



The Salem Public Schools  
Human Resources Department  
City of Salem

29 Highland Avenue, Salem, MA 01970

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**VOLUNTEER REIMBURSEMENT FOR THE COST OF FINGERPRINTING  
INSTRUCTIONS FOR REIMBURSEMENT**

**Overview**

On October 5, 2015 the Salem School Committee passed a [new background check policy](#) requiring all school volunteers who may have direct and unmonitored contact with students to be fingerprinted in accordance with new state law. A related [Superintendent Advisory](#) provides additional information on the implementation of this policy in the district.

The intent of this policy is to ensure the greatest degree of safety for all of our students across the district. At the same time, the district understands that the policy, and in particular, payment of the \$35 fee to be fingerprinted may prove burdensome for some individuals and families. Salem Public Schools values its parents, families, and volunteers, and wants to encourage volunteering among parents and family members. The Volunteer Reimbursement Program was created to support those volunteers who are required to be fingerprinted, but who may have a difficult time affording the \$35 fee.

Reimbursement is not available to district staff, job applicants, substitute teachers, student teachers, interns, subcontractors or others. The reimbursement fund is to be used solely to reimburse parent or other volunteers who may be unable to afford the \$35 fee.

**How to Apply to be Reimbursed for the \$35 Fingerprinting Fee**

Volunteers who would like to apply for reimbursement should follow the below steps:

1. Complete the attached cover sheet (see attached)
2. Complete a W-9 Tax Identification Form (see W-9 attached form)
3. Attach an original receipt showing that you paid for the cost of fingerprinting. The receipt could be directly from the fingerprinting center or a credit card receipt.
4. Submit all forms and receipts to the Office of Human Resources at the address below:

Office of Human Resources  
Salem Public Schools  
29 Highland Avenue, Room 131  
Salem, MA 01970

# VOLUNTEER FINGERPRINTING REIMBURSEMENT COVER SHEET

Please complete the below form along with the other required forms and documents. Attach this form to the front of your packet prior to submission.

## CONTACT INFORMATION

Please insert the contact information and mailing address where you would like your reimbursement check to be sent.

|  |
|--|
| Volunteer Name: _____<br><b>(PLEASE PRINT)</b> |
| Mailing Address: _____                         |
| Phone Number: _____ School: _____              |
| Email: _____                                   |

**CERTIFICATIONS:** Please check all that apply, below:

I certify that I was required to be fingerprinted in order to perform my duties as a volunteer in the Salem Public Schools.

I certify that I have completed the fingerprint background check and had results sent to the Salem Public Schools.

Date You Were Fingerprinted: \_\_\_\_\_

I certify that I paid the \$35 fee required to be fingerprinted and that I seek reimbursement to help defray this cost.

## SIGNATURE

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

***To be completed by SPS Staff Only:***

|                             |                  |
|-----------------------------|------------------|
| School: _____               | SPS Dept.: _____ |
| Vendor #: _____             | PO#: _____       |
| Authorized Signature: _____ | Date: _____      |
| Title: _____                |                  |

# 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:<br><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<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br>Note. 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.<br><input type="checkbox"/> Other (see instructions) ▶ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><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)   |   |

## 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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|   |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|---|---|---|--|--|--|--|--|--|--|--|--|--|
| <b>Social security number</b>   |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |
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| <b>or</b>   |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |
| <b>Employer identification number</b>   |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |  |  |  |  |  |  |  |  |  |  |
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## 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.

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

## 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.