

TOWNSHIP OF BYRAM  
NEW JERSEY

MAILING ADDRESS:  
10 Mansfield Drive  
Stanhope, NJ 07874  
Phone 973-347-2500  
Fax 973-347-0502



WEBSITE ADDRESS:  
[www.byramtwp.org](http://www.byramtwp.org)

October 23, 2014

To: All Escrow Account Holders

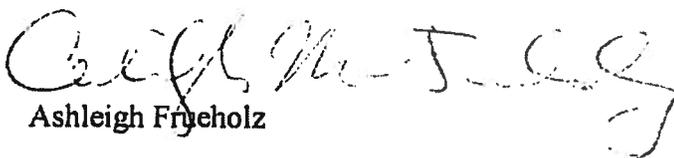
Re: New Banking Regulations

New banking regulations require that any money being held in escrow must have the tax identification of the person or company in which the money is being held. If you are receiving this letter you have an open account with Byram Township and are required to fill out the attached W-9 form. If we do not receive the W-9 back, we will be unable to change the tax identification number and you will stop receiving quarterly statements.

If the project is complete, please contact the Township to request a refund of any open balance. The Township will confirm that no additional monies are owed for the project and will then issue any refund.

Your prompt attention to this matter would be greatly appreciated.

Thank You,

  
Ashleigh Fryeholz

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

<b>Part I Taxpayer Identification Number (TIN)</b>																																																																
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 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.																																																																
<b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																																																
	<table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="4"> </td><td style="text-align: center;">-</td><td colspan="2"> </td><td style="text-align: center;">-</td><td colspan="4"> </td></tr> </table> <p style="text-align: center;"><b>or</b></p> <table border="1" style="margin: auto;"> <tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="4"> </td><td style="text-align: center;">-</td><td colspan="6"> </td></tr> </table>	Social security number																								-			-					Employer identification number																								-						
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<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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.	

<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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

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?* on page 2 for further information.

**Client Account Manager**  
**Sub Account Request Form**

**FULTON BANK OF NEW JERSEY**

Account Assignment	
Branch #	22107
Officer #	
Cash Mgmt. Contact	

**SECTION ONE – Master Account Information**

Landlord/Principal	TOWNSHIP OF BYRAM	Account #	0120011529
Mailing address of Landlord/Principal	10 MANSFIELD DRIVE STANHOPE NJ 07874	Landlord/Principal Phone #	973-347-2500
			ext. 134

Check One:

<input type="checkbox"/> Principal/Escrow
Sub Acct. Product #
Group ID#

OR

<input type="checkbox"/> Landlord/Tenant
Sub Acct. Product #
Building ID #
Apt. #
Lease Exp. Date

**SECTION TWO – Sub Account Information (to be completed by master account holder)**

Name (Primary)		Taxpayer I.D. #	
Name (Secondary)		Taxpayer I.D. #	
Physical Address			
Physical Address			

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

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. You must cross out item 1 and 3 above if you are not a U.S. Citizen or other U.S. person.

Note: All account holders with a foreign status must certify with a Form W-8.

Signature (Primary Sub Account Holder)	Date
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**SECTION THREE – Funds Direction (to be completed by master account holder)**

<input type="checkbox"/> New Account	<input type="checkbox"/> Additional Deposit	<input type="checkbox"/> Partial Withdrawal
You are hereby authorized and directed to deposit/withdraw the sum of \$ _____ Sub Acct. # _____		
The Master Account holder hereby requests that Fulton Bank of New Jersey open a Sub Account linked to the above Master Account and/or that Fulton Bank of New Jersey complete the above Sub Account transaction request. The Sub Account shall be governed by the Master Account signature card and the Client Account Manager Additional Terms and Account Fee Schedule as amended from time to time.		
Master Account Holder Signature	Date	

**BANK USE ONLY**

Sub Acct. #		Opening Date	
OFAC Score		Branch #	
Opened By			