

Mail to:

Tegan Swoboda

6342 NE Meriden Rd

Topeka, KS 66617

Cell: 785-224-7595



Official's Information Sheet and Contract

Please specify the sport(s) you are applying to officiate:

\_\_\_ Fast Pitch Softball \_\_\_ Baseball \_\_\_ Slow Pitch Softball \_\_\_ Soccer

\_\_\_ Football \_\_\_ Basketball \_\_\_ Volleyball \_\_\_ Hockey \_\_\_ Kickball

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Topeka Premier Umpire Association, LLC (TPUA) agrees to:

- Pay the official games fees as prescribed by SCPR
- Provide a copy of rules and procedures for given sport

Print Name: \_\_\_\_\_ agrees to:

- Notify TPUA of scheduling conflicts, personal changes, problems encountered during the activity, request, etc.
- Find his/her own qualified replacement and contact TPUA with replacement's info.
- Adhere to SCPR rules, regulations, policies and procedures, which govern play of the activity including playing rules of associations.
- Represent TPUA, SCPR and the league in a professional manner and wear the appropriate uniform and equipment

Please note that as an official, you are an independent contractor. This Agreement shall not render the Contractor an employee, partner, agent of TPUA for any purpose. The Contractor is and will remain an independent contractor in his/her relationship with TPUA. TPUA shall not be responsible for withholding taxes with respect to the Contractor's compensation hereunder. The Contractor shall have no claim against TPUA hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits or employee benefits of any kind.

**NOTICE:** TPUA reserves the right to dismiss an official at anytime without notice. I have read the above, understand, and agree that the information listed above is correct.

TPUA is not responsible for damages, injury or personal loss, which may occur while performing officiating duties. Upon Signature, I understand that I am an independent contractor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					(Applies to accounts maintained outside the U.S.)
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.

Social security number									
-				-					

or

Employer identification number									
-									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *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.

**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](http://www.irs.gov/FormW9).

## 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, later.*

Topeka Premier Umpire Association, LLC

5625 NW 62nd

Direct Deposit Authorization Form for Contractors

Topeka, KS 66618

**OPTIONAL**

785-230-3804

**Authorization Agreement**

Please be sure to provide complete bank account information.

You may submit a voided check instead of filling out the section below.

**Account Information**

Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**Authorization for Auto-Debit**

I hereby authorize Topeka Premier Umpire Association, LLC to initiate credit entries into the account that is listed above. This agreement will remain in effect until Topeka Premier Umpire Association, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Please revoke direct deposit

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please keep a copy for your records.