CHARTER TOWNSHIP OF GENESEE ELECTION INSPECTOR APPLICATION

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at mi.gov/vote)

Compression						
personal information						
Full Name						
Date of Birth/ Email Address						
Hama Addross						
Phone #'s Home: Work:	Cell:					
Registered in City or Township of	Pct # Ward #					
County of	And the second s					
	party & may not be Independent):					
Political Party Affiliation (REQUIRED; must be a recognized state party & may <u>not</u> be Independent): ☐ Republican ☐ Democratic ☐ Libertarian ☐ U.S. Taxpayers ☐ Green ☐ Natural Law ☐ Working Class						
Have you ever been convicted of a felony or election crime?	☐ Yes ☐ No					
education and experience information						
Education Background (include highest grade completed or degree h	leid)					
Employment Background (include current or last place of employme	nt and type or work performed)					
Employment background (include current of last place of employment	7,7					
Languages other than English that you speak (if any)						
Please rate your computer experience (data look-up, database processing the second sec						
□1 □2 □3 □4	□5					
D1 U2 U3 U4	53					
Past experience as an election inspector, if any (include name of jurisdiction)						
, ast experience as an enterior in process, and , (
Do you have transportation?						
Will you work at any polling place? ☐ Yes ☐ No If not, explain:						
i cpc						
signature and certification I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified						
above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.						
2	, ,					
Signature of Applicant						
Signature of Applicant	540					

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party; 2) is affiliated with another party through an elected or appointed government position or; 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Approved by State Director of Elections (August 2017)

(Rev. October 2018) 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.

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

Sigr Her		gnature of S. person ►		Date ►	
4. The Certify you had acquired other	e FATCA fication in ave failed isition or a than inter	code(s) entered on this form (if any) indicating that I a nstructions. You must cross out item 2 above if you have I to report all interest and dividends on your tax return. For abandonment of secured property, cancellation of debt, or rest and dividends, you are not required to sign the certif	e been notified by the IRS that your real estate transactions, item 2 contributions to an individual retire	ou are currently sub does not apply. For ement arrangement	or mortgage interest paid, t (IRA), and generally, payments
2. I ai Se no	m not sub rvice (IRS longer si	r shown on this form is my correct taxpayer identification because: (a) I am exempt by that I am subject to backup withholding as a result outpet to backup withholding as a result outpet to backup withholding; and citizen or other U.S. person (defined below); and	from backup withholding, or (b)	I have not been r	notified by the Internal Revenue
		es of perjury, I certify that:			
Par	tII	Certification			
backt reside entitie TIN, I Note:	your TIN up withhous ent alien, es, it is you ater. If the ac	Taxpayer Identification Number (TIN) in the appropriate box. The TIN provided must match olding. For individuals, this is generally your social sect sole proprietor, or disregarded entity, see the instruct our employer identification number (EIN). If you do not account is in more than one name, see the instructions to the Requester for guidelines on whose number to e	urity number (SSN). However, for ions for Part I, later. For other have a number, see How to get for line 1. Also see What Name	ta or	identification number
		count number(s) here (optional)	4.0.		- The second of
S		state, and ZIP code			
Print or type. See Specific Instructions on page 3.	a Addre	ess (number, street, and apt. or suite no.) See instructions.	-	nequester s name a	and address (optional)
		her (see instructions)		Deguartaria nama r	(Applies to accounts maintained autside the U.S.) and address (optional)
	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)		
	sin	ividual/sole proprietor or			Exempt payee code (if any)
	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. C. Corporation S. Corporation Partnership Trust/estate			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
					- u / L sankiamhita
		ess name/disregarded entity name, if different from above	Marine Control of the		
	1 Name				

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-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,