Haunted Trails

Dear Haunted Trails Volunteer Group:

Thank you for your interest in volunteering for Haunted Trails 2014; it's a great way to "scare up" some funds! We are excited to work with your group and hope it benefits your organization.

Enclosed is the paperwork that must be filled out and turned in before you and your group can participate. **ALL FORMS ARE DUE BY MONDAY, OCTOBER 6th.**

All organizations interested in a ***FRIGHT STATION*** must fill out the following forms:

- *Liability Release/Emergency Contact/Permission Authorization Form*
- *A Volunteer Contract/Volunteer Organization Agreement*
- *A Group Interest Form for each scene*
- *A Scene Information Form for each scene*
- *A W-9*

- ALL HAUNTERS MUST BE 14 AND OLDER
- HAUNTERS UNDER 18 MUST HAVE A **CHAPERONE** (18 AND OLDER) AT THEIR SCENE **EACH NIGHT FOR THE ENTIRE EVENT**

All organizations or individuals interested in ***TRAIL GUIDING, HAYRIDE MONITORING, THE TRICK OR TREAT TRAIL OR PARKING*** must fill out the following forms:

- *Liability Release/Emergency Contact/Permission Authorization Form*
- *A Volunteer Contract/Volunteer Organization Agreement*
- *A Group Interest Form*
- *A W-9*

- ALL TRAIL GUIDES , HAYRIDE MONITORS, AND PARKING VOLUNTEERS MUST BE 18 AND OLDER
- TRICK OR TREAT TRAIL VOLUNTEERS UNDER 14 MUST BE ACCOMPANIED BY AN ADULT

Scene locations, identified by numbers, will be posted on the trail as of Thursday, September 18th if you would like to see the trail on your own.

You will be **required** to attend **one of the two dress rehearsals** in order to participate. They will be held at 7 pm at Cool Creek Park Music Pavilion on **Wednesday, October 22nd** and **Thursday, October 23rd.**

If you have any questions, please do not hesitate contact me via phone or email!

Susan

Susan Daniels, Volunteer Coordinator
Hamilton County Parks and Recreation
volunteer@hamiltoncounty.in.gov P: (317) 774-2509 F: (317) 896-3528

REQUIRED FOR ALL PARTICIPANTS

LIABILITY RELEASE/EMERGENCY CONTACT/PERMISSION AUTHORIZATION

Group/organization name: _____

Permission for Use of Likeness

The Hamilton County Parks and Recreation Department may create a public relations program featuring volunteers. In agreeing to volunteer to work/participate in the Hamilton County Parks and Recreation Department Volunteer Program, I am granting permission for the use of my likeness, voice and works in television, radio, films, newspapers, magazines and other media for the purpose of advertising or communicating the purpose and activity and appealing for support of such activity.

Liability Release

In consideration of the permission and the privilege granted by me by Hamilton County Parks and Recreation Department to utilize Department facilities and services and all related events and recreational activities including, by the way illustration and not by way of limitation, classes, special events, nature programs, swimming, diving, and organized sports, I, undersigned, for myself, my heirs, assigns, control, of and from all other persons within my custody and control, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE DEPARTMENT AND ANY OTHER GOVERNMENTAL AGENCY OF HAMILTON COUNTY, INDIANA, ITS AGENTS, OFFICERS, AND EMPLOYEES from any and all liability to the undersigned, my heirs, assigns, control, of all claims, demands, actions, causes of action, damages, lessees, liabilities, costs, expenses, and compensation on account of death or injury to my personal property and any all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my use of Department facilities or participation in any Department activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above referenced activities and do agree to do so at my own risk. With respect to my children and other persons over whom I have care or custody, I certify and warrant that to the best of my knowledge such children are in good physical condition and able to participate in the above referenced activities.

I agree to treat volunteers and Park staff in a respectful manner, and avoid intentionally interfering with other fright stations' operations. I understand that failure to honor this code of conduct will result in immediate dismissal from the event.

I HAVE CAREFULLY READ THE FOLLOWING FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENT THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

The Waiver/ Release from the liability shall be constructed as a contract between the undersigned and the Hamilton County Parks and Recreation Department and the terms of this Waiver/ Release from Liability includes the permission granted to utilize Department facilities and participate in Programs and that this Waiver/ Release from Liability is intended to be as broad as permitted by laws in the state of Indiana.

Participant's name (printed)	Signature	Date
Email address	Phone	
Parent/Guardian name (printed)	*Parent/Guardian Signature*	*Date*

Emergency Contact:

Name	Evening Telephone Number	Mobile Number

Permission Authorization (This Section for Participants Under 18 Only)

_____ (participant) has permission to participate in **Haunted Trails at Cool Creek Park on Tues, October 28, Weds, October 29, and Thurs, October 30, 2014 from 5:00 p.m. – 11:00 p.m.**

Parent/Guardian (printed)	Signature

Street Address	City	State	Zip Code

revised 8/13/2014

REQUIRED FOR EACH ORGANIZATION

Volunteer Organization Agreement

This Agreement (the "Agreement") is made and entered between

_____, a volunteer non-profit organization hereafter referred to as "Organization", and Hamilton County Parks and Recreation Department, hereafter referred to as "HCPR".

In consideration of the covenants and conditions hereinafter set forth, HCPR and

_____, agree as follows:

1. SERVICES
The organization will perform the following services for HCPR (the "work").

_____

_____

_____

_____

2. REPORTING
The Organization will report to Cool Creek Park, on an event by event basis on the progress of its assignments.

3. TERM
This agreement will begin on Tuesday, October 28, 2014 and will expire on Friday, October 31, 2014. The organization agrees to perform services for the Work to HCPR on or before the expiration of the term set forth above. HCPR may terminate the use of the organization's services at any time without cause and without further obligation to the organization except for payment due for services already rendered.

4. PAYMENT
The organization will be paid for the services performed under this agreement as follows:
Your group will receive payment based on the gross gate revenue multiplied by the percentage of your group's volunteers that participate each night. Fright stations cannot count more than 10 participants per night.

5. LIQUIDATED DAMAGES
In the event that the "Services" are not completed in a timely manner, then monetary damages will accrue.

6. INDEMNIFICATION
The organization will indemnify, defend, and hold harmless the County, HCPR from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses arising from or connected with the organization's acts and/or omissions arising from and/or relating to this contract. The organization's duty to indemnify County will survive the expiration or other termination of this contract.

7. CONTACTS

Organization: The contact person for the Organization with authority to make all decisions with regard to this Agreement is:

Name:_____ Title:_____

Address:_____

Phone:_____ Email:_____

HCPR: The contact person for the Organization with authority to make all decisions with regard to this Agreement is:

Name: Chris Stice

Address: 15513 South Union Street, Carmel, IN 46033

Phone: 317-770-4400 Email: chris.stice@hamiltoncounty.in.gov

8. FINAL AGREEMENT

The signatures below confirm that the parties have read and approve of the above terms and conditions set forth.

HAMILTON COUNTY PARKS and RECREATION DEPARTMENT AGENT:

SIGNED:_____

BY:_____

TITLE:_____

DATE:_____

ORGANIZATION:

SIGNED:_____

BY:_____

TITLE:_____

DATE:_____

REQUIRED FOR EACH ORGANIZATION--ONE FORM PER INTEREST

>>> Group Interest Form <<<

Please print clearly and neatly

Organization: _____ **Today's date:** _____

Contact Person: _____ **Phone:** _____

Email Address: _____

We are interested in (check only one):

☐ **Trail Guiding** ☐ **Trick or Treat Trail** ☐ **Hayride Monitoring**

☐ **Parking** ☐ **Haunting** _____
fright station name

Please list your volunteers and check the day(s) they will work

Fright stations with minors require a chaperone each night; list chaperone(s)

		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**
		Tuesday		**Wednesday**		**Thursday**

List additional volunteers on back

*** * * PLEASE SUBMIT BY MONDAY, OCT 6TH IN ORDER TO PARTICIPATE * * ***

***Fax*: 317-896-3528 *Email*: volunteer@hamiltoncounty.in.gov**

Hamilton County Parks and Recreation Administrative Office

15513 South Union St., Carmel, IN 46033

revised 7/14/2014

Please list your volunteers and check the day(s) they will work

Fright stations with minors require a chaperone each night; list chaperone(s)

		Tuesday		Wednesday		Thursday
		Tuesday		Wednesday		Thursday
		Tuesday		Wednesday		Thursday
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		Tuesday		Wednesday		Thursday
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		Tuesday		Wednesday		Thursday
		Tuesday		Wednesday		Thursday

REQUIRED FOR ALL FRIGHT STATIONS

>>> Scene Information <<<

Fill out one form per organization per scene

Please print clearly and neatly

Organization: _____

Scene location #____ is our first choice for the event.
Scene location #____ is our second choice for the event.
Scene location #____ is out third choice for the event.
(Please Note: You are not guaranteed your first scene choice)

Scene Description:

Props Used:

Props requested from Park Department:

❑ coffin ❑ fog machine ❑ strobe light ❑ tombstones

Electricity Needed? Yes No *Electricity is not available at all scenes and is not guaranteed. Please do not base your entire scene on electricity.*

Please Note: You are not guaranteed a scene on the trail. Scenes are selected based on quality and availability.

Add additional details on back

This form **MUST** be turned in by Monday October 6, 2014

IF NOT SUBMITTED BY DEADLINE OF OCT 6 YOU WILL NOT BE ELIGIBLE TO PARTICIPATE

***Fax*: 317-896-3528 *Email*: volunteer@hamiltoncounty.in.gov**
Hamilton County Parks and Recreation Administrative Office
15513 South Union St.
Carmel, IN 46033

revised 7/8/2014

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/ disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Haunted Trails 2014

Important Dates

Thursday, September 18th:

What: Information Meeting for Fright Stations and Trail Guides

Where: Cool Creek Park – Nature Center Auditorium

2000 151st St.

Carmel, IN 46033

When: 7 pm

Tuesday, September 30th:

What: Information Meeting for Fright Stations and Trail Guides

Where: Cool Creek Park – Nature Center Auditorium

2000 151st St.

Carmel, IN 46033

When: 7 pm

Monday, October 6th:

What: Volunteer Packet due
(fax #: 896-3528, email: volunteer@hamiltoncounty.in.gov, phone #: 774-2509)
Or drop off at Administration Office, 15513 S Union St, Carmel 46033

Wednesday, October 22nd:

What: Dress Rehearsal for Fright Stations, Trail Guides and Floaters

you only have to attend ONE dress rehearsal

Where: Cool Creek Park - Pavilion

2000 151st St

Carmel, IN 46033

When: 7 pm

Thursday, October 23rd:

What: Dress Rehearsal for Fright Stations, Trail Guides and Floaters

you only have to attend ONE dress rehearsal

Where: Cool Creek Park - Pavilion

2000 151st St

Carmel, IN 46033

When: 7 pm

revised 9/26/2014

Tuesday, October 28th, Wednesday, October 29th & Thursday, October 30th:

What: Haunted Trails Event

Where: Cool Creek Park
2000 151st St
Carmel, IN 46033

When: Fright Station set-up – 7 am-5:30 pm
Be in costume – 5:30-11 pm
Volunteer check in – 5 pm – 7 pm
Trail Guides – 6-11 pm
Parking volunteers – 5-10 pm
Hayride Monitors – 5:00 - 11pm
Trick or Treat Trail volunteers – 5:30 - 8 pm
Trick or Treat Trail opens – 6 pm
Haunted Trail walk-through – 6:45 pm
Haunted Trail opens – 7 pm
Trick or Treat Trail closes – 8 pm
Trick or Treat Trail volunteers check-out – 8 – 8:30 pm
Gates/Ticket Booth closes – 10 pm
Paid line can last until 11 pm
Haunters leave only after being dismissed by HCPR staff
Haunters check-out before departing!

On Thursday, October 30th add:

What: Volunteer Appreciation Dinner

Where: Cool Creek Nature Center Auditorium

When: 5 - 6:30 pm