



DEPARTMENT OF THE ARMY
U.S. ARMY ROTC CADET COMMAND
D'IBERVILLE HIGH SCHOOL
15625 LAMEY BRIDGE ROAD
BILOXI, MISSISSIPPI 39532



JROTC-DHS

26 February 2014

SPONSORSHIP FORM

D'IBERVILLE JROTC AUTISM 5K

The following is an affidavit stating that you agree to associate your business or name with d'Iberville JROTC in this event supporting autism. In doing so, your business will be featured on the back of our custom d'Iberville JROTC 5K for autism awareness race t-shirts (minimum of \$150.00 sponsorship required). Please complete the following form and return it, with your sponsorship money and a copy of your business name/logo to d'Iberville JROTC.

Autism Spectrum Disorder (ASD) occurs in 1% of the population, 1 in 88 children. 1 in 54 boys are diagnosed with ASD, while 1 in 252 girls qualify for an ASD diagnosis. Parents who have a child with ASD have a 2%–18% chance of having a second child who is also affected. Medical expenditures for individuals with Autism Spectrum Disorder averaged 4.1–6.2 times more compared to individuals without an Autism Spectrum Disorder diagnosis. (Source: Centers for Disease Control and Prevention)

Mississippi Centers for Autism and Related Developmental Disabilities (MCARDD), hopes to address the long-term impact of the symptoms of Autism, striving to provide individuals with a better quality of life. MCARDD believes that early intervention with children who have been diagnosed is the key to greater language and behavioral gains. The clinicians at the Center utilize behavioral therapy techniques and speech and language services with children six years old and under. MCARDD consults with schools, parents, and medical personnel to coordinate treatment, provide education, and increase quality of care. Typically, their clients receive behavioral services twice a week for 45 minutes each day. With your sponsorship of \$150, you are funding roughly one day of treatment for a child with Autism Spectrum Disorder. This non-profit organization, the Mississippi Center for Autism and Related Developmental Disabilities, relies on the generosity of grantors and donors to provide intervention to children who need it most.

SPONSORSHIP FORM

Sponsor (business) name:	
Authorizing party (manager) name:	
Address:	
City:	
State:	
Zip code	
Sponsor payment:	

*minimum of \$150.00 for event; however, larger donations would be greatly appreciated.

**make checks payable to Warrior Battalion JROTC.

Donor's signature

Date

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) Harrison County School District	
Business name, if different from above Harrison County School District	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶ Government	
Address (number, street, and apt. or suite no.) 11072 Highway 49	Requester's name and address (optional)
City, state, and ZIP code Gulfport, MS 39503	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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
or
Employer identification number
64 : 6000430

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 ▶ <i>Edward Williams</i>	Date ▶ <i>11/30/07</i>
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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,