

MORRIS COUNTY SOIL CONSERVATION DISTRICT
P.O. Box 900
Morristown, NJ 07963-0900

Requirements for Soil Erosion And Sediment Control Bonds

- 1 Bonds must be obtained by providing a **Certified Check** made payable to: Morris County Soil Conservation District.
- 2 Amount of bond will be calculated at \$3,000.00 per disturbed acre or part thereof. If project is multi-family residential, it will be based on \$2,500.00 per building. (Multi-unit buildings requiring more than one Certificate of Occupancy (CO) must be bonded as one building even if only one unit's CO is currently needed.)
- 3 The bond must be paid prior to scheduling an inspection for a Conditional Report of Compliance (CRC). At least one week scheduling time is required for the inspection.
- 4 Bonds must be posted and paperwork completed at the District Office, 30 Schuyler Place – 4th Floor Morristown, NJ. Additional forms to be completed/signed are as follows:
 - a) W-9 Form
 - b) Information for the Client Funds Savings Sub-Account (either Individual or Non-Individual)
 - c) Client Funds Savings Sub-Account Application/Agreement. These forms can be found on our website www.mcscd.org under the Forms tab.
- 5 Disturbed areas must be temporarily stabilized before the District can issue the CRC. Hydro-mulching will not be acceptable. Mulch tacking agents will be required.
- 6 A Conditional RC will be released for those projects that have posted bonds. A Final Report of Compliance will be issued when the bonds are released upon a final inspection.
- 7 After the June 1st or November 1st deadline, weekly inspections will be performed, and inspection fees will be assessed as specified in the bond contract.
- 8 Applicants will be notified if the June 1st or November 1st deadline is extended. An extension is granted only in the event of continued inclement weather.

I have read and understand the above information.

Signature _____

Print Name _____

Date _____

Request for Taxpayer Identification Number and Certification

Go to 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.

Print or type. See <i>Specific Instructions</i> on page 3.	1	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.)		
	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 only one 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) _____ 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. <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) _____ (Applies to accounts maintained outside the United States.)
	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.	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 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.

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.

Social security number												
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or												
Employer identification number												
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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 for Part II, later.

Sign Here

Signature of
U.S. person

Date

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

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).

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

Information for the Client Funds Savings Sub-Account

Beneficial Owner - Individual

(Check One)

Individual

Joint

Primary Client Information (not the custodian / agent):

Client Name on Government ID*			
Client Tax ID*	<input type="radio"/> SSN <input type="radio"/> ITIN	(Enter Tax ID here)	Tax Responsible?*
			<input type="radio"/> Yes <input type="radio"/> No
US Citizen*	<input type="radio"/> Yes <input type="radio"/> No	If no, Country of Citizenship:	
Residential Address*	Street		
	City	State	Zip
Phone Number			

Secondary Client Information (if joint – not the custodian / agent):

Client Name on Government ID*			
Client Tax ID*	<input type="radio"/> SSN <input type="radio"/> ITIN	(Enter Tax ID here)	Tax Responsible?*
			<input type="radio"/> Yes <input type="radio"/> No
US Citizen*	<input type="radio"/> Yes <input type="radio"/> No	If no, Country of Citizenship:	
Residential Address*	Street		
	City	State	Zip
Phone Number			

*Required

Only one client may be tax responsible. Either the tax-responsible client must provide a **Form W-9 Request for Taxpayer Identification Number and Certification, or each client must provide a separate **Form W-8BEN Certification of Foreign Status of Beneficial Owner** along with any necessary supporting documentation, at the time of account opening. **Note:** If one client completes Form W-8BEN and the other completes Form W-9, the client who completed Form W-9 will be considered tax responsible.

If Form 1099-INT or Form 1042-S is required to be issued, it will be forwarded to the address listed above for the tax responsible client. This address must match the address on the client's Form W-9 or W-8BEN.

Information for the Client Funds Savings Sub-Account

Beneficial Owner - **Non-Individual**

Client Information (not the agent):

Legal Business Name*			
Entity Type <input type="radio"/> Member Managed LLC <input type="radio"/> Manager Managed LLC <input type="radio"/> General Partnership <input type="radio"/> Join Venture – Partnership <input type="radio"/> S - Corporation <input type="radio"/> C - Corporation <input type="radio"/> Sole Prop	Ownership Type: <input type="radio"/> Publicly Traded <input type="radio"/> Privately Held	If C-Corporation answer the following: Not for Profit: <input type="radio"/> Yes <input type="radio"/> No	
Client Tax ID*	<input type="radio"/> SSN / ITIN <input type="radio"/> EIN	<i>(Enter Tax ID here)</i>	
Business Organized / Incorporated in US	<input type="radio"/> Yes <input type="radio"/> No If no, Country Organized or Incorporated:		
Current Address*	Street		
	City	State	Zip
Phone Number			

The client must either complete Form W-9 Request for Taxpayer Identification Number and Certification, or provide the applicable W-8 form along with any necessary supporting documentation, at the time of account opening.

If Form 1099-INT or Form 1042-S is required to be issued, it will be forwarded to the address listed above for the client. This address must match the address on the client's Form W-8 or W-9.

Client Funds Savings Sub-Account Application / Agreement

This section is completed by New Account Opening Specialist

Client Funds Primary Checking Account Number	
Client Funds Savings Sub-Account Number	
Client Funds Savings Sub-Account Name (Name of the Beneficial Owner)	

Account Agreement and Authorization for the Client Funds Account Beneficial Owner:

By signing below I am authorizing the Client Funds Account Custodian / Agent to open a bank account (the Client Funds Savings Sub-Account) on my behalf. The Client Funds Savings Sub-Account will not be under my control. I authorize the Client Funds Account Custodian / Agent to endorse checks payable to me and to deposit them into the Primary Client Funds Checking Account to which this Client Funds Savings Sub-Account is related and I authorize JPMorgan Chase Bank, N.A. to accept such deposits. I acknowledge that I will not receive notice of transactions, including deposits or withdrawals affecting the Primary Client Funds Checking Account or the Client Funds Savings Sub-Account.

Primary Signature _____

Date _____

(To be signed by the Client Funds Account Beneficial Owner – Beneficial Owner does not need to be present at account opening)

Printed Name _____

Secondary Signature
(If Joint) _____

Date _____

(To be signed by the Client Funds Account Beneficial Owner – Beneficial Owner does not need to be present at account opening)

Printed Name _____

Account Agreement and Authorization for the Client Funds Account Custodian / Agent:

By signing this Application I agree to terms and conditions in the Deposit Account Agreement. I may deposit funds on behalf of the client(s) identified above into the Client Funds Primary Checking Account ("Primary Account"). The Client Funds Savings Sub-Account ("Sub-Account") shall be opened for the benefit of a client and designated as such. The Primary Account will be used for financial transactions and money may be transferred between the Primary Account and Sub-Account for the purpose of funding these transactions. I represent and warrant to JPMorgan Chase Bank, N.A. ("Chase") that I have the authority to deposit and withdraw such funds on behalf of all clients and further authorize Chase to accept deposits for credit to client accounts as designated by me. If requested, I will provide Chase with documentation satisfactory to Chase, substantiating the relationship between me and my clients.

Signature _____

Date _____

Jennifer McCulloch

(To be signed by the Client Funds Account Custodian/Agent; only one Representative has to sign)

Printed Name _____

Jennifer McCulloch

(Please print name exactly as it appears on bank records)