

**FRANKLIN SIMPSON BASS CATS
COMBINING BUDGET**

School Franklin Simpson High School

Year 2024/2025

Activity Accounts	Beginning	Estimated	Estimated	Balance
General Fund	5,252.33	15,000.00	0.00	20,252.33
Lodging/Travel	0.00	0.00	6,000.00	-6,000.00
Uniforms	0.00	0.00	5,000.00	-5,000.00
Meals & Banquet	0.00	0.00	1,200.00	-1,200.00
Fuel	0.00	0.00	800.00	-800.00
Entry Fees/Dues	0.00	0.00	1,600.00	-1,600.00
Gear	0.00	0.00	320.00	-320.00
Administrative Expenses	0.00	0.00	200.00	-200.00
Insurance	0.00	0.00	155.00	-155.00
Totals	5,252.33	15,000.00	15,275.00	4,977.33

Jamie Loney
 Vice President
 7-8-24
 Date

Angie K. Hunter
 Treasurer
 07/08/24
 Date



*PO BOX 731
FRANKLIN KY 42135*

*WWW.FSHSBASS.COM
Coach – Drew Snider
Asst. Coach – Chuck Fleming*

2024/25 OFFICERS

PRESIDENT – Carol Ann Smith
VICE PRESIDENT – Jamie Toney
TREASURER – Amy Hunter

We would like to be acknowledged as a Franklin Simpson High School external booster, known as the “FSHS Bass Cats”. Listed above are the current officers going into the 2024/2025 school year. The Club will hold officer elections Q3 '24 for the school year. We have attached the following documents:

Employer Identification Number “FSHS Bass Anglers”
Insurance Policy
2023/24 Annual Financial Report
2023/24 Bank Statements
2023 Tax Return
2024/25 Combining Budget
W9

Thank you in advance.

FSHS BASS CATS

Date of this notice: 05-31-2016

Employer Identification Number:
81-2784427

Form: SS-4

Number of this notice: CP 575 E

FSHS BASS ANGLERS
403 E CEDAR ST
FRANKLIN, KY 42134

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-2784427. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

Specialty Insurance Products

Franklin Simpson Bass Anglers B
PO BOX 731
Franklin , KY 42135

Insurance Policy Number: NANPO0061460

(800) 364-2433
support@rvnuccio.com
rvnuccio.com

10148 Riverside Drive
Toluca Lake, CA 91602

Your Certificate(s) of Insurance

A copy of your Application

Your Memorandum

Your Coverages

Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates
Insurance Brokers, Inc. — We look forward to helping
with your specialty insurance needs.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/7/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C. No. Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com	FAX (A/C. No.): (818) 980-1595													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B: Nationwide Life Insurance Company</td> <td>66869</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: Nationwide Life Insurance Company	66869	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED Franklin Simpson Bass Anglers Booster Club PO BOX 731 Franklin , KY 42135															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			UST021067230 NANPO0061460	11/23/2023	11/23/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES	\$ 100,000
							MEDICAL EXPENSE	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Sexual Misconduct Liability			NANPO0061460	11/23/2023	11/23/2024		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Only

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED R

Robert V

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**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION
COMMERCIAL PACKAGE INSURANCE POLICY**

MEMORANDUM OF INSURANCE

Master Policy Number: UST021067230

Memorandum Number: NANPO0061460

Issuing Company:
Fireman's Fund Insurance Company
225 W. Washington Street, Suite 1900
Chicago, IL 60606
Nationwide Claims: 1-888-347-3428

National Program Administrator:
R.V. Nuccio & Associates Insurance Brokers, Inc.
10148 Riverside Drive
Toluca Lake, CA 91602
Nationwide: 1-800-567-2685

01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)

- a. Memorandum Holder: Franklin Simpson Bass Anglers Booster Club
- b. Street Address: PO BOX 731
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42135

02. COVERAGE PERIOD

Inception Date 11/23/2023 12:01A.M. to Expiration Date 11/23/2024 12:01A.M. Standard Time at the Named Insured's address as stated above.

03. BUSINESS TYPE

- PTA PTO Booster Club Educational Foundation Nonprofit Organization

04. COVERAGE PART

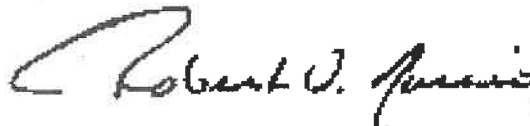
	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. INLAND MARINE PROPERTY COVERAGE PART			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. INLAND MARINE CRIME COVERAGE PART			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$250	
c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART			\$45.00
(01)General Aggregate	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate	\$2,000,000		
(03)Personal And Advertising Injury	\$1,000,000		
(04)Each Occurrence	\$1,000,000		
(05)Damage To Premises Rented To You	\$100,000		
(06)Medical Expense	\$5,000		
(07)Non-Owned And Hired Automobiles	Not Covered		
		State Guarantee Fund	\$0.00

05. TOTAL PREMIUM Due At Inception

\$45.00

06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION

Date Issued:
Form Number:NPOUWS001



Robert V. Nuccio

Applicant Information

Contact Person

First Name Amy
Last Name Hunter
Contact Phone Number 2707761762
Contact Email

School Information

School Name Franklin Simpson High School
School Address 400 S. College St
School City Franklin
School State KY
School Zip Code 42134

Organization Information

School Support Group Type Booster Club
Full Legal School Support Group Name Franklin Simpson Bass Anglers Booster Club
Is the applicant's mailing address the same as the address indicated above? No
Mailing Address Street PO BOX 731
Mailing Address City Franklin
Mailing Address State KY
Mailing Address Zip Code 42135
Website/Facebook/Instagram (If Any) franklin/simpsonbassanglers

Organization Activity

Is your group primarily a project graduation group? No
Does your organization conduct its business from a school campus between the grades of K-12? Yes
Annual Revenues/Receipts
Membership dues 2000
Cash grants/gifts/scrips/online sales 12000
Bingo 0
Other Fund Raising Activities 0

Coverages

Liability Plus \$1,000,000/\$2,000,000
Damage to Premises Rented Limit \$100,000
Bonding Plus No, I do not want to purchase this coverage
Directors & Officers Plus No
Accident Medical Plus No, I do not want to purchase this coverage.
Property Plus No, I do not want to purchase this coverage.

When would you like coverage to begin?

Policy Effective Date 11/23/2023

Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance? No
Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage? No
I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance. Yes

Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy? Yes

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later? Yes

Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy? Yes

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes

Name	Amy Hunter
Date Signed	08/23/2023
Memorandum Number	NANPO0061460
Memorandum Number D&O	
Memorandum Number AD&D	
Expiration Date	11/23/2024

Additional Insureds

Liability insurance automatically comes with a Certificate of Insurance for you. If someone has requested to be added to your policy as an Additional Insured, click the Add Insurance Certificate button below.

SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

APPLICANT INFORMATION

Applicant Name: Franklin Simpson Bass Anglers Booster Club Date: 9/7/2023
Proposed Coverage Dates: 11/23/2023 12:01AM to 11/23/2024 12:01AM Client ID#: 2044686

POLICY INFORMATION	LIMIT	COST
1. Liability Plus	\$1,000,000/\$2,000,000	\$ 45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$ 110.00
2. Bonding Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
3. Directors & Officers Liability Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
4. Accident Medical Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
5. Property Plus	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
RVNA, Inc. Loss Payee Charge		\$ 0.00
State Guarantee Fund/State Charges		\$ 0.00
TOTAL		\$ 155.00

If you wish to purchase this exclusive insurance product, please log in at

NOTES

- This is a quotation only. Prices are subject to change without notice.
- Quotation is subject to online completion of the application and underwriting approval.
- It is the insureds responsibility to read the policy. Request a sample policy online at

- Unless otherwise disclosed in your quotation letter, our professional fees are normally based upon a commission, which is calculated by applying a percentage against the collected premium and paid to us by an insurance company. Additionally, RVNA may receive compensation from an insurance company which is based upon premium volume, growth and loss experience. After you have reviewed your quotation letter, you have no obligation to purchase insurance from us. Should you ultimately choose to do so, you are agreeing to all of the charges displayed within your quotation letter.
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.

R.V. NUCCIO & ASSOCIATES INSURANCE BROKERS, INC.
COMPENSATION DISCLOSURE AND AGREEMENT FORM

ADMINISTRATIVE FEE PAYABLE BY CLIENT: \$ 85.00

R.V. Nuccio & Associates Insurance Brokers, Inc. is charging a non-negotiable, fixed administrative fee in addition to any premium charged (which *may* also include a commission paid by the insuring company). By and through this administrative fee, Client has 24-hour/7-day access to self-service online portal, which includes access to the insurance policy, all endorsements and other documents; the ability to create, print and to forward unlimited Certificates of Insurance; and the ability to add and/or amend unlimited Additional Insured Certificates of Insurance and/or endorsements, as needed. In addition, the Client also has the opportunity to renew the policy online 24/7 when the office is unattended.

COMMISSION PAYABLE BY INSURANCE COMPANY: \$ 0.00

R.V. Nuccio & Associates Insurance Brokers, Inc. may also receive additional commissions from the insurance carrier, some based upon a percentage of the premium at the point of sale (displayed above), and some at a future date after the close of the production year. The commissions which *may* be paid at some time in the future, are in the form of future incentive compensation from the insurer, including contingent commissions and other awards and/or bonuses based upon factors that typically include the total sales volume, growth, profitability and retention of business placed by the insurance broker/producer with the insurer. Incentive compensation is never guaranteed, and is only paid if the performance criteria established in the Broker/Insurer Agreement is met by the insurance broker/producer of the business entity with which the insurance broker/producer is affiliated.

YOU ARE UNDER NO OBLIGATION TO PURCHASE THIS INSURANCE PRODUCT. BY SIGNING THIS COMPENSATION DISCLOSURE FORM AND AGREEMENT, YOU ARE AGREEING TO THE FOREGOING COMPENSATION STRUCTURE.

In the event of policy cancellation, the above administrative fee, payable by the client, will not be considered in any calculation assessing unearned or return premium.

R.V. Nuccio & Associates Insurance Brokers, Inc. does not have any ownership interest and is not under common control with the person or entity providing the compensation (the insurer). R.V. Nuccio & Associates Insurance Brokers, Inc. is not aware that any other person or entity will receive compensation from the insurer for assisting in this transaction.

Client Signature

Date

Amy Hunter _____

9/7/2023

Note:

R.V. Nuccio & Associates Insurance Brokers, Inc. insurance producer's license number in Missouri is 0009686.

FSHS Bass Cats
2023/2024 Financial Summary

Fuel	Lodging	Meals & Entertainment	Entry Fees/Dues	Gear	Apparel/Uniforms	Insurance	Other Expense	Jersey Reimbursements	Total Expenses	Donations & Apparel/Uniform Reimbursement	Net Cash Flow (F-U)
			\$155.00			\$155.00			\$155.00		
					\$5,530.00		\$100.00		\$5,530.00		
					\$250.00			\$60.00	\$250.00		
								\$60.00	\$60.00		
								\$60.00	\$60.00		
								\$120.00	\$120.00		
								\$60.00	\$60.00		
								\$60.00	\$60.00		
							\$54.99	\$58.00	\$54.99		
			\$500.00		\$146.39				\$146.39		
			\$0.00						\$0.00		
			\$150.00						\$150.00		
									\$2,930.00		
	\$2,930.00				\$1,061.00				\$1,061.00		
			\$40.00						\$40.00		
			\$100.00						\$100.00		
\$180.77		\$198.31							\$198.31		
\$123.01									\$180.77		
\$267.06		\$479.61			\$979.44				\$979.44		
									\$123.01		
									\$746.67		
							\$505.84		\$4,393.57		
									\$185.89		
									\$1,360.20		
\$309.89		\$185.89		\$1,360.20					\$309.89	\$16,180.00	
									\$0.00	\$4,433.00	
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
									\$0.00		
\$680.73	\$5,995.23	\$862.81	\$1,562.50	\$1,360.20	\$7,966.83	\$155.00	\$660.83	\$476.00	\$19,913.13	\$20,613.00	\$699.87

Franklin Bank & Trust Company

Checking
*5723

Current Balance:
\$11,336.10

Available Balance:
\$11,336.10

Date	Description	Category	Amount	Balance
Monday, June 17, 2024	CK # 145			\$11,336.10
	Deposit		\$117.89	\$11,521.99
Friday, June 14, 2024	Deposit		\$2,640.00	\$11,421.99
Monday, June 03, 2024	CK # 146			\$9,121.99
Thursday, May 30, 2024	CK # 135			\$9,431.88
Monday, May 20, 2024	CK # 144			\$9,531.88
Friday, May 17, 2024	Deposit		\$63.67	\$10,281.55
Tuesday, May 14, 2024	Deposit		\$1,140.00	\$10,231.55
Wednesday, May 08, 2024	CK # 142			\$9,431.55
	CK # 143			\$10,410.99
Tuesday, May 07, 2024	CK # 140			\$10,534.00
Tuesday, April 30, 2024	CK # 138			\$10,732.31
Monday, April 29, 2024	CK # 141			\$10,772.31
Wednesday, April 24, 2024	CK # 128			\$10,953.08
Tuesday, April 23, 2024	CK # 132			\$11,013.08
Wednesday, April 17, 2024	CK # 130			\$11,071.08
Monday, April 15, 2024	CK # 127			\$11,131.08
Wednesday, April 03, 2024	CK # 137			\$11,191.08
Friday, March 29, 2024	CK # 136			\$12,252.08
Friday, March 15, 2024	Deposit		\$1,140.00	\$15,182.08
	Deposit		\$1,635.96	\$14,972.08
Tuesday, March 12, 2024	CK # 133			\$14,912.08
Friday, March 01, 2024	Deposit		\$1,140.00	\$15,412.08
	Deposit		\$1,950.00	\$15,362.08
Monday, February 26, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815-513-5583 IL			\$15,312.08
	3645 VSA PUR WWW.FILE99 FILE990.OR			
	WWW.FILE990.O GA			\$15,458.47
Tuesday, February 20, 2024	Deposit		\$1,140.00	\$15,513.46
Friday, February 16, 2024	Deposit		\$1,140.00	\$15,338.46
Friday, February 09, 2024	Deposit		\$1,140.00	\$15,253.46
	Deposit		\$1,140.00	\$15,103.46
	Deposit		\$1,140.00	\$15,003.46
Tuesday, February 06, 2024	Deposit		\$1,140.00	\$14,978.46
Friday, January 26, 2024	Deposit		\$1,140.00	\$14,821.46
	Deposit		\$1,140.00	\$14,412.46
	Deposit		\$1,140.00	\$14,340.46
Monday, January 22, 2024	Deposit		\$1,140.00	\$14,279.46
	Deposit		\$1,200.00	\$13,679.46
Tuesday, January 16, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815-513-5583 IL			\$13,559.46
Friday, January 12, 2024	Deposit		\$1,300.00	\$13,809.46
Friday, January 05, 2024	3645 VSA PUR USPS PO 2029240634 FRANKLIN KY			\$13,600.46
Thursday, January 04, 2024	3645 VSA PUR SUBLIMEWEARUSA.COM 815-513-5583 IL			\$13,700.46
Friday, December 29, 2023	Deposit		\$1,500.00	\$19,230.46
Tuesday, December 26, 2023	Deposit		\$1,740.00	\$18,230.46
Monday, December 11, 2023	Deposit		\$1,740.00	\$17,400.46
Tuesday, November 21, 2023	Deposit		\$1,300.00	\$17,000.46
	Deposit		\$1,300.00	\$12,950.46
	Deposit		\$1,300.00	\$10,900.46
	Deposit		\$1,300.00	\$9,580.46
	Deposit		\$1,300.00	\$8,680.46
	Deposit		\$1,300.00	\$7,850.46
	Deposit		\$1,300.00	\$7,250.46
	Deposit		\$1,300.00	\$6,650.46
	Deposit		\$1,300.00	\$6,050.46
	Deposit		\$1,300.00	\$5,650.46
	Deposit		\$1,300.00	\$5,350.46
	Deposit		\$1,300.00	\$5,150.46
Monday, October 23, 2023	Deposit		\$4,000.00	\$5,100.46
Friday, October 13, 2023	Deposit		\$4,000.00	\$4,800.46
Monday, September 11, 2023	3645 VSA PUR SPECIAL EVENT INSURANCE 800-5672685 CA			\$4,400.46
Tuesday, July 11, 2023	CK # 125			\$4,555.46

Transaction Range: June 03, 2023 - June 30, 2024

Printed: July 01, 2024 6:41PM

FORM 990-N

Department of Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

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Open To Public Inspection

A For the <u>2023</u> calendar year, or tax year beginning <u>01/01/2023</u> , and ending <u>12/31/2023</u>		
B Check if applicable <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Gross Receipts are \$50,000 or less	C Name of Organization <u>FRANKLIN SIMPSON BASS ANGLERS</u>	D Employer ID number <u>81-2784427</u>
	Number and Street (or P.O. box, if mail is not delivered to street address) <u>PO BOX 731</u>	
E Website Address	City or town, state or country, and Zip + 4 <u>FRANKLIN, KY 42135-0731</u>	
	F Name of Principal Officer <u>Amy L Hunter</u>	
	Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer <u>887 Mary Adams Road</u>	
	City or town, state or country, and ZIP + 4 <u>Franklin, KY 42134</u>	

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) Franklin Simpson Bass Anglers	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) PO Box 731	Requester's name and address (optional)
City, state, and ZIP code Franklin, KY 42135	
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.

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

Social security number								
Employer identification number								
8	1	-	2	7	8	4	4	2 7

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 ▶ 8/24/19
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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 ⁴
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.