2020/21 Statewide Salmon Disaster Relief

2020/21 Yukon River and 2020 Kuskokwim River Salmon Crew Member Application

CRITERIA FOR RELIEF:

- Crew members <u>MUST</u> have held a 1) <u>2019 or 2020 commercial crew license</u> or 2) <u>2019 or 2020 CFEC permit</u> for any fishery.
 - This information will be verified using the ADF&G Licensing database and the CFEC permit database.
- Crew members <u>MUST</u> submit proof of participation in the 2019 and or 2020 commercial Yukon or Kuskokwim salmon fishery under a <u>qualifying</u> S04Y / S04W permit holder, <u>verified by an affidavit from the permit holder or vessel owner</u>.
- Crew members are <u>NOT ELIGIBLE</u> for fishery disaster funds as a Yukon or Kuskokwim <u>S04Y</u> / <u>S04W 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 an affidavit from the eligible CFEC permit holder or vessel owner along with your application.
- MUST postmark application for return no later than September 28th, 2024.
 - 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</u> <u>September 28th, 2024</u>.
 - Applications uploaded late will <u>NOT</u> be accepted.

DISTRIBUTION OF FUNDS: \$213,233 (10% of the total harvester funds)

- Crew members meeting the above criteria are eligible for an equal payment of the crew member pool.
 - Crew that worked for Kuskokwim River permit holders are eligible to receive 50% of an equal payment.
- Direct payments to minors are **NOT** authorized by the terms of the Federal grant but may be authorized to guardians in the same household on behalf of an eligible minor.
 - Applicants <u>MUST</u> be at least 18 years old at the signing of this application but could have been a minor during the 2020 salmon season.
 - If a guardian is applying on behalf of an eligible crew member (who is currently a minor), please indicate so on the application. The guardian will need to complete the W-9 form as well.

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

Pacific States Marine Fisheries Commission Attn: 2020/21 Statewide Salmon Disaster 205 SE Spokane Street, Suite 100 Portland, OR 97202

• MUST postmark application for return no later than September 28th, 2024.

<u>OR</u>

PSMFC ShareFile Upload:

https://psmfc.sharefile.com/r-re73747b1c91d4d27bed5861c2146df77

Uploads MUST be submitted by 11:59pm (AKDT) on September 28th, 2024



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

<u>ALL</u> 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.

2020/21 Statewide Salmon Disaster Relief

2020/21 Yukon River and 2020 Kuskokwim River Salmon Crew Member Application

Name:	(Last, First MI)						
Mailing Address:							
City:	StateZip	:Telephone #:					
Email Address:		Date of Birth:					
l possessed:							
2019 or 2020 Commercial Crew Lic	ense <u>or</u>	2019 or 2020 CFEC Fishery Permit					
Commercial Crew License Number (If know)		CFEC Fishery Permit Serial (5-digits, e.g., S05B-12345)					
Qualifying Permit Holder You Work For	:						
	(Name of qualifying S04Y / S04W permit holder)						
	(Name of vessel)						
my behalf. The guardian will complete t	he attached W-9 for	rdian is applying for these relief funds on m using their Social Security Number (SSN ate and that I am eligible for the ster Relief Funds.					
		the age of 18 on date below.					
Signature:		Date:					
Print Name:							

2020/21 Statewide Salmon Disaster 2020/21 Yukon and 2020 Kuskokwim Salmon (S04Y / S04W) Crew Member Affidavit Form

PLEASE NOTE

- It is the sole responsibility of the crew member applicant to submit this affidavit along with their complete application and W-9 form.
- It is <u>NOT</u> the responsibility of the CFEC permit holder or vessel owner to submit this documentation on behalf of the crew member applicant.

SECTION TO BE COMPLETED BY THE CREW MEMBER:

Crew Name:								
	LAST	FIRST	MI					
Phone:	Email:							
2020/	21 Yukon or 2020 Kusko	kwim Permit Holder an	d Vessel Name					
Permit Holder Name:	Vessel Name:							
Crew Member Signature: _		Date:						
	N TO BE COMPLETED BY		VESSEL OWNER: Phone:					
Last	First	MI						
Vessel:	Email	:						
Vessel ADFG Number:		CFEC Permit Ser	rial:					
Vessel ADFG Number:5-digit numb			e.g., T91Q- 12345A					
I attest under penalty of pe	erjury that(write	e crew member's name)	was a crew member					
working on the F/V(wi			cial Yukon River or Kuskokwim					
River salmon fishery.								
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 1.165												
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 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	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								
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								_						
	-	is your employer identification number (EIN). If you do not have a number, see How to ge	et a	or										
TIN, later. Employer				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