

2020/21 Statewide Salmon Disaster Relief

2020 Chignik - Crew Member Application

CRITERIA FOR RELIEF:

- Crew members **MUST** have held a 1) 2019 or 2020 commercial crew license or 2) 2019 or 2020 CFEC permit for any fishery.
 - This information will be verified using the ADF&G Licensing database and the CFEC permit database.
- Crew members **MUST** submit proof of participation in the 2019 and or 2020 commercial Chignik salmon fishery under a **qualifying** S01L permit holder, verified by an affidavit from the permit holder or vessel owner.
- Crew members are **NOT ELIGIBLE** for fishery disaster funds as a Chignik S01L permit holder.

REQUIREMENTS FOR PAYMENT:

- **MUST** sign this application / affidavit.
- **MUST** submit a completed and signed W-9 tax form along with your application.
 - All funds received are taxable and subject to self-employment and income taxes.
- **MUST** 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.**
- **ALTERNATIVELY**, completed applications may be uploaded to PSMFC's ShareFile online depository.
 - Those uploading completed applications **MUST** do so by **11:59pm (AKDT) on September 28th, 2024.**
 - **Applications uploaded late will NOT be accepted.**

DISTRIBUTION OF FUNDS: \$269,865 (20% of total Chignik harvester funds)

- Crew members meeting the above criteria are eligible for an **equal payment of the Chignik crew member pool.**
- 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 **MUST** 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.**

It is not necessary to return instructional page.

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.**

OR

PSMFC ShareFile Upload:

<https://psmfc.sharefile.com/r-rb1a9bff2cd584a9ea267c467abc1f11f>

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



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

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.

It is not necessary to return instructional page.

2020/21 Statewide Salmon Disaster Relief

2020 Chignik - Crew Member Application

Name: _____
(Last, First MI)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone #:** _____

Email Address: _____ **Date of Birth:** _____

I possessed:

2019 or 2020 Commercial Crew License or 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 2020 S01L permit holder)

(Name of vessel fished in 2019 or 2020)

I am currently a minor (under the age of 18). A guardian is applying for these relief funds on my behalf. The guardian will complete the attached W-9 form using their Social Security Number (SSN).

I certify that this application is true and accurate and that I am eligible for the
2020/21 Statewide Salmon Disaster Relief Funds.

Guardian to sign if crew member is under the age of 18 on date below.

Signature: _____ **Date:** _____

Print Name: _____

RETURN THIS PAGE

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.

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	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.		
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			
	<input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ 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.			
	<input type="checkbox"/> Other (see instructions) _____			
	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 <input type="checkbox"/>		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	Signature of U.S. person	Date
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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.

What's New

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