

EBCI Tribal Economic Stimulus Application

This application will allow you to apply for the Levy/Privilege Tax Rebate, the Payroll Assistance, or both.

The primary intent of this program is to preserve employment for those businesses affected by closure directly related to the COVID-19 (Coronavirus) Pandemic and subsequent emergency orders reducing/closing traffic to the Qualla Boundary and other EBCI lands.

This program is funded by the Eastern Band of Cherokee Indians and administered by The Sequoyah Fund, Inc. Funding of this program is at the discretion of the EBCI Tribal Government.

I am applying for

- Levy/Privilege Tax Rebate
- Payroll Assistance
- Both types of assistance

Business Owner Contact Information

Please give us information about yourself here.

Business Owner Name & Contact Information

First _____ Last _____

Phone Number _____

Email Address _____

Business Owner Enrolled Member of EBCI? *

- Yes
- No

Business Owner's Tribal Enrollment Number _____

Business Information

This section contains information about your ownership and location. All information should match tribal records to facilitate a faster response.

If you own more than one business, you will need to complete an application for each business. Each business must have its own tribal business license.

Business Name _____

Business License Number _____ Business Phone Number _____

Business Email Address (If different from owner address above) _____

Business Street Address

Street Address _____

PO Box _____

City _____ State _____ Zip Code _____

Levy Rebate Information

We require this information in order to process your request for levy rebate. Tribal Finance office will verify amounts.

Levy rebates are based on the following scale, based on payments made in fiscal year 2020 (October 1, 2019 - February, 2020):

- Less than \$1,000 = 100% of tax remitted
- \$1,001 to \$5,000 = 75%
- \$5,001 to \$10,000 = 65%
- \$10,001 to \$20,000 = 55%
- \$20,001 to \$30,000 = 45%
- \$30,001 to \$40,000 = 35%
- \$40,001 to \$50,000 = 25%
- \$50,001 or greater = 15%

Do you remit tribal levy and/or privilege tax? *

- Yes
- No

Payroll Assistance Information

We require this information to process your request for payroll assistance. Payment will be based on your payroll the 30 days prior to tribal closure of non-essential businesses (March 23, 2020).

If you had 30 days of payroll greater than \$10,000, you are eligible for a grant no larger than \$10,000.

If you had 30 days of payroll of less than \$10,000, you are eligible for a grant no larger than \$5,000.

Was your business adversely affected by the Boundary and non-essential business closures? *

- Yes
- No

Briefly describe impact (i.e. Business closed, loss of revenue due to drive-thru only, etc.) *

Business Employs Enrolled Members of EBCI? *

- Yes
- No

Total Number of Employees (to be verified by payroll records) _____

Total Number of ENROLLED Employees (to be verified by payroll records) _____

Amount of payroll during the 30 days prior to March 23, 2020 _____

Attach the following documents to this application:

- Payroll records for the 30 day period indicated above
- List of enrolled employees' names and enrollment numbers
- Current IRS Form W-9

Declarations and Signature

Any use of these funds other than for payroll and operations is expressly prohibited. The EBCI's audit provisions apply, and all funds are subject to tribal audit. Misuse of funds will result in those funds being converted into a debt payable to the Eastern Band of Cherokee Indians.

	Initial
The information contained in this application is accurate and complete.	_____
I will use these funds for their intended purposes.	_____
I and my business are eligible to receive these funds.	_____
I understand that any misuse of funds can result in a debt to the EBCI.	_____

Signature _____

Date _____

FOR OFFICIAL USE ONLY

Date Received _____ Received By _____

Application Complete ____ Yes ____ No

Levy Information Verified ____ Yes ____ No ____ N/A

Privilege Tax Information Verified ____ Yes ____ No ____ N/A

Employee Enrollment Information Verified ____ Yes ____ No ____ N/A

Application ____ Approved ____ Denied Date _____

For the Amount of _____

Date Funds Disbursed _____

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>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.</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									
	-		-						
or									
Employer identification number									
	-		-						

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 ► _____
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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.

Business Name _____ Business License Number _____

	Employee Name	Enrollment Number	FT or PT
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