerely,



Cathy Senderling-McDonald
NACHSA President
Deputy Executive Director, County Welfare Directors Association of California



NACHSA National Association of County Human Services Administrators

An Affiliate Organization of NACo ★ National Association of Counties

Wisconsin Half Price Dues for 2019 NACHSA Membership

Membership Dues Rates	
County: _____	
County Population	
____ Less than 100,000	\$65
____ Greater than 100,000 but less than 250,000	\$158
____ Greater than 250,000 but less than 500,000	\$328
____ Greater than 500,000	\$655

Contact Information

Name: _____

Title: _____

County/Department: _____

Address: _____

Telephone: _____

E-Mail: _____



Federal Tax ID: 52-2082778

Please return this form with your dues to:
 Matt Kurtz, NACHSA Treasurer
 Director, Knox County Department of Job and Family Services
 PO Box 334
 Mount Vernon, OH 43050
Please remit dues payable to: NACHSA

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. National Association of County Human Services Administrators</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i></p> <p>5 Address (number, street, and apt. or suite no.) PO Box 334</p> <p>6 City, state, and ZIP code Mount Vernon, OH 43050</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
---	---

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>										
or										
Employer identification number										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;">5</td> <td style="width: 25px; height: 20px;">2</td> <td style="width: 25px; height: 20px;">-</td> <td style="width: 25px; height: 20px;">2</td> <td style="width: 25px; height: 20px;">0</td> <td style="width: 25px; height: 20px;">8</td> <td style="width: 25px; height: 20px;">2</td> <td style="width: 25px; height: 20px;">7</td> <td style="width: 25px; height: 20px;">7</td> <td style="width: 25px; height: 20px;">8</td> </tr> </table>	5	2	-	2	0	8	2	7	7	8
5	2	-	2	0	8	2	7	7	8	

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>June 27, 2016</u>
------------------	----------------------------	-----------------------------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.