

Mauro D. Raguseo  
Mayor  
Lisette M. Duffy  
Borough Administrator  
Barbara Maldonado  
Borough Clerk



Ronald Anzalone, Council President  
Jennifer Lange, Councilwoman  
Stephen Lanum, Councilman  
George Muller, Councilman  
Peggy Steinhilber, Councilwoman

## *Borough of Little Ferry*

215-217 LIBERTY STREET • LITTLE FERRY, NJ 07643  
201-641-9234 201-641-1957 FAX  
[www.littleferrynj.org](http://www.littleferrynj.org)

### COMBINED PLANNING / ZONING BOARD BOROUGH OF LITTLE FERRY

#### FEE SCHEDULE

##### INFORMAL WAIVER OF A SITE PLAN APPLICATION:

**Requirements:** Two Checks – Made payable to the **“Borough of Little Ferry”**  
1<sup>st</sup> check \$35.00 Application Fee (Non-Refundable)  
2<sup>nd</sup> check \$100.00 Attorney Fee (Non-Refundable)

##### ZONING BOARD APPLICATION:

**Requirements:** Two Checks – Made payable to the **“Borough of Little Ferry”**  
1<sup>st</sup> check \$150.00 Application Fee: and \$25.00 each variance (Non-Refundable)  
2<sup>nd</sup> check \$500.00 - \$2500.00 Escrow Fee

The Escrow is used to pay for services provided by the Professionals in connection with the application (ex. Board Attorney, Board Engineer, Planner, Landscape Engineer, Architect; publication). If any portion of the escrow is not used it will be returned to the applicant after all permits have been issued and final inspections along with the Certificate of Occupancy; or, if for any reason an applicant decides to cancel the application before the Board. If additional escrow is required, it is the applicant’s responsibility to furnish additional money to the Clerk of the Board.

##### PRELIMINARY SITE PLAN APPLICATION:

FEE SCHEDULE – LAND USE REGULATIONS 35-404 FEES

##### SUBDIVISION APPLICATION:

FEE SCHEDULE – LAND USE REGULATIONS 35-404 FEES

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**To: All Applicants / Attorneys / Professionals**  
**From: Planning/Zoning Board of Adjustment**  
**Date: January 2024**  
**Re: Applications/Reports/Correspondence**

It is the applicant's responsibility to provide an initial submission with a completed W9 to the Planning/Zoning Board Clerk and all the Professionals for review. Upon being deemed complete the applicant will submit sixteen (16) copies for the members of the Combined Planning / Zoning Board, and placed on the Agenda.

It is also the applicant's responsibility to send the copies to the adversary, if there ARE ANY.

All applications, reports, comments, letters must be into the board clerk's office no later than thirty (30) days prior to the meeting. Any late correspondence will not be introduced at the meeting due to its tardiness and may cause the applicants application to be carried to the following month.

No exceptions will be granted.

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To: All Applicants  
From: Planning/Zoning Board of Adjustment  
Subject: Appearance before either board  
Date: January 2024

Please take note that if you are unable to appear before either board on a night that your application is scheduled, a **written request** must be presented at least **7 days prior** to the date of our meeting, **either to the Clerk or Board Attorney**.

If you do not request a written extension or adjournment as indicated above, **you will be required to appear before the board at the time and date scheduled for your application.** At that time, you may officially **request** an extension or adjournment. Please be advised that it will be the **board's prerogative** to approve or deny your request at that time.

Should you have any questions, please feel free to contact the Planning/Zoning Board of Adjustment Clerk at 201-641-2942.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Gerard", is written over a horizontal line.

Steven Gerard, Chairman  
Little Ferry Planning Zoning Board

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PLANNING BOARD / ZONING BOARD OF ADJUSTMENT  
PROPERTY OWNERS REQUEST FOR 200' RADIUS OF PROPERTY

Please accept this request along with payment in the amount of ten (\$10.00) dollars for each block and lot requested, for a list of Property owners within a 200 feet radius of my property, for the purpose of legal notification of a hearing at the PLANNING BOARD / ZONING BOARD OF ADJUSTMENT.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BLOCK: \_\_\_\_\_

LOT: \_\_\_\_\_

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### APPLICANTS

ALL APPLICATIONS MUST BE IN **THIRTY (30) DAYS** PRIOR TO THE SCHEDULED MEETING, FOR REVIEW.

After the application has been deemed complete, the application will be scheduled for a hearing by the Clerk to the Combined Planning/Zoning Board. Once scheduled, the Applicant will be notified of the date in order to make the required publication/notifications.

**THERE WILL BE NO EXCEPTIONS.**

ALL ADDITIONAL PAPERWORK, ADVERTISEMENTS, CERTIFIED MAIL RECEIPTS, MUST BE GIVEN TO THE BOARD CLERK FOURTEEN (14) DAYS PRIOR TO THE SCHEDULED MEETING;  
**NOT AT THE MEETING!**

ALL MAILING NOTIFICATIONS TO PROPERTY OWNERS MUST BE RETURNED IN THE SAME ORDER AS LIST GIVEN BY THE BOARD CLERK.

**COMBINED PLANNING/ZONING BOARD  
BOROUGH OF LITTLE FERRY**

**CHECK LIST OF REQUIREMENTS  
FOR APPLICATION**

**NOTE: IF THE APPLICANT IS A CORPORATION, THE LAW REQUIRES THAT IT BE REPRESENTED BY AN ATTORNEY AT LAW OF THE STATE OF NEW JERSEY.**

**BEFORE THE BOARD WILL PROCEED WITH THE APPLICATION, THE APPLICANT MUST FIRST FILE WITH THE CLERK OF THE BOARD ALL OF THE FOLLOWING. THERE MAY BE OTHER REQUIREMENTS NECESSARY AS REQUESTED BY BOARD PROFESSIONALS AND MUST BE MET.**

1. Original copy of application with a completed W9 and payment of applicable fees; the amount of the fee and escrows, if any, collected by the Board's Clerk shall be subject to review by the Board. Upon being deemed complete by the Boards Professionals the applicant will submit sixteen (16) copies of the application to be distributed to the Planning/Zoning Board Members and placed on the Agenda.
2. Original and sixteen (16) copies of authorization by property owner to applicant if applicant is not the owner.
3. Original and sixteen (16) copies of variance application, if necessary. This application must set forth precisely each and every variance sought including a reference to the requirement from which relief is to be granted and the precise nature of that relief.
4. Sixteen **sealed copies** of site plan drawn in full accordance with §134-94 of the Borough Code. The subdivision plat must contain a zoning schedule setting set forth the present and proposed application of all bulk requirements of the zoning ordinance in the subject zone.
5. Sixteen sealed sets of architectural plans, if there is proposed construction on any non-conforming lot or if any variances are required in connection with the construction.
6. Proof of publication in an official newspaper of the Borough. Each variance, if any, must be specified in the notice as required in paragraph 3 hereof; generalizations are not acceptable.
7. Certified Tax List.
8. Proof that tax and assessment payments are current.
9. Proof of service. Each variance, if any, must be specified in the notice as required in paragraph 3 hereof; generalization is not acceptable.
10. Proof of submission to the Bergen County Planning Board or proof of exemption from the requirement to do so.
11. Proof of submission to the New Jersey Meadowlands Commission or proof of exemption from the requirement to do so.
12. **True copies of any resolutions of either the Board of Adjustment or the Planning Board** having previously been issued in respect to the subject property and proof that the conditions contained therein have been and continue to be fully satisfied.
13. Proof of submission to the Fire Prevention Bureau and the Fire Department for review and approval.
14. Proof of submission to the Traffic Bureau of the Police Department for review and approval.
15. Proof of submission to the Department of Environmental Protection in cases in which it has jurisdiction of proof of exemption from such jurisdiction.
16. Proof of submission to the Army Corps of Engineers in cases in which it has jurisdiction or proof of exemption from such jurisdiction.

17. Proof of submission to the Bergen County Soil Conservation District in cases in which it has jurisdiction or proof of exemption from such jurisdiction.
18. Proof of submission to Boards Professionals

**IT IS THE APPLICANT'S OBLIGATION TO OBTAIN ALL OF THE FOREGOING ON HIS OR HER OWN. THE CLERK OF THE BOARD SHOULD NOT BE CALLED UPON TO ASSIST IN OBTAINING THESE DOCUMENTS: THE CLERK WILL ASSIST IN FILING AND SCHEDULING ONLY. ANY DIRECTION, SUGGESTION OR ADVICE GIVEN BY ANY MUNICIPAL EMPLOYEE OFFICIAL SHALL NOT BE BINDING UPON THE BOARD.**

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**DURING THE PROCEEDINGS, THE BOARD MAY DETERMINE THAT THE APPLICANT MUST PROVIDE THE FOLLOWING.** Proof of submission to any other governmental agency, which may have jurisdiction.

1. Proof of fulfillment of any reasonable requirement, which this Board may impose according to law or ordinance during its hearings on the application to enable it to make its necessary determinations the need for, which was not foreseeable, when the application was originally submitted.
2. The deposit with the Borough of Little Ferry of a sum the amount of which shall be determined by the Chairman, and which shall be held in escrow to satisfy all engineering, advertising, legal and any other expenses incurred in the review of the applicant upon completion of the application.

**NO APPLICATION WILL BE DEEMED COMPLETE UNTIL ALL OF THE FOREGOING, IF APPLICABLE AS INDICATED, ARE FILED WITH THE CLERK OF THE PLANNING BOARD AND ARE DETERMINED BY THE BOARD TO BE IN ACCORDANCE WITH THE LAWS AND/OR ORDINANCES IN RESPECT TO EACH. IF, AT ANY TIME DURING THE CONSIDERATION OF THE MATTER, IT IS DETERMINED THAT THERE HAS NOT BEEN COMPLIANCE WITH THE FOREGOING, THE APPLICATION WILL BE DEEMED INCOMPLETE EVEN THOUGH CONSIDERATION MAY HAVE ALREADY BEGUN.**

**PLEASE NOTE: All mailing notifications to property owners must be returned in same order as list given by Borough, seven (7) days prior to the meeting.**

TO BE COMPLETED BY APPLICANT, WHERE APPLICABLE.

CHECK LIST OF SUBMISSIONS  
SITE PLAN APPLICATION

APPLICATION NO: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DATE FILE OPENED: \_\_\_\_\_

DATE REC'D

1. ( ) Original and sixteen (16) copies of variance application.
2. ( ) Original and sixteen (16) copies of authorization by property owner to applicant if applicant is not the owner.
3. ( ) Original and sixteen (16) copies of variance application, if necessary.
4. ( ) Sixteen (16) Original sealed copies of site plan.
5. ( ) Sixteen (16) sealed sets of architectural plans, if there is proposed construction on any non-conforming lot or if variances are required in connection with the construction.
6. ( ) Proof of publication, complete with any variances being requested.
7. ( ) Certified Tax List.
8. ( ) Proof that tax and assessment payments are current.
9. ( ) Proof of service.
10. ( ) Proof of submission to the Bergen County Planning Board or proof of exemption from the requirement to do so.
11. ( ) Proof of submission to the New Jersey Meadowlands Commission or proof of exemption from the requirement to do so.
12. ( ) Proof of submission to any other governmental agency which may have jurisdiction.
13. ( ) Proof of submission to the Fire Department for review and approval.
14. ( ) Proof of submission to the Borough Engineer for review and approval.
15. ( ) Proof of submission to the traffic Bureau of the Police Department for review and approval.
16. ( ) Proof of submission to the Department of Environmental Protection in cases in which it has jurisdiction or proof of exemption from such jurisdiction.



- 17. ( ) Proof of submission to the Army Corps of Engineers in cases in which it has jurisdiction or proof of exemption from such jurisdiction.
- 18. ( ) Proof of submission to the Bergen County Soil Conservation District in cases in which it has jurisdiction or proof of exemption from such jurisdiction.
- 19. ( ) Proof of submission to any other governmental agency which may have jurisdiction.
- 20. ( ) Application fee in the amount of \$\_\_\_\_\_.
- 21. ( ) Escrow in the amount of \$\_\_\_\_\_.
- 22. ( ) Additional Escrow may be required after review by Professionals.
- 23. ( ) Additional requirements set by the Board:
  - ( ) (a) \_\_\_\_\_
  - ( ) (b) \_\_\_\_\_
  - ( ) (c) \_\_\_\_\_
  - ( ) (d) \_\_\_\_\_
  - ( ) (e) \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT WHERE APPLICABLE**

**CHECK LIST OF COMPLIANCE**

APPLICATION NO: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Date rec'd

1. \_\_\_\_\_ Bergen County Planning Board Approval.
2. \_\_\_\_\_ Fire Department Approval.
3. \_\_\_\_\_ Borough Engineer Approval.
4. \_\_\_\_\_ Traffic Bureau Approval.
5. \_\_\_\_\_ DEP Approval
6. \_\_\_\_\_ Army Corps of Engineers Approval.
7. \_\_\_\_\_ Bergen County Soil Conservation District Approval.
8. \_\_\_\_\_ New Jersey Meadowlands Development Commission Approval.
9. \_\_\_\_\_ Developer's Agreement
10. \_\_\_\_\_ Performance Bond
11. \_\_\_\_\_ Landscaping Bond
12. \_\_\_\_\_ Other specially imposed approvals.  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
13. \_\_\_\_\_ Satisfaction of Engineering charges from escrow
14. \_\_\_\_\_ Satisfaction of Advertising charges from escrow
15. \_\_\_\_\_ Satisfaction of Legal charges from escrow
16. \_\_\_\_\_ Satisfaction of Planner's charges from escrow.
17. \_\_\_\_\_ Satisfaction of other Expert's charges from escrow.  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
18. \_\_\_\_\_ Current Survey
19. \_\_\_\_\_ Date Received

**LITTLE FERRY**  
**COMBINED PLANNING/ZONING BOARD**  
**NOTICE OF MEETINGS FOR 2024**  
**COUNTY OF BERGEN, STATE OF NEW JERSEY**

**BE IT RESOLVED**, by the Borough of Little Ferry that the Public Meetings for the Combined Planning/Zoning Board shall be held on the **second Wednesday** of the month, 2024 or otherwise stated, in the Council Chambers at the Municipal Building, 215-217 Liberty Street, Little Ferry, New Jersey at **7:00 P.M.**, or as soon thereafter. Specific dates of said meetings are as follows:

January	10, 2024 (Re-Organization Meeting)
February	14, 2024
March	13, 2024
March	20, 2024**
April	10, 2024
May	08, 2024
May	15, 2024**
June	12, 2024
July	10, 2024
August	14, 2024
September	11, 2024
October	09, 2024
November	13, 2024
December	11, 2024
January	08, 2025 (Re-Organization Meeting)

(\*\*Additional scheduled meetings if needed- 3rd Wednesday of the Month) **BE IT FURTHER RESOLVED**, by the Combined Planning/Zoning Board that it shall hold on-site inspections by an Inspection Committee named by the Board each month during the year 2024 on the Saturday before the Public Meetings, except where specifically noted. Specific dates for said inspections are as follows:

January	06, 2024
February	10, 2024
March	09, 2024
March	16, 2024**
April	06, 2024
May	04, 2024
May	11, 2024**
June	08, 2024
July	06, 2024
August	10, 2024
September	07, 2024
October	05, 2024
November	09, 2024
December	07, 2024
January	04, 2025

(\*\*Additional scheduled on-site inspections if needed)

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Notice

APPLICANTS MUST SEE THE TAX OFFICE TO  
ENSURE THAT TAXES ARE CURRENT.

ADDRESS \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TAXES ARE CURRENT AS OF \_\_\_\_\_

Deputy Tax Collector \_\_\_\_\_

Anna Morolla, Deputy Tax Collector

**SITE PLAN APPLICATION**  
**(Original & 16 Copies)**

**SECTION 1. GENERAL INFORMATION**

A. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

B. The Applicant is a: CORPORATION (  ); PARTNERSHIP (  );  
INDIVIDUAL (  ); OTHER (  ); please specify \_\_\_\_\_

C. The relationship of the Applicant to the property in question is:  
OWNER (  ); LESSEE (  ); PURCHASER UNDER CONTRACT (  );  
OTHER (  ) please specify \_\_\_\_\_

D. Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

E. Engineer/Surveyor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

F. Attorney Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**SECTION 2. TYPE OF APPLICATION**

Preliminary Site Plan ( ) ; Final Site Plan ( ).

**SECTION 3. INFORMATION REGARDING THE PROPERTY**

- A. The street address of the Property is \_\_\_\_\_
- B. The location of the Property is approximately \_\_\_\_ feet from the intersection Of \_\_\_\_\_ and \_\_\_\_\_.
- C. Block number \_\_\_\_\_ Lot Number \_\_\_\_\_.
- D. The type of proposal is: New Structure \_\_\_\_\_; Expansion to Structure \_\_\_\_\_; Alteration to Structure \_\_\_\_\_; Improved Parking Area \_\_\_\_\_; Change of Use \_\_\_\_\_; Sign \_\_\_\_\_.
- E. Use of Property: Existing use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Describe what is proposed to be done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Zone in which Property is located \_\_\_\_\_
- G. Acreage or footage of the entire site is \_\_\_\_\_
- H. Is the subject Property located on a county road? ( ) ; State road? ( ) ; Within 200 feet of a municipal boundary? ( ) .
- I. Name of business or activity (if any) \_\_\_\_\_
- J. Is there any deed restrictions, easements, variances on this property? Yes ( ) ; No ( ) (If so, attach copy of information)
- K. Improvements: List all proposed o site utility and off-tract improvements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- L. Plat (survey) submission: List maps and other exhibits accompanying this application:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4. INFORMATION REGARDING APPLICATION**

1. Describe any proposed "c" variances requested, their location (lot and block), and the sections of the zoning ordinance from which relief is sought. (This information may be obtained from the Zoning Official and attached). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the statements and information contained in this application are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant \*\*

\*\* IF applicant is not the OWNER, Owner Authorization Form must be completed by owner and submitted here with.

\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE APPLICANT FILED: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP**

**STATE OF NEW JERSEY**

**COUNTY OF \_\_\_\_\_ } SS.**

\_\_\_\_\_, of full age being duly sworn states:

1. I (we) am (are) the owner (s) of property commonly described as \_\_\_\_\_  
\_\_\_\_\_ ; Block \_\_\_\_\_, Lot \_\_\_\_\_.

2. \_\_\_\_\_ is hereby authorized and empowered to make application to the Combined Planning/Zoning Board of the Borough of Little Ferry, on my (our) behalf, and I (we) agree to bind myself (ourselves) to any terms and conditions stipulated to and agreed by and between said applicant and the Little Ferry Combined Planning/Zoning Board in the course of subdivision review, site plan approval, or variance hearing.

\_\_\_\_\_  
Signature of Owner

Sworn and subscribed to me

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
A Notary Public of New Jersey



**AFFIDAVIT OF PROOF OF SERVICE**

**STATE OF NEW JERSEY**  
**COUNTY OF \_\_\_\_\_ } SS.**

\_\_\_\_\_, of full age being duly sworn according to law, states that he (she) resides at \_\_\_\_\_, in the Municipality of \_\_\_\_\_ State of \_\_\_\_\_, that he (she) is the applicant in a proceeding before the Combined Planning/Zoning Board of Little Ferry, New Jersey, having submitted an application under the Subdivision ( ) / Site Plan ( ) / Zoning Ordinance ( ), which relates to the premises at \_\_\_\_\_, that on \_\_\_\_\_, 20\_\_\_\_, he (she) gave written notice of the hearing of this application to all persons on the form obtained from the Tax Assessor of the Borough of Little Ferry, owning property affected by the application. Such notice was in each case given in the following manner:

- A. By serving a copy thereof on the property owner as shown on the tax list or his agent in charge of the property, or
- B. By mailing a copy thereof by certified mail, return receipt requested, to the property owner at his address as shown on the tax list.

\_\_\_\_\_  
Applicant's  
Signature

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
A Notary Public of New Jersey

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THE FOLLOWING ARE TWO NEWSPAPERS THAT MAY BE USED TO PLACE YOUR LEGAL NOTICE.

The Record  
1 Garret Mountain Plaza  
P.O. Box 471  
Woodland Park, NJ 07424-0471

Phone No. 888-516-9220 Monday - Friday 8am to 5pm.  
Email: [berlegals@gannett.com](mailto:berlegals@gannett.com)

Fax: 973-905-4022

Star Ledger  
Woodbridge Corporate Plaza  
485 Route 1 So  
Bldg. E – Suite 300  
Iselin, NJ 08830

Phone No. 732-902-4318

Fax: 732-243-2750

Email: [legalads@njadvancemedia.com](mailto:legalads@njadvancemedia.com)

**LITTLE FERRY COMBINED PLANNING/ZONING BOARD**

NOTE: Your newspaper ad may be placed in

TO WHOM IT MAY CONCERN:

In compliance with the Subdivision / Site Plan / Zoning Ordinance of the Borough of Little Ferry,  
notice is hereby given to you that \_\_\_\_\_

Proposes to \_\_\_\_\_

At \_\_\_\_\_

Block number \_\_\_\_\_ Lot number \_\_\_\_\_

The following variances will be required: \_\_\_\_\_

Anyone affected by this application may have an opportunity to be heard at a meeting to be held  
\_\_\_\_\_, 2 \_\_\_\_\_, at 7:00 p.m. in the Council Chambers at the Municipal Building,  
215-217 Liberty Street, Little Ferry, New Jersey. At said hearing or on adjourned date of the same,  
you may appear either in person or by agent of Attorney and present any objections which you may  
have to the granting of this application.

The documents filed by the Applicant in connection with such applications are available for inspection  
during normal business hours at the office of the Little Ferry Planning/Zoning Clerk's office located in  
the Municipal Building.

\_\_\_\_\_  
Applicant Signature

NOTE: This notice must be published in the newspaper at **least ten (10) days** before the Public  
Meeting.

**LITTLE FERRY COMBINED PLANNING/ZONING BOARD**  
**NOTICE OF HEARING TO PROPERTY OWNERS**

TO WHOM IT MAY CONCERN:

In compliance with the Subdivision / Site Plan / Zoning Ordinance of the Borough of Little Ferry, notice is hereby given to you that \_\_\_\_\_

Proposes to \_\_\_\_\_

At \_\_\_\_\_

Block number \_\_\_\_\_ Lot number \_\_\_\_\_

The following variances will be required: \_\_\_\_\_

Anyone affected by this application may have an opportunity to be heard at a meeting to be held \_\_\_\_\_, 2 \_\_\_\_\_, at 7:00 p.m. in the Council Chambers at the Municipal Building, 215-217 Liberty Street, Little Ferry, New Jersey. At said hearing or on adjourned date of the same, you may appear either in person or by agent of Attorney and present any objections which you may have to the granting of this application.

The documents filed by the Applicant in connection with such applications are available for inspection during normal business hours at the office of the Little Ferry Planning/Zoning Clerk's office located in the Municipal Building.

\_\_\_\_\_  
Applicant Signature

NOTE: This notice must be personally served or sent by certified mail, return receipt requested, at **least ten (10) days** before the date of the Public Hearing, and Proof of Service given to Clerk of the Joined Planning/Zoning Board before the Public Hearing date.

**LITTLE FERRY COMBINED PLANNING/ZONING BOARD**

APPEAL FOR VARIANCE FROM CERTAIN PROVISIONS OF THE ZONING  
ORDINANCE/CONDITIONAL USE

**SECTION 1. GENERAL INFORMATION**

A. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Fax No. \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

B. The Applicant is a: CORPORATION ( ) ; PARTNERSHIP ( ) ;  
INDIVIDUAL ( ) ; OTHER ( ) ; please specify \_\_\_\_\_

C. The relationship of the Applicant to the property in question is:  
OWNER ( ) ' LESSEE ( ) ; PURCHASER UNDER CONTRACT ( ) ;  
OTHER ( ) please specify \_\_\_\_\_

D. OWNER: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Fax No. \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**SECTION 2. INFORMATION REGARDING THE PROPERTY**

A. The street address of the Property is \_\_\_\_\_

B. Block number \_\_\_\_\_ Lot Number \_\_\_\_\_

C. The type of improvement is: New Structure \_\_\_\_\_ ; Expansion to Structure \_\_\_\_\_ ;  
Alteration to Structure \_\_\_\_\_ ; Improved Parking Area \_\_\_\_\_

D. Use of Property: Existing use \_\_\_\_\_  
Proposed Use \_\_\_\_\_

E. Zone in which Property is located \_\_\_\_\_

F. Acreage or footage of the entire site is \_\_\_\_\_

Area of existing structures which are to remain on subject premises \_\_\_\_\_ sq. ft.

Area of proposed structures \_\_\_\_\_ sq. ft.

Total area of subject premises to be occupied by structures \_\_\_\_\_ sq. ft.

Percentage of subject premises to be occupied by structures: \_\_\_\_\_ sq. ft.

G. The proposed building or structure or use is contrary to the ordinance in the following particulars:  
(State specifically) \_\_\_\_\_  
\_\_\_\_\_

(If all variances required are "c" variances, the application shall be considered by the Planning Board. If any "d" variance is needed the applicant shall be considered by the Zoning Board of Adjustment).

State whether the Construction Official has examined the application for the proposed uses and refused a Certificate of Occupancy. Yes (  ); No (  ).

State whether the Construction Official has examined the plans for the proposed buildings or structures and refused building permit. Yes (  ); No (  ).

Applicants must speak English. If the applicant does not speak English an interpreter is required.

I hereby certify that the foregoing statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant \*\*

\*\* IF applicant is not the OWNER, Owner Authorization Form must be completed by owner and submitted here with.

\_\_\_\_\_

FOR OFFICIAL USE ONLY

DATE APPLICANT FILED: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

FEE: \_\_\_\_\_.

DISPOSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Mauro D. Raguseo  
Mayor  
Lisette M. Duffy  
Borough Administrator  
Barbara Maldonado  
Borough Clerk



Ronald Anzalone, Council President  
Jenifer Lange, Councilwoman  
Stephen Lanum, Councilman  
George Muller, Councilman  
Peggy Steinhilber, Councilwoman

*Borough of Little Ferry*

215-217 LIBERTY STREET • LITTLE FERRY, NJ 07643  
201-641-9234 201-641-1957 FAX  
www.littleferrynj.org

REQUEST FOR EXTENSION OF TIME to Act pursuant to N.J.S.A.40:55D-10et seq.

The undersigned applicant in the matter pending before the Combined Planning/Zoning Board bearing case # \_\_\_\_\_ hereby consents to the extension of the Board's time to \_\_\_\_\_ 7:00 p.m. If said time and place a quorum of the Board is not present to hear said matter; the time shall be extended to the next succeeding regularly scheduled meeting of the Board.

Applicant: \_\_\_\_\_

Attorney: \_\_\_\_\_

Dated: \_\_\_\_\_

Mauro D. Raguseo

*Mayor*

Lisette M. Duffy

*Borough Administrator*

Barbara Maldonado

*Borough Clerk*



Ronald Anzalone, *Council President*

Jenifer Lange, *Councilwoman*

Stephen Lanum, *Councilman*

George Muller, *Councilman*

Peggy Steinhilber, *Councilwoman*

*Borough of Little Ferry*

215-217 LIBERTY STREET • LITTLE FERRY, NJ 07643

201-641-9234 201-641-1957 FAX

[www.littleferrynj.org](http://www.littleferrynj.org)

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Attorney for Planning/Zoning Board**

**Mr. Brian T. Giblin, Esq.**

2 Forest Avenue Suite 200

Oradell, NJ 07649

Phone No. 201-262-9500

Fax: 201-262-8107

E-mail: [btgiblin@msn.com](mailto:btgiblin@msn.com)

**Board Engineer**

Mr. Kenneth J. Job

**Job & Job Engineering**

108 Hudson Street

Hackensack NJ, 07601

Phone No. 201-487-8754

Fax: 201-487-7679

E-mail: [JobandJobce@aol.com](mailto:JobandJobce@aol.com)

**Alt: Board Engineer**

Anthony Kurus, P.E., P.P.

**Neglia Engineering Associates**

34 Park Avenue

P.O. Box 426

Lyndhurst, NJ 07071

Phone No. 201-939-8805

Fax: 201-939-0846

E-mail: [akurus@negliagroup.com](mailto:akurus@negliagroup.com)



**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 2**

**Board Architect**

Mr. Anthony Iovino, Architects  
**Arcari + Iovino, Architects, PC**  
One Katherine Street  
Little Ferry, NJ 07643  
Phone No. 201-641-0600  
E-mail: [aiovino@aiarchs.com](mailto:aiovino@aiarchs.com)

Fax: 201-641-0626

**Alt: Board Architect**

Jeffrey Schlecht

**RSC Architects**

3 University Plaza Dr., Ste 600  
Hackensack, NJ 07601  
Office (201) 941-3040  
E-mail: [jschlecht@rscarchitects.com](mailto:jschlecht@rscarchitects.com)

Fax: 201-941-5426

**Board Landscape Architect**

Anthony Kurus, P.E., P.P.  
**Neglia Engineering Associates**  
34 Park Avenue  
P.O. Box 426  
Lyndhurst, NJ 07071  
Phone No. 201-939-8805  
E-mail: [akurus@negliagroup.com](mailto:akurus@negliagroup.com)

Fax: 201-939-0846

**Alt: Board Landscape Architect**

**Scott A. Levy D/B/A Scott Alan Design**  
15 Barry Place  
Fair Lawn, New Jersey 07410  
Office / Cell: 201-230-6389  
E-mail: [salinc@outlook.com](mailto:salinc@outlook.com)

**Board Planner**

**Joseph H. Burgis PP, AICP**  
**Burgis Associates, Inc.**  
25 Westwood Avenue  
Westwood, NJ 07675  
Office: 201-6661811  
Email: [jhb@burgis.com](mailto:jhb@burgis.com)

Fax: 201-666-2599

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 3**

**Alt (1): Board Planner**

Anthony Kurus, P.E., P.P.

**Neglia Engineering Associates**

34 Park Avenue

P.O. Box 426

Lyndhurst, NJ 07071

Phone No. 201-939-8805

Fax: 201-939-0846

E-mail: [akurus@negliagroup.com](mailto:akurus@negliagroup.com)

**Alt (2): Board Planner**

Michael F. Sullivan, ASLA, AICP

**Clarke Caton Hintz**

100 Barrack St.

Trenton, NJ 08608

Office: (609) 883-8383

Cell: 215-327-0484

Email: [msullivan@cchnj.com](mailto:msullivan@cchnj.com)

**Board Traffic Engineer**

Brian Intindola, P.E.,

**Neglia Engineering Associates**

34 Park Avenue

P.O. Box 426

Lyndhurst, NJ 07071

Phone No. 201-939-8805

Fax: 201-939-0846

E-mail: [bintindola@negliagroup.com](mailto:bintindola@negliagroup.com)

**Alt: Board Traffic Engineer**

N/A

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 4**

**Borough Attorney; Developers Agreement**

Mr. Anthony S. Bocchi, Esq.

Bocchi Law LLC

8 Hillside Avenue, Suite 208

Montclair, NJ 07042

Phone No. 201-704-9983

E-mail: [tony@bocchilaw.com](mailto:tony@bocchilaw.com)

Fax:

**Little Ferry Police Department/Traffic Bureau**

Chief James Walters

215-217 Liberty Street

Little Ferry, NJ 07643

Phone No. 201-641-2770

E-mail: [JWalters@littleferrypd.org](mailto:JWalters@littleferrypd.org)

Fax: 201-641-4828

**Little Ferry Fire Department/Fire Prevention Bureau**

Attn: Fire Chief

215-217 Liberty Street

Little Ferry, NJ 07643

Phone No. 201-641-9234 x666

E-mail: [firechief@littleferrynj.org](mailto:firechief@littleferrynj.org)

**Little Ferry Department of Public Works**

Superintendent: Mr. William Holley

215-217 Liberty Street

Little Ferry, NJ 07643

Phone No. 201-641-0023

E-mail: [wrhdpw1@gmail.com](mailto:wrhdpw1@gmail.com)

Fax: 201-641-7617

**Borough of Little Ferry Clerk**

Barbara Maldonado

215-217 Liberty Street

Little Ferry, NJ 07643

Phone No. 201-641-9234 x654

E-mail: [b-maldonado@littleferrynj.org](mailto:b-maldonado@littleferrynj.org)

Fax: 201-641-1957

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 5**

**Borough of Little Ferry Board of Health**

Board of Health Secretary, Marisa Clarino  
215-217 Liberty Street  
Little Ferry, NJ 07643  
Cell: 551-341-2830  
E-mail: [healthdept@littleferrynj.org](mailto:healthdept@littleferrynj.org)

Send Preliminary Site Plan and Subdivision Application along with application fee with a total of sixteen (16) copies for the Board Members and original application file **must be submitted thirty (30) days** prior to the scheduled meeting to the Board Clerk.

**Borough of Little Ferry Planning/Zoning Board Clerk**

Bertha Sneyer  
215-217 Liberty Street  
Little Ferry, NJ 07643  
Phone No. 201-641-9234, ext. 664  
E-mail: [b-sneyer@littleferrynj.org](mailto:b-sneyer@littleferrynj.org)

Fax: 201-641-1957

To seek Road openings, you must see the DPW

**Requirements to be submitted:**

200- Foot properties report (\$10.00) fee, per block and lot

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 6**

**Submit plans** to the:

**Bergen County Planning Board**

One Bergen County Plaza, 4<sup>th</sup> Floor

Hackensack, NJ 07601-7076

Office: 201-336-6646

[www.co.bergen.nj.us/planning](http://www.co.bergen.nj.us/planning)

Fax: 201-336-6449

**Bergen County Soil Conservation**-Mr. Angelo Caruso

700 Kinderkamack Road, Suite 106

Oradell, NJ 07649

Office: 201-261-4407

Fax: 201-261-7573

**DEP Stream Encroachment**

Permit-by-Rule Notification

New Jersey Department of Environmental Protection

Bureau of Coastal and Land Use Compliance and Enforcement

P.O. Box 422

401 East State Street

Trenton, NJ 08625-0422

e-mail: [floodhazard-pbrnoitice@dep.state.nj.us](mailto:floodhazard-pbrnoitice@dep.state.nj.us)

**Supplemental Service List:**

State of New Jersey

Department of Environmental Protection

P.O. Box 402

Trenton, NJ 08625-0402

Army Corps of Engineers

20 Massachusetts Avenue, N.W.

Washington, DC 20314-1000

Bergen County Soil Conversation District

700 Kinderkamack Road, Suite 106

Oradell, NJ 07649

Phone 201-261-4407

Fax 201-261-7573

**SEND PRELIMINARY & SUBDIVISION PLANS TO:**

**Page 7**

New Jersey Sports & Exposition Authority  
(NJ Meadowland Commission)  
Attn: Chief Engineer  
One DeKorte Park Plaza  
Lyndhurst, NJ 07071  
Phone: 201-460-1700

Please be advised that copies of public notices for all land use related applications being considered by the Planning/Zoning Board should be forward to:

Dominic L. DiSalvo, P.E., BCEE  
Director of Engineering  
Bergen County Utilities Authority  
Foot of Mehrhof Road  
P.O. Box 9  
Little Ferry, NJ 07643

Mauro D. Raguseo  
*Mayor*  
Lisette M. Duffy  
*Borough Administrator*  
Barbara Maldonado  
*Borough Clerk*



Ronald Anzalone, *Council President*  
Jennifer Lange, *Councilwoman*  
Stephen Lanum, *Councilman*  
George Muller, *Councilman*  
Peggy Steinhilber, *Councilwoman*

*Borough of Little Ferry*

215-217 LIBERTY STREET • LITTLE FERRY, NJ 07643  
201-641-9234 201-641-1957 FAX  
[www.littleferrynj.org](http://www.littleferrynj.org)

**FOR NEW CONSTRUCTION AND NOTIFYING HOMEOWNERS WITHIN 200 FEET AND UTILITY COMPANIES, PLEASE SEND TO THE FOLLOWING:**

**VERIZON**

9 GATES AVENUE  
MONTCLAIR, NJ 07042-3301

**VEOLIA – formerly SUEZ**

ATTN: ENGINEERING DEPT.  
60 DeVOE PLACE  
HACKENSACK, NJ 07601

1-800-422-5987 ----- YOU MAY USE THIS NUMBER ALSO WHEN YOU NEED YOUR DEMOLITION REQUIREMENTS

**TIME WARNER (CABLE COMPANY)**

ATTN: BOB CLAUS  
200 ROOSEVELT PLACE  
PALISADES PARK, NJ 07650

201-346-2213 ----- YOU MAY USE THIS NUMBER ALSO WHEN YOU NEED YOUR DEMOLITION REQUIREMENTS.

**PSE&G**

Manager-Corporate Properties  
80 Park Plaza, T6B  
Newark, NJ 07102

973-430-7135-Arthur S. Guida, Director, Director – External Affairs & Economic Development or  
973-430-5666- Thomas Silver, Manager-Corporate Properties.  
FOR DEMOLITION CALL: 1-800-436-7734

**NJ ONE CALL**

1-800-272-1000  
CALL BEFORE YOU DIG TO LOCATE UNDERGROUND UTILITIES.

**NJ Department of Transportation**

1035 Parkway Avenue  
Trenton NJ, 08625



# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**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.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
------------------	---	---------------------

## 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](http://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.*



By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.