



APPLICATION TO WORK AT THE POLLS

- | | | | |
|---|--------------------------|--------------------------|--|
| REQUIREMENTS: | Yes | No | |
| 1. Are you a registered voter in Rhode Island? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Are you able to read the Constitution of the state in English? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Are you able to write your own name? | <input type="checkbox"/> | <input type="checkbox"/> | |

If you answered "No" to any of the questions above, you cannot serve as a poll worker. See the application cover sheet for important information about other requirements and restrictions. Contact your local Board of Canvassers for additional information.

First Name	Middle Initial	Last Name
Residence Address	City/Town	Zip
Mailing Address (if different)	City/Town	Zip
Date of Birth (MM/DD/YYYY)	Phone Number	E-mail Address
OPTIONAL: Please check the position you are interested in: <input type="checkbox"/> Warden/Moderator (Overall responsibility of the poll) <input type="checkbox"/> Clerk (Responsible for Ballots and paperwork) <input type="checkbox"/> Supervisor (Responsible for voter sign-in) <input type="checkbox"/> Greeter (Directs voters to proper line or poll) PPP <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		Have you ever worked the polls <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a municipal employee <input type="checkbox"/> Yes <input type="checkbox"/> No Can you speak Spanish or other languages <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____
Check all that apply		
I hereby swear and affirm that I have not been convicted, found guilty, pleaded guilty or nolo contendere, or placed on a deferred or suspended sentence, or on probation, for any crime which involves moral turpitude or which constitutes a violation of any of the election or caucus laws of this or any other state. I am not a candidate for public office in this election. I understand that my appointment as an election official may be dependent on me successfully passing a test based on material presented in a training class.		
Signature of Applicant	Date	
DO NOT WRITE IN THIS SPACE (OFFICIAL USE ONLY)		
Party: DEM - REB - UNA		PW-23/2020

SUBMIT THIS FORM TO YOUR LOCAL BOARD OF CANVASSERS

EMPLOYEE INFORMATION

PLEASE PRINT

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Telephone#</i>	<i>Social Security Number</i>	
<i>Date of Birth</i>		
<i>Emergency Contact</i>	<i>Emergency Contact's phone number</i>	

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>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.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien; sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is Backup withholding, later.

State of Rhode Island, Department of Labor and Training, Division of Workers' Compensation
P.O. Box 20190, Cranston, RI 02920-0942
Phone (401) 462-8100 TDD (401) 462-8084 www.dlt.ri.gov

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO RIGL §28-29-17.1

When you sign this form, you are stating that you are an independent contractor and are not entitled to workers' compensation benefits from the Hiring Entity. This form is for workers' compensation purposes only and does not mean that you are considered an Independent Contractor according to the Internal Revenue Service or the RI Division of Taxation

Name: _____

Doing Business As (if applicable): _____

Address: _____

City/St/Zip: _____

Date of Birth: _____

INDEPENDENT CONTRACTOR MUST ANSWER THE FOLLOWING 4 QUESTIONS:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have sub-contractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have General Liability Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have Workers' Compensation Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I declare that I am an independent contractor pursuant to RIGL §28-29-17.1 and, therefore, I am not entitled to Workers' Compensation benefits for injuries sustained while working as an independent contractor for the hiring entity named below. **This designation will remain in effect until a withdrawal of designation as independent contractor form is filed with the Department of Labor and Training.**

Hiring Entity: _____ Federal ID # (if known): _____

Address: _____

City/St/Zip: _____ Telephone: _____

A hiring entity that knowingly conspires with or coerces an employee to misrepresent the employee's status as an independent contractor may be subject to criminal prosecution under RIGL §28-33-17.3.

Independent Contractor Signature: _____ Date: _____

For questions about Independent Contractors and confirmation of filings, visit the Division of Workers' Compensation website at www.dlt.ri.gov/wc. Confirmation of filings are also mailed to both the independent contractor and the hiring entity.