OMB No. 1615-0047; Expires 08/31/2012

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Lea atentamente las instrucciones antes de completar este formulario. Usted debe tener las instrucciones disponibles mientras completa este formulario.

AVISO DE ANTIDISCRIMINACIÓN: Se considera ilegal discriminar a las personas autorizadas a trabajar. Los empresarios NO PUEDEN especificar qué documento(s) aceptarán de un empleado. El rechazo a la contratación de una persona debido a la existencia de una fecha futura de expiración en los documentos que ésta presenta puede constituir también una discriminación ilegal.

Sección 1. Información y verificación sobre el empleado *(El empleado deberá completarla y firmarla en el momento en que inicie el empleo.)*

Nombre en Letras de Imprenta: Apellido	Nombre	Inicial	Apellido de Soltera
Dirección *(Nombre y Número de la Calle)*		Apartamento núm.	Fecha de nacimiento *(mes/día/año)*
Ciudad	Estado	Código Postal	Número de Seguro Social

Estoy conciente de que la ley federal establece penas de prisón y/o multas por ofrecer declaraciones falsas o por utilizar documentos falsos al presentar este formulario.

Declaro, bajo pena de perjurio, que soy (verificar una de las siguientes posibilidades):

- ☐ Un ciudadano de los Estados Unidos
- ☐ Un nacional no ciudadano de los Estados Unidos (ver instrucciones)
- ☐ Un residente legítimo y permanente (núm. de extranjero) _____
- ☐ Un extranjero autorizado a trabajar (núm. de extranjero o núm. de admisión) _____ hasta (fecha de expiración, en caso de corresponder- *mes/día/año)*

Firma del empleado | Fecha *(mes/día/año)*

Certificado del redactor y/o traductor *(A completarse y firmarse en caso de que la Sección 1 sea redactada por una persona distinta al empleado). Declaro, bajo pena de perjurio, que he presenciado la cumplimentación de este formulario y que, a mi mejor conocimiento y entender, la información indicada es cierta y correcta.*

Firma del Redactor/Traductor	Nombre en letra de imprenta
Dirección *(Nombre y Número de la Calle, Ciudad, Estado, Código Postal)*	Fecha *(mes/día/año)*

Sección 2. Revisión y verificación del empresario *(Debe completarse y firmarse por el empresario. Examine un documento de la Lista A O examine un documento de la Lista B y uno de la Lista C, tal y como aparecen enumerados en el reverso de este formulario, e indique el título, el número y la fecha de expiración, si existe, del documento o de los documentos.*

	Lista A	O	Lista B	Y	Lista C
El título del documento:					
La autoridad que lo expide:					
Documento núm.:					
Fecha de expiración *(si existe)*:					
Documento núm.:					
Fecha de expiración *(si existe)*:					

CERTIFICACIÓN: Declaro, bajo pena de perjurio, que he examinado el documento o los documentos presentado(s) por el empleado arriba mencionado, que el documento o los documentos arriba enumerado(s) parece(n) ser auténtico(s) y estar relacionado(s) con dicho empleado, que el empleado en cuestión empezará a trabajar el *(mes/día/año)* _____ y que a mi mejor conocimiento el empleado está autorizado a trabajar en los Estados Unidos. (Las agencias estatales de empleo pueden omitir la fecha en que el empleado empieza a trabajar).

Firma del Empresario o de su Representante Autorizado	Nombre en letra de imprenta	Cargo
Nombre y Dirección de la Empresa u Organización *(Nombre y Número de la Calle, Ciudad, Estado, Código Postal)*		Fecha *(mes/día/año)*

Sección 3. Actualización y nueva verificación *(Debe cumplimentarse y firmarse por el empresario.)*

A. Nuevo nombre *(en caso de que sea aplicable)*	B. Fecha de la nueva contratación *(mes/día/año) (en caso de que sea aplicable)*

C. En caso de que el anterior permiso de trabajo haya expirado, indicar a continuación la información relativa al actual permiso de empleo.

El título del documento: | Documento núm.: | Fecha de expiración *(si existe)*:

Declaro, bajo pena de perjurio, que a mi mejor conocimiento, este empleado está autorizado a trabajar en los Estados Unidos, y que el documento o los documentos que ha presentado y el documento o los documentos que he examinado parece(n) ser auténtico(s) y estar relacionado(s) con la persona en cuestión.

Firma del empresario o de su representante autorizado	Fecha *(mes/día/año)*

Form **W-9**
(Rev. December 2011)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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
☐☐ - ☐☐☐☐☐☐☐

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).

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 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

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

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.		1 Rents $	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties $		
		3 Other income $	4 Federal income tax withheld $	Copy A For Internal Revenue Service Center
PAYER'S country code	Check if branch reporting elected ☐	5 Fishing boat proceeds $	6 Medical and health care payments $	File with Form 1096.
PAYER'S federal identification number	RECIPIENT'S identification number			
RECIPIENT'S name		7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
Street address (including apt. no.)		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid $	12 Foreign country or U.S. possession	
Account number (see instructions)	2nd TIN not. ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $

Form **1099-MISC** Cat. No. 14425J www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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22222	Void ☐	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** **2012**

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10134D

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