**Federal Tax Identification Information**

**NAME:** Click here to enter text.

**SESSION # & TITLE**: Click here to enter text.

* Federal regulations require businesses to file a Form 1099 with the Internal Revenue Service (IRS) for certain qualifying payments made paid during the year.
* As a recipient of an honorarium, you are **required to furnish AACC with your address and taxpayer identification number**.
* AACC **must** report these payments to the IRS.
* Depending on your employer or employment status (Federal government or other), please complete Section A or B.
* ALL **U.S. residents must sign and date Section C** and return the complete form to AACC.

**SECTION A: IF YOU WORK FOR AN EMPLOYER OTHER THAN THE FEDERAL GOVERNMENT OR ARE SELF-EMPLOYED:**

[ ]  I CANNOT accept the honorarium. [ ]  I CAN accept the honorarium.

**SOCIAL SECURITY NUMBER or EIN NUMBER:** Click here to enter text.

**Make check payable to: (PLEASE PRINT CLEARLY)**

Click here to enter text.

**NAME or ORGANIZATION**

Click here to enter text.

**ADDRESS**

Click here to enter text.

**CITY STATE ZIP**

**NOTE:** All non-federal government employees or independent contractors will receive a Form 1099 if total compensation paid by AACC for the year exceeds the IRS guideline minimum.

**SECTION B: IF YOU WORK FOR THE FEDERAL GOVERNMENT:**

[ ] I CANNOT accept the honorarium. [ ] I wish to DONATE the honorarium. (SEE BELOW)

**TAXPAYER ID (EIN) NUMBER:**  Click here to enter text.

**Make check payable to: (PLEASE PRINT CLEARLY)**

Click here to enter text.

**DONATION CHARITY NAME**

Click here to enter text.

**CHARITY ADDRESS**

Click here to enter text.

**CITY STATE ZIP**

**SECTION C: YOU MUST SIGN AND DATE THIS FORM before any honorarium and/or other payments can be processed.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

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DATE