



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

# Application Checklist

Intern Name \_\_\_\_\_ Location/Site \_\_\_\_\_

YEIP Class \_\_\_\_\_ Track # \_\_\_\_\_

✓	Form	Date Rcvd'	Notes
	Registered on RecTrac		
	Program Application		
	Program Medical Info and Waivers		
	Intern and Parent Agreement		
	Program Rules and Regulations		
	JJCPA Programming Form (Parental Agreement)		
	<b>First</b> Day Survey (Pre-Questionnaire)		
	<b>Signed</b> W-9 Form <b>Name on W-9 must match SOCIAL SECURITY CARD</b>		
	<b>Signed</b> Copy of Social Security Card		
	<b>Last</b> Day Survey (Post-Questionnaire)		
	Signed For & Received Stipend Check		

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Administrative Staff Use Only			
Application	✓ Approved	✓ Denied	DIC Signature: _____ Date: _____
Date Received _____		Intern Drop Date (if any) _____	
Application Reviewed by _____		Date _____	
Entered into Database by _____		Date _____	



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

# YEIP Program Application

Please print neatly in completing this application.

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

YEIP Class \_\_\_\_\_

Location \_\_\_\_\_

**Grade:**

**School Attending:**

APPLICANT'S INFORMATION			
NAME (First, Middle Last)	AGE	BIRTHDATE (mm/dd/yyyy)	GENDER
ADDRESS (Street, City, State, Zip)			
EMAIL ADDRESS		CELL / HOME PHONE	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

PARENT/GUARDIAN INFORMATION			
NAME (First, Middle, Last)	RELATION	CELL / HOME PHONE	WORK PHONE
ADDRESS (Street, City, State, Zip)		EMAIL	

**Instructions:** Make the appropriate selections for the following:

**RACE** - Select one of the following 10 categories

Place an X to the left of the appropriate box			
<input type="checkbox"/>	1. American Indian or Alaska Native	<input type="checkbox"/>	6. American Indian or Alaskan Native <b>AND</b> White
<input type="checkbox"/>	2. Asian	<input type="checkbox"/>	7. Asian <b>AND</b> White
<input type="checkbox"/>	3. Black or African-American	<input type="checkbox"/>	8. Black/African-American <b>AND</b> White
<input type="checkbox"/>	4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	9. American Indian/Alaskan Native <b>AND</b> Black/African American
<input type="checkbox"/>	5. White	<input type="checkbox"/>	10. Balance _____ / Other

**ETHNICITY** - Select one

**GENDER** - Select one

Place an X to the left of the appropriate box			
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Male
<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Female
<input type="checkbox"/>		<input type="checkbox"/>	Non-Binary
<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to disclose

I hereby state that the information contained within this application is truthful and accurate, and is to be considered an integral part of my agreement I may enter for the Youth Employment Internship Program (YEIP) and its classes and activities.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# City of Los Angeles Department of Recreation and Parks YOUTH EMPLOYMENT INTERNSHIP PROGRAM

## Program Application (continued)

### MEDICAL INFORMATION

Insurance Provider (Medical Plan) \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Is teen on medication?** \_\_\_\_ Yes \_\_\_\_ No - **If yes, please list medication below.**

Medication \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of in case of a major emergency

List reason for limitations of physical activities (if any), \_\_\_\_\_

**THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).**

### AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all CLASS Parks Teen Club activities therein (including bus, van, or walking trips). I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games, sports, water play, swimming activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

**PARENT INITIALS** \_\_\_\_\_

### PHOTO/ MEDIA RELEASE

The City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives, has my permission to use the image (digital, film, and/or audio) of my child, a minor, for the promotion of the department programs and/or events via any City of Los Angeles media platform (audio, film, internet, print, and/or social media).

I also give permission for my child's first name to be used  YES  NO

*(If no, should this child's image be used on our department website, or any social media outlets, their name will not be included).*

**PARENT INITIALS** \_\_\_\_\_

### CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgement, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

**PARENT INITIALS** \_\_\_\_\_

*I acknowledge that I have read and understand all of the policies listed on this application. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program.*

**X**

Parent/Guardian (*Signature*)

Parent/Guardian (*Print Name*)

Date



City of Los Angeles Department of Recreation and Parks  
**Youth Employment Internship Program**

## **INTERN AND PARENT AGREEMENT**

**The signing of this agreement by the internship applicant and his/her parent/guardian binds them, upon selection, to the following:**

1. To be eligible for the program, participants will need a valid taxpayer ID number (e.g., Social Security card or ITIN)
2. I understand that I am **ONLY qualified to receive a stipend/check ONCE** in the Fiscal Year (School Year). If I participate in more than one class in the fiscal year I will NOT BE PAID for the additional classes.
3. I agree to complete the Youth Employment Internship Program to the best of my abilities.
4. I understand and agree that I will attend all hours of training during the sessions for which I am selected. I understand that I cannot miss any days of class. If I miss any class or portion of a class, there will be make-up work assigned. **If I do not attend all classes or complete make-up work, I will be terminated from the program and will not receive credit for the program, nor the \$500 stipend check.**
5. The Parent/Guardian agrees to do their best to help their child meet the responsibilities of the program.
6. The City of Los Angeles Department of Recreation and Parks Youth Employment Internship Program will provide the participant with a shirt which is required to be appropriately worn at all times on all training dates. Upon the successful completion of the program, the shirt will become the property of the applicant.
7. I agree to notify the YEIP Administration if my address and/or telephone number changes while in the program **or** after completion and fill out any necessary paperwork.
8. I understand that following the completion of the program, if all YEIP paperwork is completed and turned in; including a W-9 Form, signed copy of my Social Security Card, and I have completed the required hours, I will be eligible to receive a stipend check. **Due to the long processing times, stipend checks could take up to 6 months or more to be issued.**
9. The intern will be notified of when the stipend check is available for pick-up. **The stipend/check must be picked-up and signed for by the intern, in person.** Student must show PHOTO ID to receive check.
10. I understand there will be a clear and concise set of rules for the program and they will be explained to me on the first day of training. I also understand that breaking these rules may be grounds for dismissal from the program, and forfeiture of all benefits afforded through participation in the program.

**As the parent/guardian of a participant age 18 years or under, I have read, understood, and voluntarily agree that my child \_\_\_\_\_, may participate in the CLASS Parks Youth Employment Internship Program (YEIP) and its classes and activities.**

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



City of Los Angeles Department of Recreation and Parks  
**YOUTH EMPLOYMENT INTERNSHIP PROGRAM**

**PROGRAM RULES AND REGULATIONS**

1. The Youth Employment Internship Program (YEIP) is a training program that includes job preparation skills (application and writing), financial and banking skills (investments and personal checking) and life skills.
2. Registration Forms and other required paperwork must be completed and turned in by the first day of class in order to continue in the program and to receive your stipend check.
3. **Interns are required to participate in a total of 36 hours to successfully complete the program.** Participants who miss one class day will be required to make-up the hours, up to a total of 6 hours. An intern may not have a second absence or tardy.
4. Make-up hours may be completed at any non-profit organization, such as teen centers, recreation centers, Boys and Girls Clubs, churches, daycare centers, after-school programs, hospitals, etc. The organization must document the made-up hours either using a YEIP Community Service Form **or** on company letterhead signed by an overseeing employee. The documentation must include the dates, times, and number of hours worked as well as a description of the work completed.
5. Participants must **sign-in** and **sign-out** each day in order to receive full credit. If an intern fails to sign-in for the day, no hours will be awarded. Please inform an on-site instructor if you are required to be absent or leave class early.
6. Participants must bring their notebooks and all related material with them to each class and are expected to be fully prepared to participate in all activities.
7. Participants must wear their program shirts during all training days.
8. Participants must conduct themselves in a professional manner at all times. Respectful behavior is expected throughout the program and disrespectful behavior of any type will not be tolerated. Interns are to arrive to class each day with a positive attitude with the desire to learn and work as a team with others.
9. Participants must report back from all breaks on time, including lunch, or will risk losing class hours.
10. Cell phones are not permitted during training and are to be turned off prior to the start of class.
11. Participants shall refrain from using profanity.
12. Possession of weapons, drugs, alcohol, cigarettes, and/or vapes will be cause for immediate dismissal from the program.
13. Fighting, stealing, disobeying program rules, and/or any other type of misconduct will be cause of immediate dismissal from the program and may result in other disciplinary actions.
14. YEIP will not provide lunch. Snacks will be provided at each class session.
15. For safety purposes, participants must inform instructors when leaving the training area, including to the restrooms.
16. Participants should immediately inform instructors if they become aware of a problem at the site.

**I understand that a failure to comply with the above listed program rules and/or the breaking of program policy stated on all forms of the YEIP registration application may be grounds for dismissal from the program and forfeiture of all benefits afforded through participation.**

**Applicant Name** (please print) \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name** (please print) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# JUVENILE JUSTICE CRIME PREVENTION ACT PROGRAMMING

## PARENTAL AGREEMENT

The City of Los Angeles received funding from the **County of Los Angeles** to provide educational, pro-social, and recreational programs to youth under the provisions of the Juvenile Justice Crime Prevention Act (JJCPA). JJCPA is a statewide initiative designed to support juvenile programs that promote pro-social skills development and educational advancement.

Weekly activities will take place at \_\_\_\_\_.

**CLASS PARKS** works with schools, County agencies, community-based organizations, and other service agencies in the community; we are seeking your permission to provide your child with the opportunity to participate in these programs. As a condition to your child's participation in these programs, the JJCPA program requires that certain information about your child (such as name, gender, date of birth, ethnicity, zip code of residence, and program start and end dates) be collected and shared with the County to evaluate and assess JJCPA programs and services (Participant Information).

PLEASE BE AWARE THAT YOU OR YOUR CHILD CAN WITHDRAW FROM THIS PROGRAM AT ANY TIME.  
THERE ARE NO FEES FOR THIS SERVICE.

In consideration of the student, \_\_\_\_\_, participating in this voluntary program, the student and parent(s) releases the County of Los Angeles and City of Los Angeles of all liabilities that might occur as a result of participation in this program and consents to the release of the Participant Information to the County to study the effectiveness of JJCPA programs and services.

**Note:** Even though your child's Participant Information will remain confidential, such information will be kept for statistical purposes by the Los Angeles County Probation Department to study the effectiveness of JJCPA programs and services.

If you would like your child to participate in these JJCPA services, please sign and date this letter and return it to our office.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Signature

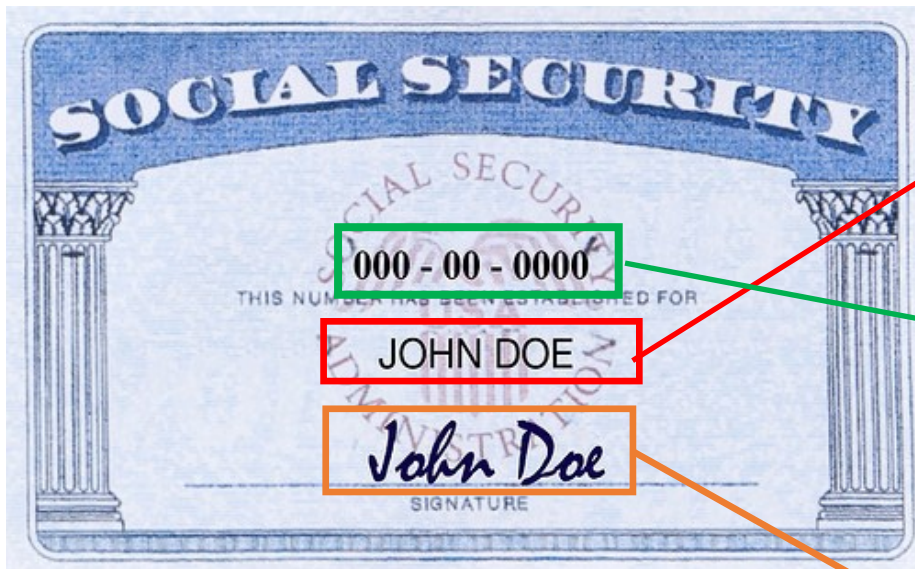
\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## How to complete your social security card:

1. Intern must sign their own name on the signature line.
2. Signature must be in blue or black ink
3. Do not sign name below Social Security card.
4. Social Security card is only valid if signed.
5. Social Security Card must be signed in order to receive stipend check. If card is not signed you will not receive stipend.
6. Do not copy Social Security Card on color paper. Use only white paper.
7. Parent / Guardian can not sign social security card.



**If the intern has multiple names (3, 4, 5, etc.) on their SSN card, they need to write ALL names on line 1 of the W9. Names need to match exactly.**

**Please do not abbreviate parts of the address, for example.**

**LA = Los Angeles  
W = West**

## How to complete W- 9:

1. Print full name on line 1. Write name exactly as stated on social security card.
2. Use blue or black ink. Do not use pencil.
3. Select "Individual/Sole Proprietor" in box 3a.
4. Print address, city, state, and zip code on line 6 & 7.
5. Intern sign's their name in on signature line.
6. Parent / Guardian can not sign W-9

Form <b>W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification		Give form to the requester. Do not send to the IRS.
Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.				
<b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
1 Name of the entity <b>John Doe</b>				
2 Business name/disregarded entity name, if different from above.				
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check <b>only one</b> of the following seven boxes. <input checked="" 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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <i>(Applies to accounts maintained outside the United States.)</i>				
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>				
5 Address (number, street, and apt. or suite no.). See instructions. <b>12345 Jupiter Drive</b>				
6 City, state, and ZIP code <b>Los Angeles, CA 90039</b>				
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 instructions for Part I, later. 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> , later.				
0 0 0 - 0 0 - 0 0 0 0 or Employer identification number				
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
<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, see the instructions for line 1. For FATCA certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person	<b>John Doe</b>		Date
<b>General Instructions</b>				
Section references are to the Internal Revenue Code unless otherwise noted.				
<b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .				
<b>What's New</b>				
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.				
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).				
<b>Purpose of Form</b>				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they				

# Request for Taxpayer Identification Number and Certification

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

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

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

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## What's New

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New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they