United Keetoowah Band of Cherokee Indians in Oklahoma
Emergency Coronavirus Relief Fund – Family Composite
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Federally Recognized
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The United Keetoowah Band of Cherokee Indians in Oklahoma has declared that a public health emergency does exist for the United Keetoowah Band due to Coronavirus-19. All Exclusive Tribal members who are eighteen (18) years of age or older, as of September 9, 2021, will be eligible for $2,000.00, and each enrolled child under the age of eighteen (18), as of September 9, 2021 will be eligible for $500.00, of the United Keetoowah Band of Cherokee Indians in Oklahoma's share of the Economy Relief 21(ARP) funding.

(Please Print)

Name: _____ Enrollment #: _____
DOB: _____

Phone #: _____

Name: _____ Enrollment #: _____
DOB: _____

Phone #: _____

Name(s) of Child(ren) 17 years old and younger and United Keetoowah Band Tribal Enrollment number and birthdate:

1. _____ Enrollment #: _____ DOB: _____
2. _____ Enrollment #: _____ DOB: _____
3. _____ Enrollment #: _____ DOB: _____
4. _____ Enrollment #: _____ DOB: _____
5. _____ Enrollment #: _____ DOB: _____

DO NOT WRITE BELOW THIS LINE

Enrollment Verification: _____

Amount Paid: _____

Accounting Code: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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) _____

(Applies to accounts maintained outside the U.S.)

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.

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

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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 ▶**

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.*

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, *later.*

United Keetoowah Band of Cherokee Indians in Oklahoma

ECONOMY RELIEF 21(ARP) FUND

Passed by Council Resolution on September 9th, 2020

The purpose of the United Keetoowah Band of Cherokee Indians Emergency Coronavirus Relief Fund – Family Composite Program is to aid exclusive tribal members due to the COVID-19 pandemic.

The council has declared that a public health emergency exists for the United Keetoowah Band of Cherokee Indians due to the COVID-19 pandemic. Therefore, the Economy Relief 21 Fund will aide households to meet certain unmet essential needs due to the pandemic.

This program shall provide necessary assistance to eligible tribal households striving to enhance quality of life while promoting self-sufficiency and financial stability within the guidelines of 26 CFR 601.601 and Part I §61 of the IRS General Welfare Exclusion to Indian Tribal Government Programs.

To qualify for the Economy Relief 21 (ARP) Fund, the applicant must:

- Be an exclusive tribal member of the United Keetoowah Band of Cherokee Indians as of September 9th, 2021.
- Have been impacted by the COVID-19 pandemic.
- Complete an application form that verifies the two requirements listed above.

Have you and/or your family been impacted by the COVID-19 pandemic: ☐ **YES** ☐ **NO**

Please check all that apply:

- ☐ Loss of Income
- ☐ Quarantine Expenses
- ☐ Increase in Household Expenses
- ☐ Virtual Learning expenses
- ☐ PPE Expenses

_____ _____

Print Name Date

I verify with my signature the following: (1) I am an exclusive Tribal member with the United Keetoowah Band of Cherokee Indians in Oklahoma, (2) I HAVE NOT received nor applied for Covid 19 (CARES) direct payment from any other tribe or agency(local or state), (3) my membership is subject to verification and if it is determined I am a member of another Tribe my application will be denied, (4) myself/my household has been effected by Covid 19, and (5) all information I have provided it true to the best of my knowledge. Any false information provided (knowingly/unknowingly) can be determined perjury and subject to any and all criminal prosecutions allowable under Federal Law.

Main Point of Contact: UKB Federal Programs Building – (918)-871-2800

Office Hours: Monday - Friday – 8:30 a.m. to 4:30 p.m.