

# CENTRAL FLORIDA UMPIRES, INC.



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## CENTRAL FLORIDA UMPIRES REGISTRATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years have you officiated? \_\_\_\_\_

Which of the following have you officiated?

### **BASEBALL:**

Little League

High School

College

Travel League

Tournament Play

Adult League

Professional Baseball

### **SOFTBALL:**

Tournament Play

High School

College

FastPitch

Other

### **SCOREKEEPER:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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. <input type="checkbox"/> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 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](http://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.*



**CENTRAL FLORIDA UMPIRES, INC.**  
**16720 APPALOOSA TRAIL**  
**MONTVERDE, FL. 34756**

**CONDITIONS OF AGREEMENT**

1. I agree to serve as an independent contractor and not as an employee of Central Florida Umpires or any individual institutions served by Central Florida Umpires.
2. I agree that as an independent contractor, it is my personal responsibility to ensure that I have received proper medical and physical examinations and proper medical clearances for my accepted assignments.
3. I agree that as an independent contractor I am **not** covered by workman's compensation or liability insurance policy held by Central Florida Umpires.
4. I agree that as an independent contractor it is **my own** personal responsibility to ensure that I have appropriate personal insurance to cover any and all liability and/or loss that may occur as a result of injury or damage sustained to me and/or others while traveling to and from all meetings and accepted assignment(s).
5. I agree that as an independent contractor that no federal, state or local taxes will be deducted from my payments, however my payments may be reported on IRS form 1099 or other appropriate IRS form(s) and I may incur tax liabilities.
6. I agree that as an independent contractor, if I no show or no call any game(s), I will be back charged a minimum of one game fee per occurrence with a maximum of \$500.00 (five hundred dollars).
7. I agree that as an independent contractor, I will pay a \$5.00 (five dollar) reassigning fee for accepted games that I must turn back, or if I decline games assigned on open days not blocked in arbiter.
8. I agree to hold Central Florida Umpires, Inc., its owners and agents, any participating institution and their owners and agents harmless from any and all liability for injury or damage sustained as a result of my acceptance of any assignment(s) or travel.
9. I certify that under 8 USC 1011 I am legally entitled to live and work in the State of Florida and the United States and that I am a citizen of the United States, a lawful permanent resident of the United States or a legal alien entitled to work in the United States and I am aware that the federal law provides for imprisonment and/or fines for false statements of such status.
10. Central Florida Umpires, Inc. is committed to providing a safe work environment and to fostering the well-being and health of its independent contractors. That commitment is jeopardized when any Central Florida Umpire Inc. independent contractor(s) illegally uses drugs on the job; comes to work under the influence; possesses, distributes or sells drugs in the workplace; or abuses alcohol on the job. Therefore, Central Florida Umpires, Inc. has established the following policy:
  1. It is a violation of company policy for any independent contractor to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on the job.
  2. It is a violation of company policy for anyone to report to work under the influence of legally prescribed narcotics (oxycodone, morphine or similar), cannabis (marijuana), illegal drugs or alcohol.
  3. It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the **appropriate use** of legally prescribed medications not included in above.)
  4. Violations of this policy are subject to disciplinary action up to and including termination.
11. It is the responsibility of the company's officers to counsel independent contractors whenever they see changes in performance or behavior that suggest an independent contractor has a drug problem. Although it is not the officer's job to diagnose personal problems, the officer should encourage such independent contractors to seek help and advise them about available resources for getting help.



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**PERSONNEL**

During the performance of the services we provide, Central Florida Umpires, Inc. (herein referred to as CFU) agrees to the following:

1. Central Florida Umpires, Inc. shall not discriminate against any independent contractor because of race, religion, color, sex, age, handicap or national origin, except when such condition is a bona fide occupational qualification reasonably necessary for the normal operations of Central Florida Umpires, Inc. CFU agrees to post in conspicuous places, visible to independent contractors and applicants, notices setting forth the provisions of this nondiscrimination clause.
2. CFU is an EQUAL OPPORTUNITY company.
3. CFU will post/place notices, advertisements and solicitations in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
4. CFU shall strictly prohibit interaction between the independent contractors and the student(s).
5. CFU contractors may not solicit, distribute or sell products at any venue.
6. Friends, visitor or family members of CFU are not permitted in the work area.
7. CFU shall adhere to all of the School Board's security standards.
8. By signing this agreement as an official, I attest that I am in compliance with the JESSICA LUNSFORD ACT.

I agree that as an independent contractor to pay CFU a **\$70.00** association fee, which will be taken from my pay each year.

My signature indicates I have read and understood the above statements and will comply with the conditions of this agreement.

Dated this \_\_\_\_\_ day of, \_\_\_\_\_ 20 \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_