Instructions on how to complete the
Richmond Trust Fund Application

1. Complete the W-9 form, print and sign (area highlighted in yellow for signature). Then take a picture or scan and save.

Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service	**Request for Taxpayer Identification Number and Certification** ▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Bruce Wayne

2 Business name/disregarded entity name, if different from above

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.

- ☑ Individual/sole proprietor or single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

789 Bruce Manor

6 City, state, and ZIP code

Buffalo, NY 14202

Requester's name and address (optional)

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

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

| 1 | 2 | 3 | – | 4 | 5 | – | 6 | 7 | 8 | 9 |

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 ▶

General Instructions

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

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

2. Obtain a note from your medical provide stating that you are unable to work due to a qualifying circumstance (i.e. personal injury/illness, care for family member in need, child bonding). Take a picture or scan and save.

Dr. Stephen Strange, M.D., Ph.D.
117A Bleeker Street
Buffalo, NY 14201

January 21, 2022

To whom it may concern:

Please be advised, Bruce Wayne is under my care is and is unable to work effective January 14, 2022 and will be re-evaluated on March 17, 2022.

Doctor Strange

3. Complete all of the fields of the application. Failure to do so will result in the rejection of your application.

Buffalo, New York 14202
Phone (716) 816-3754 * Fax (716) 851-3587
Benefits@buffaloschools.org
www.buffaloschools.org/benefits

Henry A. Richmond Trust Fund

Application must be completed in entirety.			
First Name	Last Name	Employee ID #	Work Location
Bruce	Wayne		

Street Address		City	State	Zip

Email Address		Phone	

Requirements			
Are you a fulltime permanent or probationary teacher?	Yes ○	No ○	
Is your injury or illness work related?	Yes ○	No ○	
Have you exhausted all potential income from the District?	Yes ○	No ○	
Effective date of unpaid LOA			
Anticipated return date of unpaid LOA			
Name of HR Generalist/Administrator managing your LOA			

You are required to provide medical documentation attesting to at least one of the qualifying circumstances.

Upload documentation here   *Click to Attach File Attachment 1

You are required to provide documentation attesting to your relationship if your LOA is for a family member

Upload documentation here   Click to Attach File Attachment 2

4. You are required to provide medical documentation for either your personal illness or the illness of a family member. In the instance of a child bonding leave of absence, upload the birth certificate of your child. Proof of relationship, i.e. marriage license, birth certificate, etc. is required if your leave of absence is associated with the care of a family member.

Henry A. Richmond Trust Fund

Application must be completed in entirety.			
First Name Bruce	Last Name Wayne	Employee ID # 010101	Work Location School 2

Street Address 789 Bruce Manor	City Buffalo	State NY	Zip 14202

Email Address Iambatman@gmail.com	Phone 716-555-4567

Requirements					
Are you a fulltime permanent or probationary teacher?	Yes	●	No	○	
Is your injury or illness work related?	Yes	○	No	●	
Have you exhausted all potential income from the District?	Yes	●	No	○	
Effective date of unpaid LOA	01/14/2022				
Anticipated return date of unpaid LOA	03/17/2022				
Name of HR Generalist/Administrator managing your LOA	Diana Themyscira				

You are required to provide medical documentation attesting to at least one of the qualifying circumstances.

Upload documentation here	FILE: MLOA note from Dr Strange.pdf ✕

You are required to provide documentation attesting to your relationship if your LOA is for a family member

Upload documentation here	Click to Attach File Attachment 2

Qualifying Circumstances	
● Personal Illness	○ Sick spouse in need of care
○ Sick child in need of care OR FMLA Child Bonding	○ Sick parent or parent in-law in need of care

Employee Acknowledgement

5. The form must be submitted with an electronic signature.

Type   Draw

Sign

Bruce Wayne

Clear

Close   Apply

You are   mstances.
Upload
You are   member
Upload

○

○   need of

I am/was temporarily incapable of performing my job duties as result of illness incurred by myself or an eligible family member as detailed above. I attest to the accuracy of the above statements.

I understand that the information provided above for myself or my family member will be disclosed on a limited basis with the designated committee in order to obtain approval. I further understand that my signature serves as authorization for the release of this information.

*
Click here to sign   01/21/2022

Employee Signature   Date

Benefits Office   *Click to Attach Upload W-9 Form Here

"Putting Children & Families First to Ensure High Academic Achievement for All"
The Buffalo City School District is an AA/EEO Employer

Next

6. You are required to attach the W-9 form. Once you have completed the application, a blue "click to sign" button will appear. If you do not see the button, you must review the application and complete any missing fields or documentation uploads.

I am/was temporarily incapable of performing my job duties as result of illness incurred by myself or an eligible family member as detailed above. I attest to the accuracy of the above statements.

I understand that the information provided above for myself or my family member will be disclosed on a limited basis with the designated committee in order to obtain approval. I further understand that my signature serves as authorization for the release of this information.

Employee Signature	*Bruce Wayne* Bruce Wayne (Jan 21, 2022)	Date	01/21/2022
Benefits Office		FILE: W9-01212022101216.pdf	×

"Putting Children & Families First to Ensure High Academic Achievement for All"
The Buffalo City School District is an AA/EEO Employer

By signing, I agree to both this agreement and the Consumer Disclosure.   **Click to Sign**

7. Enter an email that you will have access to while you are on an unpaid leave of absence. This email will be the source of communication from the Benefits Office should any questions arise regarding your application.

Enter Your Information   ×

Please enter your email and then click to sign this document.

iambatman@gmail.com

Cancel   **Click to sign**

Qualifying Circumstances

Personal Illness	○ Sick spouse in need of care

8. This is your confirmation screen that the application has been submitted to the Benefits Office. You are highly encouraged to download a copy of your application for your records.

You're all set

Thank you for signing RICHMOND FUND APPLICATION 2022
It has now been emailed to the additional signer(s) for their signature. A signed copy will be sent to you after all the signers have signed the agreement. You can also download a copy of what you just signed.

Approval Process
Applications will be reviewed and processed by the Benefits Office within the month they are received. Applicants will be forwarded to the Trust Officers no later than the 10th of the following month. The Trust Officers will review and determine whether all requirements are met, prior to the approval or denial of the monetary award. Awards are distributed based on the order that applications are received and qualified.

Please note: There is a cap on the total amount awarded each year. Applications received after the maximum amount has been paid out will be rejected by the Trust Officers.