2020/21 Statewide Salmon Disaster Relief 2020 Southeast Alaska - Seine Crew Member Application

CRITERIA FOR RELIEF:

- Seine crew members <u>MUST</u> have held a 1) <u>2020 commercial crew license</u> or 2) <u>2020 CFEC</u> <u>permit</u> for any fishery.
 - This information will be verified using the ADF&G Licensing database and the CFEC permit database.
- Seine crew members <u>MUST</u> submit proof of participation in the 2020 commercial Southeast salmon fishery under a <u>gualifying</u> S01A permit holder, verified by an <u>affidavit from the permit</u> holder or vessel owner.
 - MUST use PSMFC affidavit form. Alternatives will NOT be accepted.
- Seine crew members are **NOT ELIGIBLE** for fishery disaster funds as a <u>seine permit holder</u> but may be eligible as crew and/or a permit holder in the gillnet and/or troll sectors.

REQUIREMENTS FOR PAYMENT:

- MUST sign this application / affidavit.
- <u>MUST</u> submit a completed and signed W-9 tax form along with your application.
 <u>All funds received are taxable and subject to self-employment and income taxes.</u>
- **<u>MUST</u>** submit an affidavit from the eligible CFEC permit holder or vessel owner along with your application.
- <u>MUST</u> postmark application for return no later than <u>September 28th, 2024</u>.
 <u>Applications postmarked late will NOT be accepted.</u>
- <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: \$2,581,489 (20% of total seine fishery funds)

- Seine crew members meeting the above criteria are eligible for an equal payment of the seine 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 <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

<u>MUST</u> postmark application for return no later than <u>September 28th, 2024</u>.

PSMFC ShareFile Upload:

https://psmfc.sharefile.com/r-re7b6e62fe5dd4ee09b55765f0f013b00

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



 For <u>spend plan</u> 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

<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 Southeast Alaska - Seine Crew Member Application

Name:			
	(Las	st, First MI)	
Mailing Address:			
City	State	Zin [.]	Telephone #:
ону	<u></u>	<u>- ,h</u>	
Email Address:			<mark>Date of Birth</mark> :
I possessed:			
2020 ADF&G Commercial Crew Lic	cense	or	2020 CFEC Fishery Permit
2020 Commercial Crew License Number (If know)	er		2020 CFEC Fishery Permit Serial (5-digits, e.g., S05B-12345)
Qualifying Permit Holder You Work For	•		
		(Name of	qualifying 2020 S01A permit holder)
		(Na	me of vessel fished in 2020)
			ian is applying for these relief funds on n using their Social Security Number (SSN)
2020/21 Stat	tewide Salr	non Disast	e and that I am eligible for the er Relief Funds. <mark>le age of 18 on date below</mark> .
Signature:	<mark>Date</mark> :		
Print Name:			

RETURN THIS PAGE

2020/21 Statewide Salmon Disaster 2020 Southeast Alaska - Seine Salmon Fishery (S01A) 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 Permit H	lolder and Vessel Name		
S01A Permit Holder Name:		Vessel Name:		
Crew Member Signature: _			Date:	

SECTION TO BE COMPLETED BY CFEC PERMIT HOLDER OR VESSEL OWNER:

Name:Last	First		MI	_ Phone:	
Vessel:		Email:			
Vessel ADFG Numb	er:5-digit numbe		_ CFEC Permit \$	Serial:	e.g., T91Q- 12345A
l attest under penalt	y of perjury that		member's name)		was a crew member
working on the F/V_	(write vessel's nam		uring the 2020 S	outheast Al	aska salmon seine 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 <u>www.irs.gov</u>

- 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 <u>Trust/Estate</u> you <u>MUST</u>:

- 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 <u>LLC-C, LLC-S, or LLC-P</u> (not common) you <u>MUST</u>:

- 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.

Befor	e yo	bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the or entity's name on line 2.)	wner's name on line	1, and enter the business/disregarded		
	2 Business name/disregarded entity name, if different from above.					
Print or type. Specific Instructions on page 3.		Check the appropriate box for federal tax classification of the entity/individual whose name is entered only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership 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) f classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner. Other (see instructions) If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership in this box if you have any foreign partners, owners, or beneficiaries. See instructions	Trust/estate	 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) (Applies to accounts maintained outside the United States.) 		
See	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name a	and address (optional)		
	6	City, state, and ZIP code				
	7	List account number(s) here (optional)				
Par	t I	Taxpayer Identification Number (TIN)				
			Social sec	curity number		

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	500	iai secu	rity n	ump	er		
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 <i>How to get a TIN</i> . later.	or						
	Em	ployer ic	lentif	icatio	on nu	umb	er

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	Signature of
Here	U.S. person

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 way 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

Date

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