2024 Highway Employee Safety Days

SPONSOR OPPORTUNITIES

May 21 & May 22, 2024

THSAWC is looking for sponsors to help defray event expenses. Each attendee will receive a sponsor handout. Don't miss out on this great opportunity to be recognized at the event attended by municipal highway employees throughout Warren County. Your generosity is appreciated.

\$100 SPONSOR

- *Recognition at the event as sponsor
- *1/2 Page (8"x 5") advertisement in event attendee handout materials
- *Outdoor display space at event if desired
- *Lunch each day

\$175 SPONSOR

- *Recognition at the event as sponsor
- *1 page (8"x 10") advertisement in event attendee handout materials
- *Outdoor display space at event if desired
- *Lunch each day
- *Reco
- *1 pag hando
- *Outd
- *Lunc

- *Signa
- *Web spons

PAYMENTS DUE BY APRIL 24, 2024

Payments not made by the due date will not be in the printed materials at the event.

> Questions: Jen 518-761-6528 or April 518-824-8831

Advertisements must be in a .jpeg format and emailed to smithj@warrencountyny.gov by 4/24/24.

Please check as appropriate:

\$500 LUNCH CO- SPONSOR *Recognition at the event as sponsor *1 page (8"x 10") advertisement in event attendee handout materials *Outdoor display space at event if desired *Lunch each day *Signage at the event *Web link to be included on THSAWC website as sponsor:	I will provide a new advertisement Use advertisement on file with THSAWC I will set up a display at the event (7:30am-2pm) Will donate a prize(s) for the attendee raffle
Company Name:	
Address:	Contact Phone:
Contact Name:	Contact email:

Please deliver or mail check payable to "THSAWC" and completed form to: April Fiorentino, Warren County DPW, 4028 Main Street, Warrensburg NY 12885

Form **W-9**

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

		notification and the late	,500 111101111	auon.								
	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.	•									
	Town Highway Superintendents 2 Business name/disregarded entity name, if different from above											
_ن	c/o Warren County Department of Public Works											
page (3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);					
ons on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate					Exempt payee code (if any)						
₹₹	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶											
Print or type. Specific Instructions on page	Note: 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 not 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.					Exemption from FATCA reporting code (if any)						
90	✓ Other (see instructions) ►						(Applies to accounts maintained outside the U.S.)					
S	5 Address (number, street, and apt. or suite no.) See instructions.		Requester	's name a	ind add	nd address (optional)						
See	4028 Main Street											
١ ,	6 City, state, and ZIP code		1									
	Warrensburg, NY 12885											
	7 List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)											
Entery	our TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to av	oid §	ocial sec	urity n	umber		W				
backu	o withholding. For individuals, this is generally your social security no	umber (SSN). However, f	ora 🗀			T	1 [T	T		
residei	nt alien, sole proprietor, or disregarded entity, see the instructions fo s, it is your employer identification number (EIN). If you do not have a	or Part I, later. For other			-		-					
TIN, la		a number, see now to ge	na ∟ Ol	<u> </u>	i L		J L					
	If the account is in more than one name, see the instructions for line	1. Also see What Name		mployer	identifi	cation	numbe	er		7		
	er To Give the Requester for guidelines on whose number to enter.	TO THE SEC POPULATION	and E						T	i		
			:	3 0 .	- 0	2 9	1	9 9	7			
Part	II Certification			_,						J		
	penalties of perjury, I certify that:											
	· · · · · · · · · · · · · · · · · · ·	mbor for Lam waiting for	a number	ta ha isa	uad ta	malı s	امما					
 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 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 									e am			
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 exer	npt from FATCA reportin	a is correc	et.								
	cation instructions. You must cross out item 2 above if you have been	•	-		ect to l	backur	withh	oldina	heca	use		
you hav	we failed to report all interest and dividends on your tax return. For real etion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	estate transactions, item 2 Itions to an individual retir	does not a dement arra	apply. Fo naement	r morto (IRA).	gage in and de	terest nerally	paid, /. pavn	nents			
Sign Here	Signature of U.S. person ► Colonial Health	See.	Date ► \	-21	/ - :	24						
Gen	eral Instructions	• Form 1099-DIV (dir funds)	vidends, ir	cluding	those t	from st	ocks	or mu	tual			
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)										
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)										
	ey were published, go to www.irs.gov/FormW9.	•	Form 1099-S (proceeds from real estate transactions)									
Purp	oose of Form	Form 1099-K (merchant card and third party network transactions)										
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		• Form 1098 (home in 1098-T (tuition)	mortgage	nterest),	1098-	E (stud	lent Ic	an int	erest),		
	cation number (TIN) which may be your social security number	• Form 1099-C (cand	celed debt)								
	individual taxpayer identification number (ITIN), adoption	•	Form 1099-A (acquisition or abandonment of secured property)									
	er identification number (ATIN), or employer identification number or eport on an information return the amount paid to you, or other	Use Form W-9 only if you are a U.S. person (including a resident										
	t reportable on an information return. Examples of information	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.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)