

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: <i>City of Meadowview Estates</i>		Yes/No/NA
Program Name: <i>Public Safety Camera</i> Request Amount: <i>\$6750.00</i>		
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		<i>yes</i>
Request form: Is the funding proposed less than or equal to the request amount?		<i>yes</i>
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		<i>yes</i>
Application Page 1: Has prior Metro funds committed/granted been disclosed?		<i>yes</i>
Application Page 1: Is the application properly signed and dated by authorized signatory?	<i>no - transmitted else</i>	<i>non</i>
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		<i>yes</i>
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		<i>yes</i>
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		<i>yes</i>
Faith Based Organizations: Is the signed Faith Based Form signed and included?		<i>yes</i>
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		<i>yes</i>
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		<i>yes</i>
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		<i>yes</i>
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		<i>yes</i>
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		<i>yes</i>
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		<i>yes</i>
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>yes</i>
Operating Budget: Is the organization's current fiscal year operating budget included?		<i>yes</i>
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		<i>yes</i>
Board Members: Is the entity's board member list (with term length/term limits) included?		<i>yes</i>
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		<i>yes</i>
Annual Audit: Is the most recent annual audit (if required by organization) included?		<i>yes</i>
Rent Requests: Is a copy of signed lease included?		<i>yes</i>
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		<i>yes</i>
IRS Form W-9: Is the IRS Form W-9 included?	<i>no</i>	<i>yes</i>
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		
Prepared by: <i>[Signature]</i>	Date:	

Noble, Jeffrey T

From: Brent Ackerson <brent@kyfirm.com>
Sent: Monday, June 02, 2014 11:08 AM
To: Noble, Jeffrey T
Subject: Meadowview Estates NDF

Mr. Clerk,

Mr. Noble has authority to sign for me on the Meadowview Estates NDF.

Brent T. Ackerson
Ackerson Law Offices
600 West Main Street, Suite 500
Louisville, Kentucky 40202
Tel. 502.882.5176
Fax 502.882.5177
brent@kyfirm.com

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Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) N/A	
	Business name/disregarded entity name, if different from above City of Meadowview Estates	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) C
	Address (number, street, and apt. or suite no.) PO Box 206274 City, state, and ZIP code Louisville, KY 40250	Requester's name and address (optional) William E Bailey 3012 Meadowview Cir Louisville, KY 40220
Municipality		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
6 1 - 1 0 3 5 1 0 6	

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 6/2/14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

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.



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization:

(as listed on: <http://www.sos.ky.gov/business/records/>) **City of Meadowview Estates**

Main Office Street & Mailing Address: 3012 Meadowview Cir., Lou., KY; PO Box 206274 Lou., KY 40250-6274

Website: None

Application Contact: William E Bailey

Title: Mayor

Phone: 502-454-4800

Email: mvmayorweb@twc.com

Financial Contact: William E Bailey

Title: Mayor

Phone: 502-454-4800

Email: mvmayorweb@twc.com

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): Entrance at Taylorsville Road

Council District(s): 26

Zip Code(s): 40220

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: Install security camera

Total Request: \$ 6750

Total Metro Award (this program) in previous year : \$ 0

The following are required attachments:

- | | |
|---|---|
| <input type="checkbox"/> IRS Exempt Status Determination Letter | <input type="checkbox"/> Signed lease if rent costs are being requested |
| <input checked="" type="checkbox"/> Current Year Projected Budget | <input checked="" type="checkbox"/> IRS Form W9 |
| <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) | <input type="checkbox"/> Evaluation forms if used in the proposed program |
| <input checked="" type="checkbox"/> Current financial statement | <input type="checkbox"/> Annual audit (if required by organization) |
| <input type="checkbox"/> Most recent IRS Form 990 or 1120-H | <input type="checkbox"/> Faith Based Organization Certification Form, if required |
| <input checked="" type="checkbox"/> Articles of Incorporation | <input checked="" type="checkbox"/> Staff including the 3 highest paid staff |
| <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | |

Agency Fiscal Yr Start Date: July 1

For the current fiscal year ending June 30, list all funds received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source: None

Amount: \$

Source:

Amount: \$

Source:

Amount: \$

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No

SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization.

Signature of Legal Signatory:

Date: 6/2/14

Legal Signatory (please print): William E Bailey

Title: Mayor

Phone:

Extension: (502) 454-4800

Email: mvmayorweb@twc.com

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

We strive to provide a safe and attractive environment at reasonable cost through various city services to our residents. This includes enhancements in security with regard to cost and effectiveness.

SECTION 5 - PROGRAM NARRATIVE

A: Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

B: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc):

This project is for the installation of a camera system at our entrance. This system will monitor activity along the roadway to the entrance in order to detect any unusual activity. The project is expected to start within the month of April 2014 and will conclude after the final installation and approval of the system. This is expected to be completed by the end of July 2014.

C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):

The proposed funding will be used to purchase and install (1) camera system to enhance security for our city. The funding will include installation of the supporting pole, the camera and the electrical installation, including all sub-components and configuration to make this a turnkey project.

D: For Expenditure Reimbursement Only - The grant award period begins with the Metro Council Appropriation Committee approval date and ends on June 30 of the fiscal year in which the grant is approved. If any part of this funding request is for funds that will be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
- The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the grant agreement.
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
 - ✓ The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

E: If this request is for a fundraiser, please detail how the proceeds will be spent:

N/A

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program specifically.

The video output from this system will be available to Metro police for their use in tracking or following-up on any suspicious activity in our area that could be directly or indirectly related to problems in our city or surrounding areas of our community.

G: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Our city has experienced several break-ins over the past several years, including residences and automobiles. It is expected that the installation of cameras will help curtail this type of activity as well as provide follow-up information for our region to help in the investigation of such activity.

SECTION 6 - PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. **Enter whole-dollar amounts.**

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detailed List)			
J: Machinery & Equipment			
K: Capital Project	6750		6750
L: Other Expenses (Attach Detail List)			
SUBTOTAL	6750		
% of Program Budget --	%	%	100%
Value of volunteer services and how computed:	N/A		
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (Detail on Next Page)	N/A		
Total Program Funds	6750		6750

*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	6750

PROGRAM BUDGET SUMMARY (CONTINUED)

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

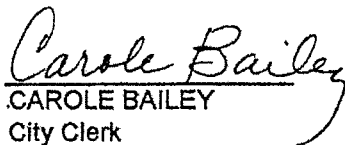
None

CITY OF MEADOWVIEW ESTATES
ORDINANCE #2, SERIES 2013-2014

Meadowview 2013-2014 budget


RECEIPTS	2013-14
Property Tax Gross	32,360.00
Discounts & Penalties	(1,500.00)
Insurance Tax	21,000.00
Cable TV Franchise Fee	1,040.00
Interest on Investments	250.00
All Other	50.00
Prior Year Carry Forward	4,000.00
Total	<u>57,200.00</u>
MUNICIPAL AID ROAD FUND RECEIPTS	
Income	10,400.00
Interest	50.00
Total	<u>10,450.00</u>
TOTAL ESTIMATED REVENUE	<u><u>67,650.00</u></u>
DISBURSEMENTS	
Physical Services	28,300.00
Outside Services	10,900.00
Administration Expenses	9,600.00
Community Services	8,400.00
Total	<u>57,200.00</u>
MUNICIPAL AID ROAD FUND DISBURSEMENTS	
Maintenance	10,450.00
Total	<u>10,450.00</u>
TOTAL ESTIMATED APPROPRIATIONS	<u><u>67,650.00</u></u>

First Reading: May 8, 2013
Second Reading: June 12, 2013
Passed and Approved: June 12, 2013



CAROLE BAILEY
City Clerk


WILLIAM E. BAILEY
Mayor

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 KENTUCKY SECRETARY OF STATE
 Elaine Walker



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Meadowview Estates, Kentucky

Kentucky Land Office Home
Kentucky Cities
Frequently Asked Questions
Kentucky Revised Statutes
Links
Prebuilt Lists & Queries Search
Military Registers & Land Records
Non-Military Registers & Land Records
Land Office Order Form
Database Searches
Land Office Journal
Reference Library

[Printable Version](#) [Search Again](#)
 Class: 6
 Status: Active
 Incorporated: 1954-02-23
 County: Jefferson
[Area Development](#) [KIPDA](#)
 County Seat: No

There are no pictures for Meadowview Estates, Kentucky. Post one on our website today. [Click Here.](#)

Interactive Map
 (Courtesy Kentucky Geography Network)

Notes: 1990 population: 199

- City Links:
[ADD Website](#)
[County Website](#)
- County Links:
[Jefferson County PVA](#)

Population Estimates:

- 1990: 433
- 1991: 442
- 1992: 452
- 1993: 456
- 1994: 455
- 1995: 455
- 1996: 453
- 1997: 453
- 1998: 453
- 1999: 464
- 2000: 422
- 2001: 423
- 2002: 423
- 2003: 425

*Compiled by the Ky. State Data Center. Population Estimates may change as city boundaries are adjusted.



Mayor	William Bailey
Meeting Times:	Not Available
Office Hours:	No Regular Hours

U.S. Decennial Census (April 1):	2000: 422	1990: 259	1980: 212	1970: 139
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Current Filings (KRS 81.045 to present date)

Date Filed	Type	Ordinance	Map Status	Notes
1992-08-07	Census			Population: 199 (1990)
1981-07-22	KRS 81.045 Filing		MAPPABLE	

CITY OFFICIALS UPDATE

2011					Please complete and return to:	
Official Name of City----->	CITY OF MEADOWVIEW ESTATES			Department for Local Government		
Mailing Address----->	PO BOX 206274			1024 Capital Center Drive, Suite 340		
City & Zip Code----->	LOUISVILLE KY 40250-6274			Frankfort, Kentucky 40601		
Business Hours----->				Telephone (502) 573-2382		
Telephone (inc area code)----->	502-454-4800			Telephone 1-800-346-5606		
FAX #----->				FAX (502) 573-3712		
Information Email----->				www.dlg.ky.gov		
Position	Name	Mailing Address	City	Zip code	Telephone	Email
City Clerk	Dana Willard	PO BOX 4175	LOUISVILLE	40204-0175	502-473-2641	dana_willard@bellsouth.net
City Treasurer	Dana Willard	PO BOX 4175	LOUISVILLE	40204-0175	502-473-2641	dana_willard@bellsouth.net
City Manager						
City Attorney	John P Singler	200 S 7TH ST STE 108	LOUISVILLE	40202-3701	502-587-6901	singlerj@bellsouth.net
Finance Director						
Police Chief						
Fire Chief						
Public Works Director						
Mayor	William Bailey	PO BOX 206274	LOUISVILLE	40250-6274	502-454-4800	mvmayorweb@insightbb.com
Council Member	Joan Gagel	PO BOX 206274	LOUISVILLE	40250-6274	502-554-1684	joan.gagel@gmail.com
Council Member	Patrick Spradling	PO BOX 206274	LOUISVILLE	40250-6274	502-458-3787	pwsprad@yahoo.com
Council Member	Dale Vish	PO BOX 206274	LOUISVILLE	40250-6274	502-452-9557	dalepvish@yahoo.com
Council Member	Connie Wharton	PO BOX 206274	LOUISVILLE	40250-6274	502-485-1695	conniewharton@insightbb.com
Council Member						
Council Member						
Contact Person *	William Bailey	PO BOX 206274	LOUISVILLE	40250-6274	502-454-4800	mvmayorweb@insightbb.com
After DOWNLOADING and completing this form, please email a copy to appropriate DLG staff:						
1) On the File menu, point to Send To, and then click Mail Recipient (as Attachment)						
2) In the To, enter tammy.vernon@ky.gov						
3) Click Send						
*Note: The contact person should be the official contact to reach during normal business hours, 8 AM to 4:30 PM; Monday through Friday						C-83A.085 (Revised 01/05/09)



Current Filings (KRS 81.045 to present date)

Date Filed	Type	Ordinance	Map Status	Notes
1992-08-07	Census			Population: 199 (1990)
1981-07-22	KRS 81.045 Filing		MAPPABLE	

Pre KRS 81.045 Filings (1942 to July 15, 1980)

Date Filed	Type	Ordinance	Notes
1954-02-26	Incorporation	#3704	Jefferson Circuit Court Judgment

ContactSite Map

PrivacySecurityDisclaimerAccessibility

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FILED IN COURT
AND ENTERED

FEB 23 1934

NO. 3704.

JOHN W. HENNESSY, Clerk

E. Kelly
Deputy Clerk

JEFFERSON CIRCUIT COURT

CHANCERY BRANCH

FIRST DIVISION

PLAINTIFFS

W. HARLOW EDWARDS, et al,

J U D G M E N T

* * * *

This action having come to be heard on motion of the plaintiffs, W. Harlow Edwards, et al, to enter judgment herein establishing the City of Meadowview Estates, located in Jefferson County, Kentucky, and it appearing to the Court that the form of said proposed city is square; that at least one hundred and twenty-five inhabitants reside within the boundaries proposed to be described for the city; and that the complaint filed herein was signed by at least two-thirds of the voters living within the boundary of the proposed city; that notice of the filing of the complaint and of its object was duly published in two issues of The Louisville Times, a daily newspaper of general circulation published in Jefferson County, Kentucky, and no defense having been interposed to said corporation, and the Court being sufficiently advised, it is now ordered and adjudged that the City of Meadowview Estates be and is hereby established as a city of the sixth class under the laws of the State of Kentucky; and that the boundaries of said city are as follows, to-wit:

"BEGINNING at a point in the Northeast line of Avondale, of record in Plat and Subdivision Book 3, pages 69, 70 and 71, in the office of the Clerk of the Jefferson County Court; said point being 30 feet as measured along said Northeast line, Northwest of the Southeast corner of Avondale aforesaid; thence in a Northeastwardly direction at right angles to said Northeast line of Avondale 1210 feet to a point in Breckenridge Lane; thence in a Northwestwardly direction and parallel to the Northeast line of Avondale aforesaid 1210 feet; thence in a Southwestwardly direction at right angles to the Northeast line of Avondale aforesaid 1210 feet to a point in the Northeast line of Avondale aforesaid; thence in a Southeastwardly direction with the Northeast line of Avondale, 1210 feet to the point of beginning."

The following voters residing within said area are appointed officers, who upon duly qualifying, shall hold their respective offices until the next election at which officers of cities and towns may be elected:

Claude T. Boone, 46 Meadowview Drive-----Trustee
W. Harlow Edwards, 17 North Sheridan Road-----Trustee
Frank J. Hettinger, 36 South Sheridan Road-----Trustee
Charles A. Roederer, 14 North Sheridan Road-----Trustee
Curtiss H. Scott, Taylorsville Road-----Trustee
Charles C. Keefer, 31 South Sheridan Road-----Police Judge
Rube A. Warren, 45 Meadowview Road-----Marshal
Joseph M. Willinger, 15 North Sheridan Road-----Assessor

The Clerk of this Court is directed within ten days after date of the entry of this judgment to certify a copy thereof to the Secretary of State of Kentucky.

FEB 23 1954

Murphy L. Smith
Judge.

Date *Feb. 23* 1954
L.S. No. *129*
Page *23 - 24*
JURY of *1* Clerk
By *S. C. B.* Deputy Clerk

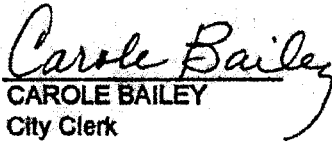
*Reviewed by
M. W. [unclear]
city [unclear]*

CITY OF MEADOWVIEW ESTATES
ORDINANCE #2, SERIES 2013-2014

Meadowview 2013-2014 budget

RECEIPTS	2013-14
Property Tax Gross	32,360.00
Discounts & Penalties	(1,500.00)
Insurance Tax	21,000.00
Cable TV Franchise Fee	1,040.00
Interest on Investments	250.00
All Other	50.00
Prior Year Carry Forward	4,000.00
Total	<u>57,200.00</u>
MUNICIPAL AID ROAD FUND RECEIPTS	
Income	10,400.00
Interest	50.00
Total	<u>10,450.00</u>
TOTAL ESTIMATED REVENUE	<u><u>67,650.00</u></u>
DISBURSEMENTS	
Physical Services	28,300.00
Outside Services	10,900.00
Administration Expenses	9,600.00
Community Services	8,400.00
Total	<u>57,200.00</u>
MUNICIPAL AID ROAD FUND DISBURSEMENTS	
Maintenance	10,450.00
Total	<u>10,450.00</u>
TOTAL ESTIMATED APPROPRIATIONS	<u><u>67,650.00</u></u>

First Reading: May 8, 2013
Second Reading: June 12, 2013
Passed and Approved: June 12, 2013


CAROLE BAILEY
City Clerk


WILLIAM E. BAILEY
Mayor



502 East Court Avenue | Jeffersonville, IN 47130
877.291.3877 | www.securitypros-usa.com

Wednesday, March 26, 2014

City of Meadowview – City Surveillance (Wireless Deployment)

RE: Surveillance

Delivered by: Chris Gilbert

Mayor Bill Bailey,

Thank you for this opportunity to provide you with our proposal for security services. Enclosed you will find the scope of work detailing our proposal to provide you and your company with a comprehensive security solution.

Our solutions are designed to be flexible enough to expand as your needs change over time. This forward thinking design combined with our managed services platform will ensure that your investment today will last for years to come.

We appreciate this opportunity to work with you and your company on this project and look forward to building a strong business partnership. If you should have any questions about this proposal or if we can be of further assistance please do not hesitate to give me a call at (502) 415-4989 or email at chris@securitypros-usa.com.

Sincerely,

Chris Gilbert

Security Pros, LLC

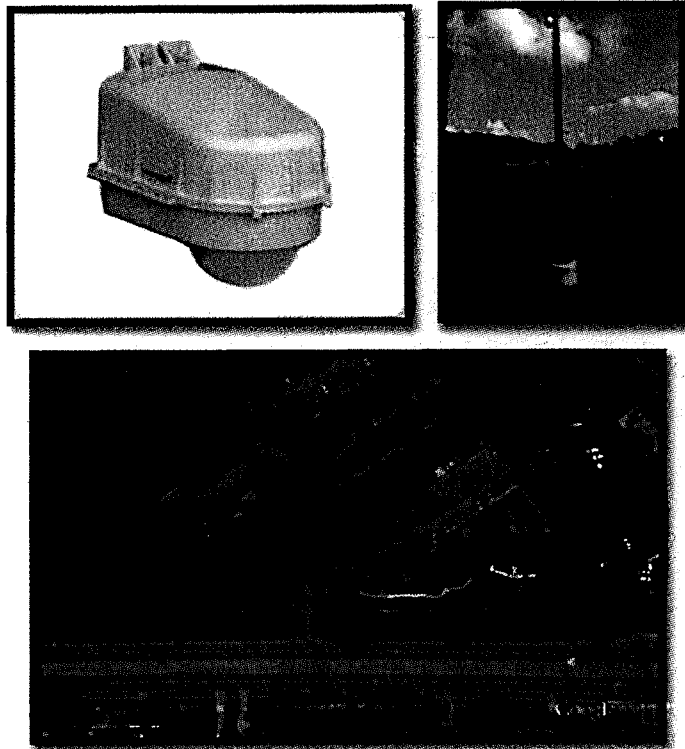
Customer Acceptance	Security Pros Acceptance
<p>The prices, specifications, terms, conditions, and assumptions to pricing are satisfactory and hereby accepted. Security Pros, LLC is authorized to perform the work. Payment shall be made according to agreed terms.</p> <p>Date: _____ P.O.# _____</p> <p>Signature: _____</p> <p>Printed: _____</p> <p>Title: _____</p>	<p>Authorized Name: _____</p> <p>Authorized Signature: _____</p>



Surveillance Equipment – Meadowview Estates – Site 2

Security Pros shall provide configuration, labor, equipment and materials to install:

- 1 Outdoor Fixed 1080p, IP Dome Camera, Day/Night w/built-in Analytics
- 1 Outdoor Enclosure, High/Low Temp, Wireless ready
- 1 Power pack kit for enclosure, 3/4G Wireless router
- 1 EDGE storage at the camera, 320GB Storage
- 1 4"x4"x14' Carbon Steel Surveillance Pole, Jig and Concrete
- 1 Assembly, initial configuration and mounting



Power Consumption Requirements:

- 2. 2 Amps @ 115VAC Typical at Full Load

Initial Project Pricing:

Equipment & Installation (Turnkey) \$6,750 One Time

Monthly investment options

- Wireless Communications *(Recommended)* \$50/mo. Initials: ___
- Replacement agreement under MFG's warranty, annual inspection \$65/mo. Initials: ___
- Virtual guard Services 11p-6a Monday – Sunday \$350/mo. Initials: ___

Video Surveillance Access Control Intrusion Detection Fire Alarm Voice Evacuation Intercom



502 East Court Avenue | Jeffersonville, IN 47130
877.291.3877 | www.securitypros-usa.com

Project Management:

Upon notification of award, Security Pros, LLC will assign a project lead to assume responsibility for the entire installation. This individual will be the onsite contact for Security Pros and will ensure the every aspect of the installation is carried out in accordance with this Scope of work. Any deviations from this scope-of-work activity considered to adversely impact the project shall be reported to you before continuation.

Qualifications & Exceptions:

This quotation is based on the following:

- Site walk-through and drawings provided by you
- All work is to be performed during normal business hours.

We have included the following:

- A full-time on-site project lead for the duration of the project.
- Delivery cost for tools, equipment, and materials, provided by Security Pros, LLC to the project site.

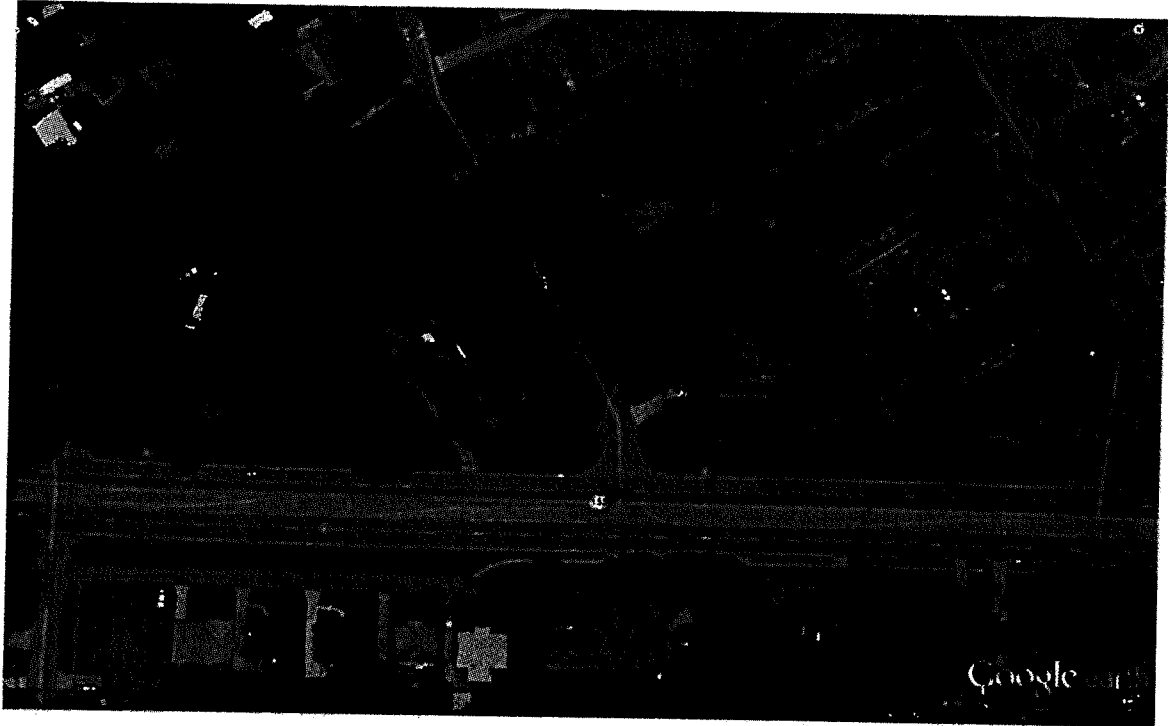
We have excluded the following:

- Cutting and /or coring of concrete walls and floors.
- Providing and/or mounting any required plywood backboards.
- Providing and/or installing and required poke-thru or fire wall penetrations.
- Providing and/or installing fire-stopping products other than those used to seal conduit sleeves used by Security Pros, LLC.

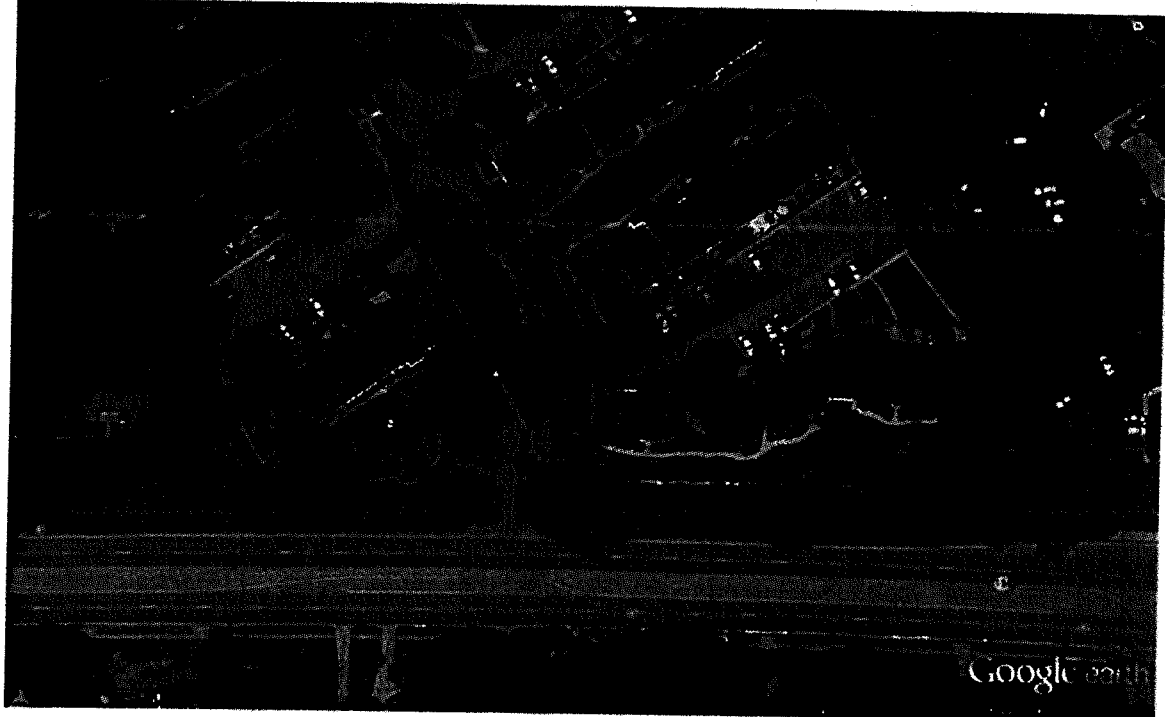
We have assumed the following:

- Security Pros personnel will be provided continuous access to the areas where work is to be performed for the duration of the installation period.
- If required, the customer will provide all installation personnel with access badges, keys, and/or escorts in order to perform the work in a timely and cost effective manner.
- Security Pros work on-site doesn't not violate any existing agreements with trade unions. Any conduit provided by other s will be installed in accordance with the NEC and EIA/TIA standards and will be free of defects and/or obstructions. Items excluded from the above pricing may be added for an additional charge.

City of Louisville – Proposed Site



City of Meadowview – Proposed Site



**CHARLES J. VEENEMAN
CERTIFIED PUBLIC ACCOUNTANT
2527 NELSON MILLER PKWY, SUITE 205
LOUISVILLE, KY 40223**

ACCOUNTANT'S COMPILATION REPORT

To the Mayor and City Commission
City of Meadowview Estates

I have compiled the accompanying Statements of Assets, Liabilities and Fund Balance – Cash Basis of the City of Meadowview Estates' General Fund and MAP Fund as of February 28, 2014 and the related Statements of Revenues and Expenses – Cash Basis for the month and eight months then ended. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the cash basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

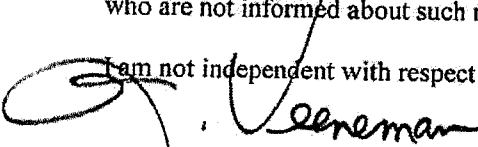
My responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures (and the statement of cash flows) ordinarily included in financial statements prepared in accordance with the cash basis of accounting. If the omitted disclosures were included in the historical financial statements, they might influence the user's conclusions about the City's financial position, results of operations, and cash flows. Accordingly, these historical financial statements are not designed for those who are not informed about such matters.

The accompanying annual budget of the City of Meadowview Estates' General Fund and MAP Fund for the year ending June 30, 2014, has not been compiled or examined by me, and, accordingly, I do not express an opinion or any other form of assurance on it.

Management has elected to omit the summaries of significant assumptions and accounting policies required under established guidelines for presentation of prospective financial statements. If the omitted summaries were included in the budgeted information, they might influence the user's conclusions about the Company's budgeted information. Accordingly, this budgeted information is not designed for those who are not informed about such matters.

I am not independent with respect to the City of Meadowview Estates.


Charles J. Veeneman
Certified Public Accountant
March 6, 2014

City of Meadowview Estates
Statement of Assets, Liabilities and Fund Balance - Cash Basis
February 28, 2014

ASSETS

Current Assets		
PNC Checking Acct	\$	89,890.02
Investments - PNC		31,934.17
Investments - First Capital		60,724.21
		<hr/>
Total Current Assets		182,548.40
Property and Equipment		
		<hr/>
Total Property and Equipment		0.00
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u><u>182,548.40</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Federal Payroll Taxes Payable	\$	22.17
Local Taxes Payable		7.95
Due to Road Fund		(1,435.00)
		<hr/>
Total Current Liabilities		(1,404.88)
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		(1,404.88)
Capital		
Fund Balance - GF		163,448.29
Net Income		20,504.99
		<hr/>
Total Capital		183,953.28
		<hr/>
Total Liabilities & Capital	\$	<u><u>182,548.40</u></u>

See Accountant's Compilation Report

City of Meadowview Estates Road Fund
 Statement of Assets, Liabilities and Fund Balance - Cash Basis
 February 28, 2014

ASSETS

Current Assets		
Cash - First Capital Bank	\$	10,096.22
MM - PNC		49,113.84
		59,210.06
Total Current Assets		
		59,210.06
Property and Equipment		
		0.00
Total Property and Equipment		
		0.00
Other Assets		
		0.00
Total Other Assets		
		0.00
Total Assets		
	\$	59,210.06

LIABILITIES AND CAPITAL

Current Liabilities		
Due to Road Fund	\$	1,435.00
		1,435.00
Total Current Liabilities		
		1,435.00
Long-Term Liabilities		
		0.00
Total Long-Term Liabilities		
		0.00
Total Liabilities		
		1,435.00
Capital		
Fund Balance - RF		54,043.18
Net Income		3,731.88
		57,775.06
Total Capital		
		57,775.06
Total Liabilities & Capital		
	\$	59,210.06

See Accountant's Compilation Report

**CITY OF MEADOWVIEW ESTATES
MUNICIPAL ORDER 1
A MUNICIPAL ORDER RELATING TO
ENTERING INTO THE METRO LOUISVILLE PARTNERSHIP PROGRAM**


WHEREAS, the Louisville/ Jefferson County Metro Government Council has enacted its Ordinance No. 110, Series 2006, Section 97.100 of the Louisville/Jefferson County Metro Government Code of Ordinances [LMCO] establishing a Metro Partnership Program with Suburban Cities for a Capital Improvement Program [the "Program"]; and

WHEREAS, the City of Meadowview Estates, [the "City"] wishes to participate in the Program pursuant to LMCO 97.100(F).


BE IT ORDERED BY THE CITY OF MEADOWVIEW ESTATES:

1. The City hereby elects to participate in the Program for capital projects which are authorized by LMCO 97.100.
2. The City agrees to construct projects funded in whole or in part by the Program in accordance with standards established in compliance with LMCO 97.100.

Adopted this 9th day of March, 2011.



Mayor

ATTEST:


City Clerk

Those in Favor: 3

Those Opposed: 0

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) N/A	
	Business name/disregarded entity name, if different from above City of Meadowview Estates	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) C
	Municipality PO Box 206274	
	Address (number, street, and apt. or suite no.) PO Box 206274 City, state, and ZIP code Louisville, KY 40250 List account number(s) here (optional)	Requester's name and address (optional) William E Bailey 3012 Meadowview Cir Louisville, KY 40220

Part I Taxpayer Identification Number (TIN)																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																						
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: 0 auto;"> <tr><td colspan="9">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td colspan="9">Employer identification number</td></tr> <tr><td>6</td><td>1</td><td>-</td><td>1</td><td>0</td><td>3</td><td>5</td><td>1</td><td>0</td><td>6</td></tr> </table>	Social security number												-						Employer identification number									6	1	-	1	0	3	5	1	0	6
Social security number																																						
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Employer identification number																																						
6	1	-	1	0	3	5	1	0	6																													

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 on page 3.	
Sign Here	Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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 Publication 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.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage 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 Part II instructions on page 3 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* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

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* on page 3 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

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

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 Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must 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 the "Name" line. 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 the "Business name/disregarded entity name" line. 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.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. 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 the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 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 possession of the United States, 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 possession of the United States
- 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 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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, 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—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 possession of the United States, 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 Reg. 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 Reg. 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

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. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), 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 the chart on page 4 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 Social Security Administration office or get this form online at 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 and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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 items 1, 4, or 5 below indicate 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 the "Name" line 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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* on page 1.

*Note. 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, social security number (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 Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov 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.