

# FARMS Assistance Information

LEGAL Entity or First Name \_\_\_\_\_ SSN or TAX ID \_\_\_\_\_

Last Name \_\_\_\_\_ Type: Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address: Street/PO \_\_\_\_\_ Agent \_\_\_\_\_ POA \_\_\_\_\_

City \_\_\_\_\_ Contract Buyer \_\_\_\_\_

State/Zip \_\_\_\_\_ Contract Seller \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business Type: Corporation \_\_\_\_\_

How you Trust \_\_\_\_\_

E-mail: \_\_\_\_\_ file taxes Sole Proprietor \_\_\_\_\_

Partnership \_\_\_\_\_

If you are not the Landowner, please provide the owner's name, address and SSN.

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

If you are splitting a payment, please provide the name, address and SSN of any other entity who will receive payment.

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

\_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

What would you like assistance with? \_\_\_\_\_  
(waterway, terraces, windbreak, grade stabilization, cover crop, etc.)

Legal Description (include aerial map) Township: \_\_\_\_\_ Tier \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_

Quarter Section \_\_\_\_\_ Tract # \_\_\_\_\_

You have chosen to request financial assistance with the Grundy Soil & Water Conservation District and IDALS-Division of Soil Conservation. To best process your request, there are a few things you should understand before proceeding. All financial assistance programs have eligibility requirements. If you are eligible for financial assistance, any practices tied to your account will be bound by a maintenance agreement that can be in effect for as long as 20 years. By applying for assistance, you will be granting district representatives the right of ingress and egress to your land so that they may process your request.

If you are applying as a business, corporation, agent or representative, you MUST provide documentation indicating that you have the authority to sign for that person or entity. This documentation can be in the form of a POA, Corporation By-Laws, Trust or Partnership papers, or other legal documentation. If the documentation is other than a POA, you must mark on the documents where the authority is granted. Your application will NOT be processed until this documentation is presented.

If you agree to the above statement, please sign here:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Return to: Grundy SWCD, 805 W. 4th St., Grundy Center, IA 50638 If you have questions, please call 319-824-3634, press 3.

# 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.

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

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](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.*

## Residue and Management Practices

### Practice Maintenance Agreement and Eligibility Certification Form (For 1-Year or less contracts only)

DISTRICT/GRANTEE: \_\_\_\_\_

**Indicate the Type of Practice Applying for:**

- No-till
- Ridge-till
- Strip-till
- Cover Crop
- Nitrification Inhibitor

I agree not to remove, alter or modify the practice as built and to maintain the practice, which includes:

1. Maintaining seeding associated with the practice and ensuring sufficient cover or stand;
2. Avoiding tillage or any other action that could threaten the integrity of the practice
3. Cover crops shall not be mechanically or chemically terminated prior to the spring of the following planting season
4. Undertake any action that would prevent the practice from meeting NRCS practice specifications (if applicable)

I agree that if the provisions outlined above are not met or I am found not eligible to receive payment of funds under these programs, for any reason, I will be required to refund the Iowa Department of Agriculture and Land Stewardship the full amount of the financial incentive payment received.

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

\_\_\_\_\_  
Date

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### Applicant Eligibility Certification

I, \_\_\_\_\_, certify that I  *have never* used \_\_\_\_\_  
before in my farming operation.  *have* \_\_\_\_\_ *Practice Type*

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

\_\_\_\_\_  
Date

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*For Office Use Only:*

FARMS ID #: \_\_\_\_\_

Program: \_\_\_\_\_