

## FOR MEDALLION OWNERS/AGENTS

## NEW YORK CITY TAXI IMPROVEMENT FUND PROGRAM INSTRUCTIONS

To enroll in the Taxi Improvement Fund (TIF), you must submit four documents:

Banking Document
*Not Required for ATLAS participants
<ul> <li>You must include one of the following: a letter from your financial institution (preferred), a direct deposit form, a wire transfer form, or a voided check. Account summaries are not acceptable.</li> <li>The Document must include: legal entity name, address, account number, routing number, and account type (personal/business and checking/savings). See examples in this packet.</li> </ul>
Authorization Form Section A: Owner/Entity or Agent Information (included)
<ul> <li>Complete as either medallion owner or agent and check the appropriate box at the top of the page;</li> <li>all fields must match TLC records for the entity indicated on the form.</li> </ul>
<ul> <li>Section A must be signed, dated, and notarized.</li> </ul>

## Authorization Form Section B: Bank Account Information (included)

- Complete as either medallion owner or agent and check the appropriate box at the top of the page.
- All information must match TLC records for the entity indicated on the form or your enrollment will be delayed.
- The entity identified in Section B must match the Substitute W9 Form and Banking Document, and be the entity that will receive TIF funds.

## City of New York Substitute W-9 Form (included)

- All information on your Substitute W9 Form must match TLC records for the entity receiving TIF funds.
- Visit www.nyc.gov/lars to confirm your information before submitting your TIF application.

#### **Reasons for Delayed Enrollment and Delayed Payment**

- Form instructions, or any of the example banking documents, are included with your submission.
- Forms are incomplete or forms are illegible.
- The information provided does not match TLC Records.

## **Mail Completed Documents to:**

Taxi Improvement Fund: Owner P.O. Box 419282 Boston, MA 02241-9282

Important Tax Information: Receiving these funds will result in the issuance of a 1099-Miscelaneous Income form to you for the year in which you received the payment. If you have any questions, contact your accountant or other tax professional for information and guidance. Also, your accessible vehicle may also qualify you for a New York State tax credit of up to \$10,000 per vehicle. Further Information about this can found at: <a href="http://www.tax.ny.gov/pit/credits/taxicabs.htm">http://www.tax.ny.gov/pit/credits/taxicabs.htm</a>

If you have any questions, please email us at TIF@tlc.nyc.gov

For additional information on the TIF Program, please visit our website at www.nyc.gov/TIF.

#### 1) SAMPLE BANK LETTER



## **EXAMPLE BANK**

100 Bank Street New York, NY 10000

Re: Bank Account Verification

Jane Doe 33 Beaver Street, 22<sup>nd</sup> Floor New York, NY 10004

Medallion Number: 6X89

Tax Identification Number: 987654321

Account Type: Business Checking

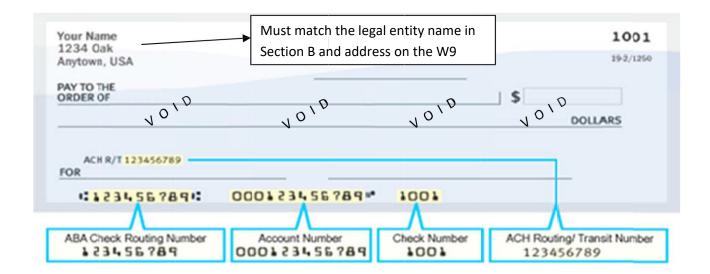
Account Name: Jane Doe

Account Number: 000123456789
Routing Number: 123456789

To Whom It May Concern:

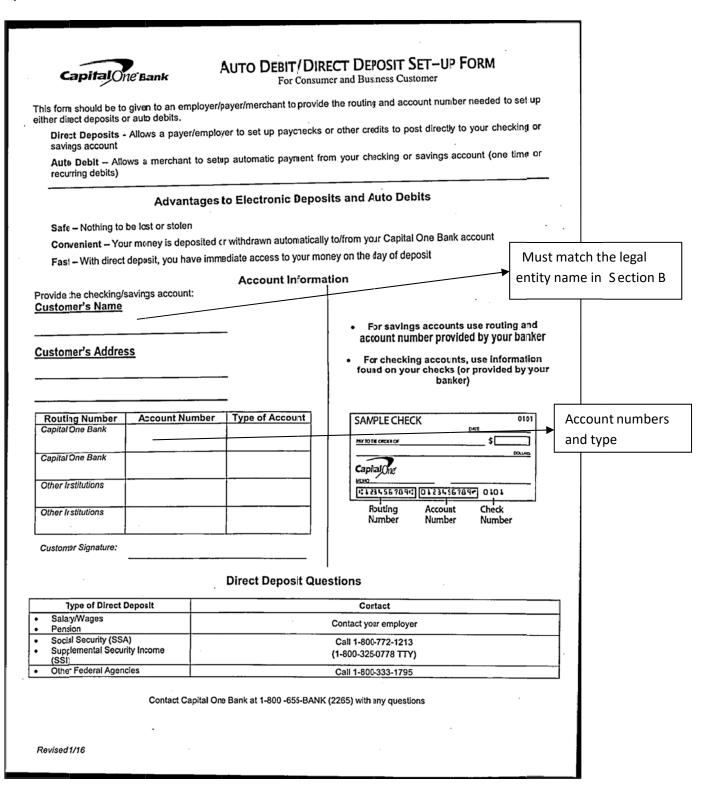
This letter serves as verification that the customer named above has a personal/business checking/savings account with Example Bank.

## 2) SAMPLE CHECK



- Submit a copy of the voided check only.
- Submitting a voided check indicates the account is a checking account.

## 3) SAMPLE DIRECT DEPOSIT FORM



## 4) SAMPLE WIRE TRANSFER FORM

## CHASE 4

## Customer Information for Incoming Wire Transfers

We have created this guide to explain some key terms and standard information that may be required for another person to send you a wire transfer payment. It is not an agreement by the bank to accept or transmit the wire transfer payment.

#### **Key Terms**

ABA Routing/Transit Number - used in the US to identify financial institutions.

SWIFT Code - unique identification code for a bank/branch; used for an international transfer.

Provide the following information to the person sending the wire:

- ☐ DOMESTIC WIRES
  - Provide Chase Bank's ABA Routing/Transit Number
- ☐ INTERNATIONAL WIRES
  - Provide Chase Bank's SWFT Code

Note: CHASUS33XXX can also be provided; XXX can be replaced by a specific BIC (Bank Identifier Code) if known by the customer.

Your Chase Account Number (If using a Chase Loan, Investment or other Non-Deposit acct number do NOT enter it here; enter it in "Other Information" & Indicate the type of account to be credited):	Your Name as it Appears on the Account to be credited:
Amount of the Wire:	Receiving Bank Name:
For Domestic transfers, Chase ABA RoutingTransit Number:	Receiving Branch Address:
For International transfers, Chase Swift Code:	
Other Information:	

#### Important!

- Incoming funds will be credited based solely on the Account Number you provide. BE CERTAIN you confirm that the Account Number is correct.
- Any error or incomplete information may result in the wire going to the wrong person or being delayed, which could result in the loss of funds.
- Incoming funds may be deposited into the checking or savings account or may be applied as a payment to the loan or line of credit.
- Incoming funds cannot be credited to a Chase Liquid Prepaid Card.
- Incoming funds may take 1 full business day before the funds are received from the sender.
- Sender's bank may request Chase's address for incoming wires.
   Address is 270 Park Ave., New York, NY 10017.

M1208-01 (12/14)

## NEW YORK CITY TAXI IMPROVEMENT FUND OWNER AUTHORIZATION FORMS

1

SECTI	SECTION A: Owner/Entity or Agent Information																												
Owner			Þ	Agent				← Ch	eck C	)wner	OR A	gent			AT	LAS Pa	rtici	par	ıts –	Doı	not (	com	olete	age	nt in	form	natio	n	
Medallio	n Owr	er (P	rint Fi	rst Na	me)								M	 	Med	dallion O	wner	r (Pri	int La	st Nan	ne)								
			1	1	-, T	1	1	1	ı	1	1	1	1	ı				<u> </u>		1		ı	ı	1					
Medalli	Medallion Owner Legal Entity Name (Corporation, Partnership, LLC, etc.)																												
Agent Information (if applicable)																													
Agent (P	rint Fi	rst Na	me)						ı			l .		l	Age	nt (Print	Last I	Nam	ne)	ı.								ı	
Agent Le	gal En	tity (C	orpor	ation,	Partr	nership	o, LLC	C, etc.)	l			1	I .							<u> </u>		l				<u> </u>			
																				Α	gent	Numl	ber						
Medallio	n Owr	ner/A	gent E	mail A	Addres	SS	Į.									, l	ı												
of medallion																													
STATE O		W YO	RK		) ) ss								_ (//ut	. 101126	-w 31511	acui e j		<i>D</i> a					_						
COUNTY					)																								
On this known a foregoin	ınd kı ıg ins	nowr trum	to m	ne to and h	be th e/she	e e ackr	ay o	f edged	d to n	ne th	at he	, 20 /she	of execu	befor ited t	re me the sa	person me for	ally o	ourp	ie , t ooses	he pe	ersor ein r	n des nenti	cribe ioned	d in a	and w	/hich	exec	_, to uted	me the

**NOTARY PUBLIC** 

SECTION B: Bank Account Information					2
	Med	lallior	n Numbe	er	
Owner Agent Check Owner or Agent					
Payments will be made by Direct Deposit. Please provide the following information.					
Name on Account (Must match name on W-9):					
Print First Name  MI Print Last Name					
Thirtise Name					
Legal Entity Name					
ABA Check Routing Number: ATLAS Participants – Do not complete routing and account number information. Leave th	is sect	ion b	ılank.		
If you are a <b>M</b> ini-fleet Medallion Owner, please <b>r</b> ecord the your mini-fleet in the boxes below.	he med	lallion	is that a	re par	rt of
your mini-neet in the boxes below.					
Account Number:		ī			
		_			
3		$\dashv$			
Account Type: Check One 4					
Savings Checking 5					
Account Type: Check One					
Personal Business					

<u>ATLAS Participants Only</u> – If I am approved to participate in the Accessible Taxi Loan Assistance Service (ATLAS) Program, I acknowledge that the accessible taxicab payment and operational payments will be assigned to the participating ATLAS vehicle loan lender and I will not receive the payments directly.

#### DO NOT STAPLE, TAPE OR ATTACH

### ANY BANKING DOCUMENTS TO THIS FORM

For additional information on the TIF Program, please visit our website at www.nyc.gov/TIF



## The City of New York Substitute Form W-9 Instructions

The City of New York, like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The City uses Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid Backup Withholding as mandated by the IRS.\* We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States (Rev. Proc. 84-65 §11.01). You are required to give us the information.

Any vendor or other payee who wishes to do business with the City of New York must complete the Substitute Form W-9.

#### Part I: Vendor Information

- 1.**Legal Business Name:** An organization should enter the name in IRS records, IRS Letter CP575 or IRS Letter 147C. For individuals, enter the name of the person who will do business with the City of New York as it appears on the Social Security card, or other required Federal tax documents. *Do not abbreviate names.*
- 2.**DBA (Doing Business As):** Enter your DBA in designated line, if applicable.
- 3. Entity Type: Mark the Entity Type of the individual or organization that will do business with the City of New York.

#### Part II: Taxpayer Identification Number and Taxpayer Identification Type

- 1. **Taxpayer Identification Number:** Enter your nine-digit TIN. See the table and Special Note below for instructions on the type of taxpayer number you should report.
- 2. **Taxpayer Identification Type:** Mark the appropriate option.

The following table gives the Taxpayer Identification Type that is appropriate for each Entity Type.

	Entity Type	Taxpayer Identification Type
•	Church or Church-Controlled Organization	
-	Personal Service Corporation	
-	Non-Profit Corporation	
•	Corporation / LLC	
•	Government	
•	Individual/Sole Proprietor who has employees other than him or herself	Employer Identification Number
•	Trust	
•	Joint Venture	
•	Partnership / LLC	
•	Single Member LLC who has employees other than him or herself	
•	Estate	
•	City of New York Employee	
•	Individual/Sole Proprietor who does not have employees other than him or herself	Social Security Number
•	Single Member LLC who does not have employees other than him or herself	
Re	sident Alien/Non-Resident	Individual Tax Identification Number
No	n-United States Business Entity	N/A
Cu	stodian account of a minor	The minor's Social Security Number

#### Part III: Vendor Addresses

1. List the locations for tax reporting purposes, administrative and where payments should be delivered.

#### Part IV: Backup Withholding and FATCA Exemptions

If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding **when** supplying legal or medical services. **If you do not fall under the categories below, leave this field blank.** 

The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

Code 2: The United States or any of its agencies or instrumentalities

Page 1 of 2 10/14 Revision

<sup>\*</sup> Backup Withholding - According to IRS Regulations, the City of New York must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.

## The City of New York Substitute Form W-9 Instructions

- <u>Code 3</u>: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities
- Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities
- Code 5: A corporation
- <u>Code 6</u>: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- <u>Code 7</u>: A futures commission merchant registered with the Commodity Futures Trading Commission
- Code 8: A real estate investment trust
- Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940
- Code 10: A common trust fund operated by a bank under section 584(a)
- Code 11: A financial institution
- Code 12: A middleman known in the investment community as a nominee or custodian
- Code 13: A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes:** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. *If you are only submitting this form for an account you hold in the United States, leave this field blank.* 

The following codes identify payees that are exempt from FATCA Reporting:

- Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- <u>Code B</u>: The United States or any of its agencies or instrumentalities
- <u>Code C</u>: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- <u>Code D</u>: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- <u>Code E</u>: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- <u>Code F</u>: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- Code G: A real estate investment trust
- Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- Code I: A common trust fund as defined in section 584(a)
- Code J: A bank as defined in section 581
- Code K: A broker
- Code L: A trust exempt from tax under section 664 or described in section 4947(a)(1)
- Code M: A tax exempt trust under a section 403(b) plan or section 457(q) plan

#### Part V: Certification

Please sign and date form in appropriate space. Provide preparer's name, telephone number, and e-mail address. Preparer should be employed by organization.

\* Backup Withholding - According to IRS Regulations, the City of New York must withhold 28% of all payments if a vendor or payee fails to provide ACS its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN.

Page 2 of 2 10/14 Revision

DO NOT SUBMIT TO THE IRS -SUBMIT FORM TO THE NEW YORK CITY AGENCY 10/14 REVISION

# THE CITY OF NEW YORK SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION



#### TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

= 0	• • • • • • • • • • • • • • • • • • • •									
Part I: Vendor Information										
Legal Business Name: (As it appears on IRS E IRS Letter 147C -or- Social Security Administration Rec		2. If you use DBA, ple	ease list below:							
3. Entity Type (Check one only):	Church or Church-Controllec	l Organization	Personal Service Corpo	ration						
Non-Profit Corporation/ LLC	Government	City of New York Employee	Individual/ Sole Proprietor	Trust						
Joint Venture Partnership/ LLC	Single Member LLC (Individual)	Resident/Non- Resident Alien	Non-United States Business Entity	Estate						
Part II: Taxpayer Identification Numbe	r & Taxpayer Identifica	ation Type								
Enter your TIN here: (DO NOT USE DAS     Taxpayer Identification Type (check appre	opriate box):									
Employer ID Number (EIN) Social Sec	surity Number (SSN) Indi	vidual Taxpayer ID Number (l	ITIN) N/A (Non-Unite	ed States Business Entity)						
Part III: Vendor Addresses										
1. 1099 Address:	Number, Street, and Apar	tment or Suite Number	City, State,and Nine Digit Zip Code or Country							
2. Account Administrator Address:	Number, Street, and Apar		City, State,and Nine Digit Zip Code or Country							
3. Billing, Ordering & Payment Address:	Number, Street, and Apar	tment or Suite Number	City, State,and Nine Digit Zip Code or Country							
Part IV: Exemption from Backup Withh	nolding and FATCA Re	porting (See Instru	ctions)							
Exemption Code for Backup Withholding		Exemption Code for	FATCA Reporting							
Part V: Certification										
Under penalties of perjury, I certify that:  1. The number shown on this form is my correct Taxpa  2. I am not subject to Backup Withholding because: (a) as a result of a failure to report all interest or dividen  3. I am a US citizen or other US person, and  4. The FATCA code(s) entered on this form (if any) ind	) I am exempt from Backup Withh ds, or (c) the IRS has notified me	that I am no longer subject to		ect to Backup Withholding						
The Internal Revenue Service does not require your consignation  Here:	onsent to any provision of this doc	ument other than the certifica	tions required to avoid backup w	ithholding.						
Signature		Phone Number	Date							
Print Preparer's Name		Phone Number	Contact's E-N	lail Address:						
	FOR SUBMITTING	AGENCY USE ONLY								
Submitting Agency Code:	Contact Person:									
Contact's E- Mail Address:		Telephone Number:	( )							
Payee/Vendor Code:			<u> </u>							
DO NOT FORWARD W-9 TO COMPTROLL	ER'S OFFICE. AGENCIES I	MUST ATTACH COMPLE	TED W-9 FORMS TO THEI	R FMS DOCUMENTS.						