2019 Norton Sound Red King Crab Disaster ReliefVessel Crew Application

CRITERIA FOR RELIEF:

- Vessel crew members <u>MUST</u> have held a <u>2019 commercial crew license</u> or <u>2019 CFEC permit</u> for any fishery. This information will be verified using the ADF&G Licensing database or the CFEC permit database.
- Vessel crew members **MUST** have worked for a permit holder that made a landing during the 2019 summer season.
 - This information will be verified based on 1) <u>crew contract</u>, 2) <u>crew settlement</u>,
 3) <u>1099-MISC tax form</u>, or a 4) <u>signed affidavit from the eligible permit holder</u>.

REQUIREMENTS FOR PAYMENT:

- MUST sign this application / affidavit.
- **MUST** submit a completed and signed W-9 tax form along with your application.
 - o All funds received are taxable and subject to self-employment and income taxes.
- <u>MUST</u> submit a qualifying crew contract, crew settlement, 1099-MISC tax form, or an affidavit from the eligible vessel owner or CFEC permit holder along with your application.
- <u>MUST</u> postmark application for return no later <u>than September 20th, 2024</u>. Applications postmarked late will NOT be accepted.
- <u>ALTERNATIVELY</u>, completed applications may be uploaded to PSMFC's ShareFile online depository.
 - Those uploading completed applications <u>MUST</u> do so by <u>11:59pm (AKDT) on September 20th, 2024</u>. <u>Applications uploaded late will <u>NOT</u> be accepted.
 </u>

DISTRIBUTION OF FUNDS: \$136,463 (15% Summer Fishery Funds, 13.8% Harvester Funds)

- Vessel crew who meets the above criteria will qualify for an equal share payment.
- All eligible vessel crew will receive the same payment.

Return your completed application, W-9, and supportive documentation to:

Pacific States Marine Fisheries Commission Attn: 2019 NSRKC Disaster 205 SE Spokane Street, Suite 100 Portland, OR 97202

MUST postmark application for return no later than September 20th, 2024.

<u>OR</u>

PSMFC ShareFile Upload:

https://psmfc.sharefile.com/r-r2adb12c09be742a08b2509d272681bda

Uploads <u>MUST</u> be submitted by <u>11:59pm (AKDT) on September 20th, 2024</u>



2019 Norton Sound Red King Crab Disaster ReliefVessel Crew Application

Name:	/Last	First MI)					
	(Lasi,	riist ivii)					
Mailing Address:							
City:	State Zip: Telephone #:						
Email Address:							
l possessed:							
2019 ADF&G Commercial C	Crew License	or 🗆 <u>20</u>	119 CFEC Fishery Permit				
Qualifying Permit Holder:							
_	(Name of c	ualifying 2019 K09	Z or K09ZE permit holder)				
As proof of participation, I am s	ubmitting one of th	ne following:					
Crew Contract	☐ <u>1099-MIS</u>	SC Tax Form					
Crew Settlement	Crew Settlement Affidavit from eligible 2019 K09Z or K09ZE permit holder						
	oplication is true a ton Sound Red Kir		d that I am eligible for the er Relief Funds.				
Signature:	Date:						
Print Name:							

- For <u>spend plan</u> questions, please contact ADF&G at: <u>dfg.com.fisheriesdisasters@alaska.gov</u> or call (907) 267-2593
- For application questions please contact PSMFC at: AKFishDisaster@psmfc.org or call (888) 517-7262

 $\underline{\textbf{ALL}}$ payments will be issued at the same time, after the close of the application period.

Your payment will be mailed to the address on your W-9 form. Please be certain that address is correct and is where you receive mail.

2019 Norton Sound Red King Crab Vessel Crew Member Affidavit Form

PLEASE NOTE

It is the sole responsibility of the vessel crew member to submit this affidavit along with their complete application and W-9 form.

It is $\underline{\text{NOT}}$ the responsibility of the CFEC permit holder to submit this documentation on behalf of the vessel crew member.

SECTION TO BE COMPLETED BY THE VESSEL CREW MEMBER:

Name:	(Last, First, MI	II)
Phone:	Email:	
Permit Holder Name: _	(2019 K09Z or K09ZE Permit Holder)	Vessel:(2019 NSRKC Summer Vessel)
Signature:	Dat	ate:
SECTION TO BE COM	PLETED BY 2019 K09Z or K09ZE PERMIT	T HOLDER:
Name:	(Last, First, MI)	Vessel:(2019 NSRKC Summer Vessel)
Email:		Phone:
2019 CFEC Permit Seri	al: e.g., K09Z -12345A	
I attest under penalty o	of perjury that(crew member's na	ame) was a crew member who worked for
me during the 2019 No	rton Sound Red King Crab Summer Fish	hery.
Signature:		Date:

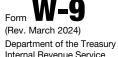
W-9 Form Instructions

Errors and omissions made on W-9 forms are the largest contribution to delays in processing applications. Please note, without a complete W-9 form we cannot process your application.

Please review the following guidance for completing your W-9 form. Additional guidance and forms can be found at www.irs.gov

- 1. If you are an individual / sole proprietor you MUST:
 - List your name on line #1,
 - Use your Social Security Number,
 - Enter your legal address,
 - Sign the form,
 - Date the form.
- 2. If your business is a single-member LLC you MUST:
 - List the name of the individual or the business/partnership who owns the LLC on line #1,
 - List the name of the LLC on line #2,
 - If an individual is listed on line #1, use their Social Security Number or if a business or partnership is listed on line #1 use their Employer Identification Number (EIN),
 - Enter your legal address for the entity listed on line #1,
 - · Sign the form,
 - Date the form.
- 3. If your business is a C-Corporation, S-Corporation, Partnership you MUST:
 - List the Business Name line #1,
 - Use an Employer Identification Number (EIN),
 - Enter the business's legal address,
 - An authorized representative must sign,
 - Date the form.
- 4. If you are a Trust/Estate you MUST:
 - List the name of the trust or estate on line #1.
 - Living or revocable trusts (trustee is current alive) would be required to use a Social Security Number.
 - Irrevocable trusts (trustee is deceased) would be required to use an Employer Identification Number (EIN),
 - Enter the trust/estate's legal address,
 - An authorized representative must sign,
 - Date the form.
- 5. If you are an LLC-C, LLC-S, or LLC-P (not common) you MUST:
 - List the Business Name on line #1,
 - Use an Employer Identification Number (EIN),
 - Enter the business's legal address,
 - · An authorized representative must sign,
 - Date the form

Updated: June, 2024



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

		5.140 561 1.155													
Befo	e y	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.													
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's na	me on	line '	1, and	enter	the b	usir	ness/di	srega	ırded			
	2	Business name/disregarded entity name, if different from above.													
on page 3.	3a	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
e. ns		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)							Exempt payee code (if any)						
Print or type. c Instructions		Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.						Exemption from Foreign Account Tax Compliance Act (FATCA) reporting							
rin Ins		Other (see instructions)			_	code	(if any	y)							
Print or type. See Specific Instructions on page	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions					(Applies to accounts maintained outside the United States.)									
ee.	5	Address (number, street, and apt. or suite no.). See instructions. Requester's name				and address (optional)									
0)															
	6 City, state, and ZIP code														
	7	List account number(s) here (optional)													
Pa	τI	Taxpayer Identification Number (TIN)													
					sec	curity number									
backı	y dr	ithholding. For individuals, this is generally your social security number (SSN). However, f													
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other								_							
TIN, I	-	is your employer identification number (EIN). If you do not have a number, see How to ge	et a	or											
,				Emplo	yer	r identification number									
		ne account is in more than one name, see the instructions for line 1. See also What Name	and												
Numi	oer i	o Give the Requester for guidelines on whose number to enter.													
Par	t II	Certification													
Unde	r pe	nalties of perjury, I certify that:													
1. Th	e nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	er to be	iss	ued t	o me); and	t						
Se	rvice	t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest over subject to backup withholding; and													
3. I aı	n a	J.S. citizen or other U.S. person (defined below); and													
4. Th	e FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is corr	ect.											

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.

General Instructions

Signature of

U.S. person

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*.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Date