REETAIN Bonus Application Guide

For Family Child Care Educators

The Family Child Care REETAIN Bonus is competitively awarded to family child care educators in Minnesota who meet or exceed certain eligibility requirements established by state legislation. These rules and eligibility requirements are reflected in the application and scoring process through a partnership between the Minnesota Department of Children, Youth, and Families and Child Care Aware of Minnesota.

The number of educators who will receive the bonus is determined by the total number of applicants and the score you receive in the review process. The total number of applicants will vary in each round. Due to fluctuations in funding levels, it is not guaranteed that all eligible applicants will receive a bonus.

Please review this guide thoroughly and follow all written application instructions closely to ensure you submit a complete, eligible application. **Incomplete and ineligible applications cannot be scored.**

The Family Child Care REETAIN Bonus Application will be open from October 1 to November 30. The application will close at midnight on November 30.

Technical support for setting up your account will end at 5:00 p.m. on November 30. It is recommended that you set up your account before this date and time. For questions on setting up your account, email techsupport@childcareawaremn.org. There is a 24-hour response time for technical support.

For all other questions or concerns about your application, email REETAIN@childcareawaremn.org **before** submitting your application. All applications are final after submission.

REETAIN Bonus Application Checklist for Family Child Care Educators:

- ☐ Read the information on the following pages before submitting your application.
- ☐ Create a new account in the Grants and Scholarships Application Portal if you do not already have one. If you applied for a REETAIN bonus after 2025, you already have an account.
- ☐ Log in to your new or existing account from the Grants and Scholarships Application Portal webpage. Complete your REETAIN Bonus Application.
- ☐ Upload required documents:
  - ☐ A complete W-9 form
  - ☐ Current DHS/DCYF Family Child Care License or the current DHS/DCYF Family Child Care License where you are employed
  - ☐ DCYF Licensing Learning Record from Develop
- ☐ Double-check that your application is complete and that all uploaded documents include the necessary information outlined in this guide and in all written application instructions.
- ☐ Submit your application. ***All applications are final after submission***.

Please note: No paper copies of documents will be accepted. Please make sure all documents are easy to read and are not locked or password-protected. We will be unable to process your application if we cannot read or access the uploaded documents. If you have any questions or concerns about uploading your documents in the Grants and Scholarships Application Portal, email REETAIN@childcareawaremn.org before submitting your application.

Language Access Line

Think Small's Language Access Line is a free statewide service. To connect with any of our programs or resources with an interpreter, please follow the steps below.

Metro area callers: 651-665-0150
Greater Minnesota callers: 1-888-291-9811

- For Spanish, press option 1
- For Hmong, press option 2
- For Somali, press option 3
- For all other languages, press Option 5

La Línea de Acceso Lingüístico/Language Access Line es un servicio estatal gratuito disponible para ayudar a los clientes en todos los demás idiomas además del inglés. Para conectarse a cualquiera de nuestros programas o recursos con un intérprete, comuníquese con la LAL a continuación.

Personas que llaman del área metropolitana: 651-665-0150
Personas que llaman de otras áreas de Minnesota: 1-888-291-9811
Para español, presione la opción 1

Think Small qhov Kev Pab Siv Lwm Yam Lus/Language Access Line yog ib qho kev pab pub dawb thoob plaws lub lav rau cov neeg uas xav tau kev pab ntsig txog zov menyuam thiab siv lwm yam lus uas tsis yog lus Aaskiv. Yog xav paub ntxiv txog peb lub koom haum cov kev pab thiab xav tau ib tug neeg pab txhais lus, thov hu tus xovtooj hauv qab no.

Siv tus xovtooj no yog koj hu tuaj hauv nroog Ntxaib: 651-665-0150
Siv tus xovtooj no yog koj hu tuaj sab nraum nroog Ntxaib: 1-888-291-9811
Xav tau Hmoob txhais lus, nias tus lej 2

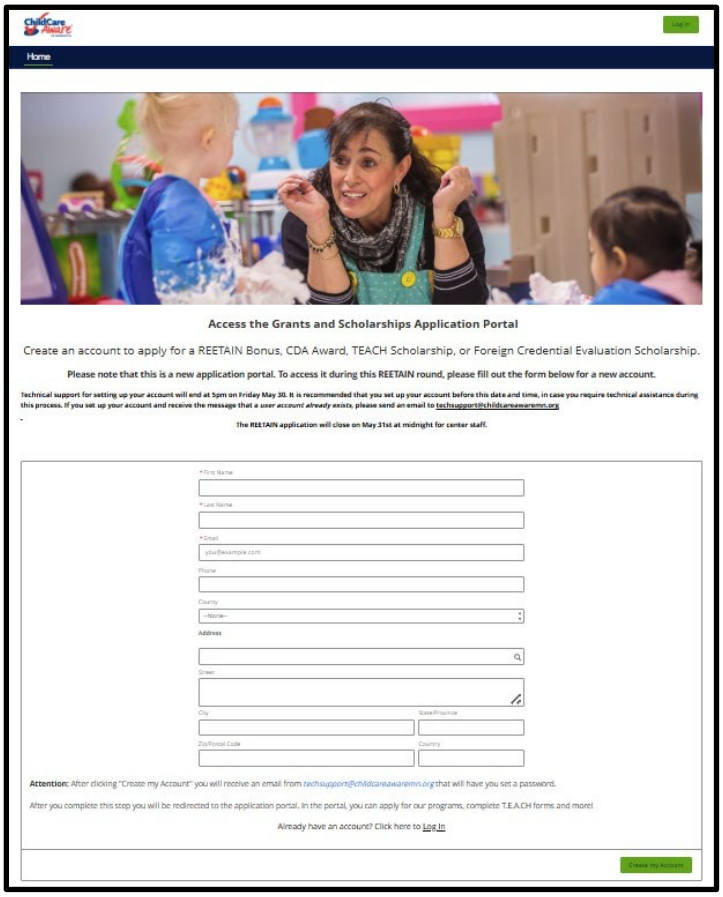
Khadka Helidda Luuqadda/Language Access Line ee Think Small waa adeeg bilaash ah oo gobolka oo dhan ah oo ay heli karaan shaqsiyaadka raadinaya agab-caawimeed xanaanada carruurta iyo taageero sii gudbin ah ee luuqad aan Ingiriis ahayn. Si aad ugu xirantid barnaamijyadeena ama agab-caawimaadkeena iyagoo ay la socdaan turjumaan, fadlan hoos kala xiriir LAL:

Ka soo wacayaasha aagga magaalada weyn: 651-665-0150
Ka soo wacayaasha Greater Minnesota: 1-888-291-9811
Luuqadda Af Soomaaliga, riix doorashada 3-aad

Access the Grants and Scholarships Application Portal by either creating an account or logging in with an existing account.

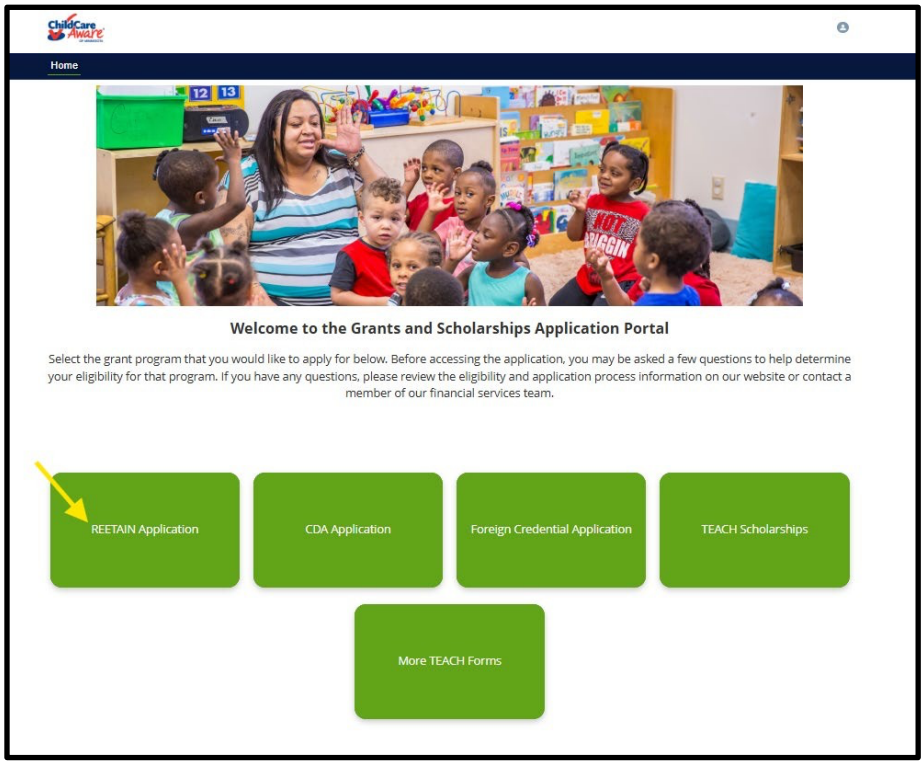
Follow the steps below to create and access your account in the Grants and Scholarships Application Portal. If you applied for a REETAIN Bonus after 2025, you already have an account and can log in directly to the portal using the green "Log In" button in the upper right corner of the screen.

Step 1: Create your account (if necessary).



Step 2: Log in to your account.

Step 3: Select “REETAIN Application”.



Step 4: Complete all questions in the REETAIN Bonus Application. Questions must be answered honestly. Providing false information will automatically deem your application ineligible.

Step 5: Upload Required Documents

Please make sure all documents are easy to read and are not locked or password-protected. We will be unable to process your application if we cannot read or access the uploaded documents. You will need to upload three documents:

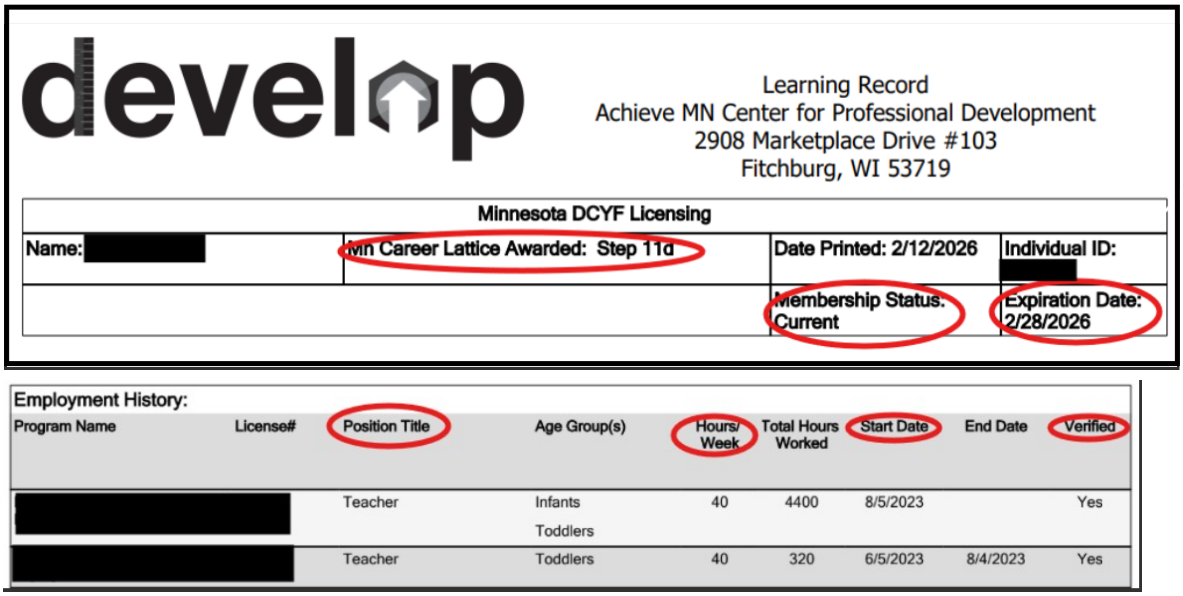
- DCYF Licensing Learning Record from Develop
- A complete W-9 form
- Current DHS/DCYF Family Child Care License or the current DHS/DCYF Family Child Care License where you are employed

The instructions for submitting the three required documents are below.

Required document #1: DCYF Licensing Learning Record from Develop

Upload a copy of your DCYF Licensing Learning Record from Develop. Your DCYF Licensing Learning Record must include all pages and must include the information listed below and highlighted on an example Develop Learning Record below:

- A current Develop individual membership with an expiration date on or after the date that you submit your application.
- Verified employment as a Teacher, Assistant Teacher, Primary Care Provider, or Aide working directly with children at least 30 hours per week (or 1,560 hours per year) in a Minnesota licensed child care program. “Yes” must appear in the verified column.
- The current position start date is at least one year before the first day of the application period.
- A Career Lattice Step of 5 or higher.



develop

Learning Record
Achieve MN Center for Professional Development
2908 Marketplace Drive #103
Fitchburg, WI 53719

Minnesota DCYF Licensing

Name: [redacted]	MN Career Lattice Awarded: Step 11d	Date Printed: 2/12/2026	Individual ID: [redacted]
		Membership Status: Current	Expiration Date: 2/28/2026

Employment History:

Program Name	License#	Position Title	Age Group(s)	Hours/ Week	Total Hours Worked	Start Date	End Date	Verified
[redacted]		Teacher	Infants Toddlers	40	4400	8/5/2023		Yes
[redacted]		Teacher	Toddlers	40	320	6/5/2023	8/4/2023	Yes

Develop Learning Record Resources:

- Locate, Print, or Save your learning Record (PDF)
- 7.0 Printing Learning Records (PDF) Spanish
- 7.0 Printing Learning Records (PDF) Somali
- 7.0 Printing Learning Records (PDF) Hmong

Applying for or renewing your Develop Individual Membership can take 3-6 weeks. Please plan accordingly.

Achieve
MN CENTER FOR PROFESSIONAL DEVELOPMENT
Certificate of Achievement
Jane Smith
has completed all requirements for
Step 10a
on the Minnesota Career Lattice.

Do NOT submit your Certificate of Achievement.

Required document #2: W-9 Form

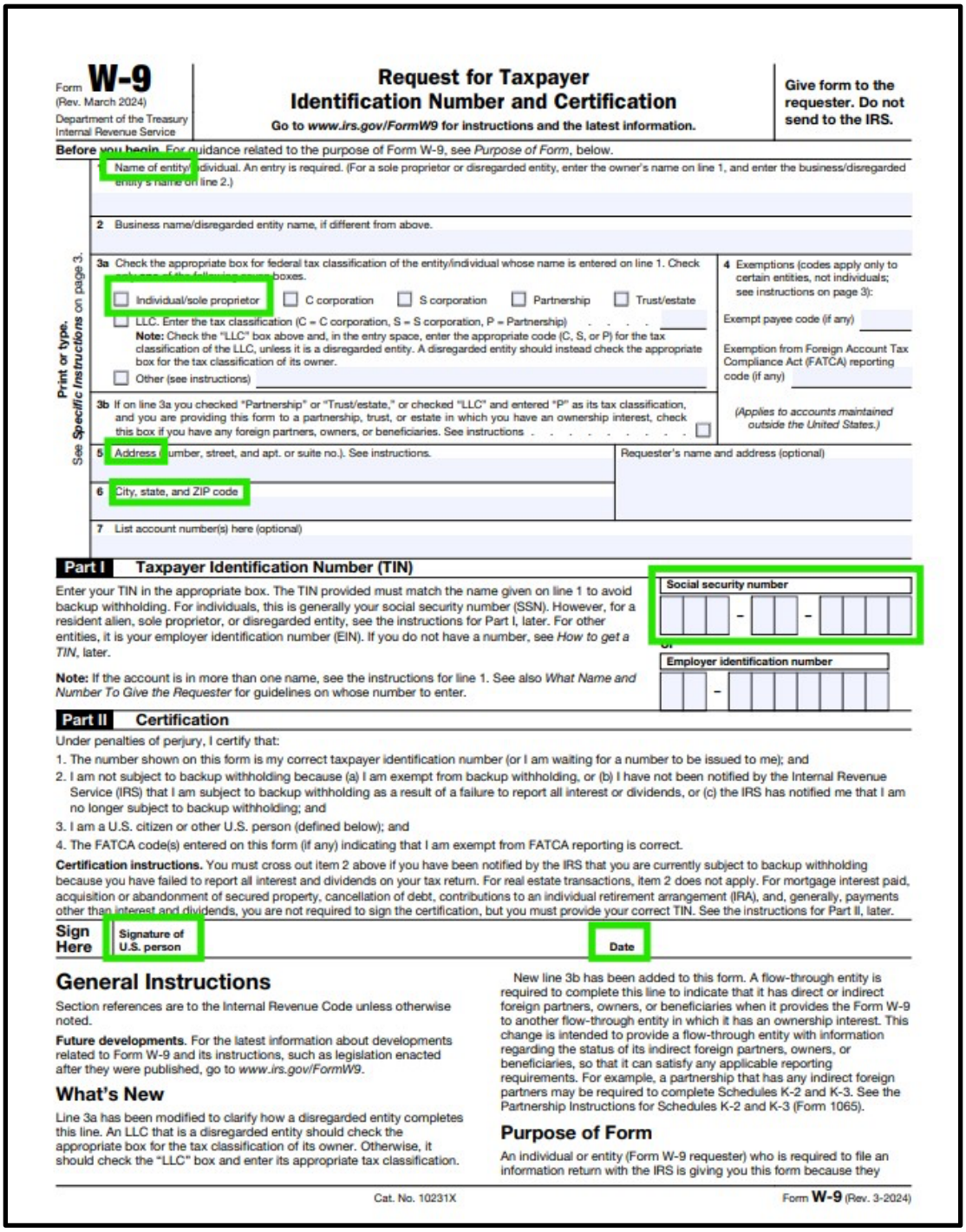
Family child care educators who are the license holders for their business can submit a W-9 form as an individual or as their business. Educators who work in a licensed family child care program and who are not the license holder must submit a W-9 form as an individual. Please follow the appropriate instructions below.

Download the W-9 form below. Make sure to save the form to your computer or device so you can upload it with your application.

Form W-9 (Rev. March 2024)
Form W-9 (Spanish) (Rev. March 2024)

To complete a W-9 form as an individual, follow these instructions:

Box 1: Fill in your first and last name
Box 2: Leave this space blank
Box 3a: Check the Individual/sole proprietor box
Box 5: Fill in your personal mailing address
Box 6: Fill in your personal city, state, and zip code
Part I: Enter your social security number



Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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.

Social security number

___ - ___ - ____

or

Employer identification number

__ - _______

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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.

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form **W-9** (Rev. 3-2024)

Formulario **W-9**
(Rev. marzo de 2024)
Department of the Treasury
Internal Revenue Service

Solicitud y Certificación del Número de Identificación del Contribuyente

Visite *www.irs.gov/FormW9SP* para obtener las instrucciones y la información más reciente.

Entregue el formulario al solicitante. No lo envíe al *IRS*.

Antes de comenzar. Para obtener orientación relacionada con el propósito del Formulario W-9, vea **Propósito del Formulario**.

Escriba en letra de molde o a máquina. Vea **Instrucciones Específicas** en la página 3.

1 Nombre (de la entidad/del individuo. Se requiere una anotación. (En el caso de un dueño único o una entidad no considerada como separada de su dueño, anote el nombre del dueño en la línea **1** y anote el nombre del negocio/de la entidad no considerada como separada de su dueño en la línea **2**).

2 Nombre del negocio/nombre de la entidad no considerada como separada de su dueño, si es diferente al de arriba.

3a Marque el recuadro correspondiente para la clasificación tributaria federal de la entidad/del individuo cuyo nombre se indica en la línea **1**. Marque sólo **uno** de los siguientes **7** recuadros:

- ☐ Individuo/dueño único de un negocio
- ☐ Sociedad anónima de tipo C
- ☐ Sociedad anónima de tipo S
- ☐ Fideicomiso/caudal hereditario
- ☐ Sociedad colectiva
- ☐ *LLC*. Anote la clasificación tributaria (C=Soc. anónima de tipo C, S=Soc. anónima de tipo S, P=Soc. colectiva) ____

Nota: Marque el recuadro "*LLC*" de arriba y, en el espacio para anotar, anote el código correspondiente (C, S o P) para la clasificación tributaria de la compañía de responsabilidad limitada (*LLC*), a menos que sea una entidad no considerada como separada de su dueño. En su lugar, la entidad no considerada como separada de su dueño debe marcar el recuadro correspondiente a la clasificación tributaria de su dueño.

- ☐ Otro (vea las instrucciones) ____

4 Exenciones (los códigos aplican sólo a ciertas entidades, no a individuos; vea las instrucciones en la página **4**):

Código de beneficiario exento (si alguno) ____

Código para la exención de la declaración conforme a *FATCA* (si alguno) ____

(Aplica a las cuentas mantenidas fuera de los Estados Unidos).

3b Si en la línea **3a** marcó "Sociedad colectiva" o "Fideicomiso/caudal hereditario" o marcó "*LLC*" y anotó "P" como la clasificación tributaria, y está proporcionando este formulario a una sociedad colectiva, fideicomiso o caudal hereditario en el cual tiene un interés participativo, marque este recuadro si tiene algún socio, propietario o beneficiario extranjero. Vea las instrucciones . . . . . ☐

5 Dirección (número, calle y número de apartamento u oficina). Vea las instrucciones.

Nombre y dirección del solicitante (opcional)

6 Ciudad, estado y código postal (*ZIP*)

7 Anote el (los) número(s) de cuenta(s) aquí (opcional)

Parte I Número de Identificación del Contribuyente (*TIN*)

Anote su número de identificación del contribuyente (*TIN*, por sus siglas en inglés) en el encasillado correspondiente. El *TIN* tiene que concordar con el nombre provisto en la línea **1** para evitar la retención adicional de impuesto. Para los individuos, éste generalmente es su número de Seguro Social (*SSN*, por sus siglas en inglés). Sin embargo, para un extranjero residente, dueño único de un negocio o entidad no considerada como separada de su dueño, vea las instrucciones para la Parte I, más adelante. Para otras entidades, es su número de identificación del empleador (*EIN*, por sus siglas en inglés). Si no tiene un número, vea **Cómo obtener un *TIN***, más adelante.

Nota: Si la cuenta está a nombre de más de una persona, vea las instrucciones para la línea **1**. Vea también **Nombre y Número que se le Debe Dar al Solicitante** para las reglas generales sobre cuál número debe anotar.

Número de Seguro Social ___ – ___ – ____

Número de identificación del empleador ___ – ____

Parte II Certificación

Bajo pena de perjurio, yo certifico que:

1. El número que aparece en este formulario es mi número de identificación del contribuyente correcto (o estoy esperando que me emitan un número) y
2. No estoy sujeto a la retención adicional de impuestos porque (a) estoy exento de la retención adicional o (b) no he sido notificado por el Servicio de Impuestos Internos (*IRS*, por sus siglas en inglés) que estoy sujeto a la retención adicional de impuestos como resultado de no declarar todos los intereses o dividendos o (c) el *IRS* me ha notificado que ya no estoy sujeto a la retención adicional y
3. Soy ciudadano de los EE. UU. u otra persona de los EE. UU. (definido más adelante) y
4. El (Los) código(s) de la *FATCA* anotado(s) en este formulario (si alguno) indicando que estoy exento de declarar conforme a *FATCA* es el (son los) correcto(s).

Instrucciones para la certificación. Tiene que tachar la partida **2** anteriormente si el *IRS* le ha notificado que usted en estos momentos está sujeto a la retención adicional porque no declaró todos los intereses y dividendos en su declaración de impuestos. Para las transacciones de bienes inmuebles, la partida **2** no corresponde. Para los intereses hipotecarios pagados, la adquisición o abandono de bienes garantizados, la cancelación de deudas, las aportaciones a un arreglo individual de ahorro para la jubilación (*IRA*, por sus siglas en inglés) y, por lo general, los pagos que no sean intereses y dividendos, no se le requiere firmar la certificación pero tiene que proveer su *TIN* correcto. Vea las instrucciones para la Parte II, más adelante.

Firme Aquí **Firma de la persona de los EE. UU.** ____ **Fecha** ____

Instrucciones Generales

Las secciones a las cuales se hace referencia corresponden al Código Federal de Impuestos Internos, a menos que se indique de otra manera.

Acontecimientos futuros. Para la información más reciente sobre los acontecimientos relacionados con el Formulario W-9 y sus instrucciones, tales como legislación promulgada después de que éstos se hayan publicado, visite *www.irs.gov/FormW9SP*.

Qué Hay de Nuevo

La línea **3a** se ha modificado para aclarar cómo una entidad no considerada como separada de su dueño completa esta línea. Una *LLC*

To complete a W-9 form as a business, follow these instructions:

Box 1: Fill in your first and last name

Box 2: Fill in your business name

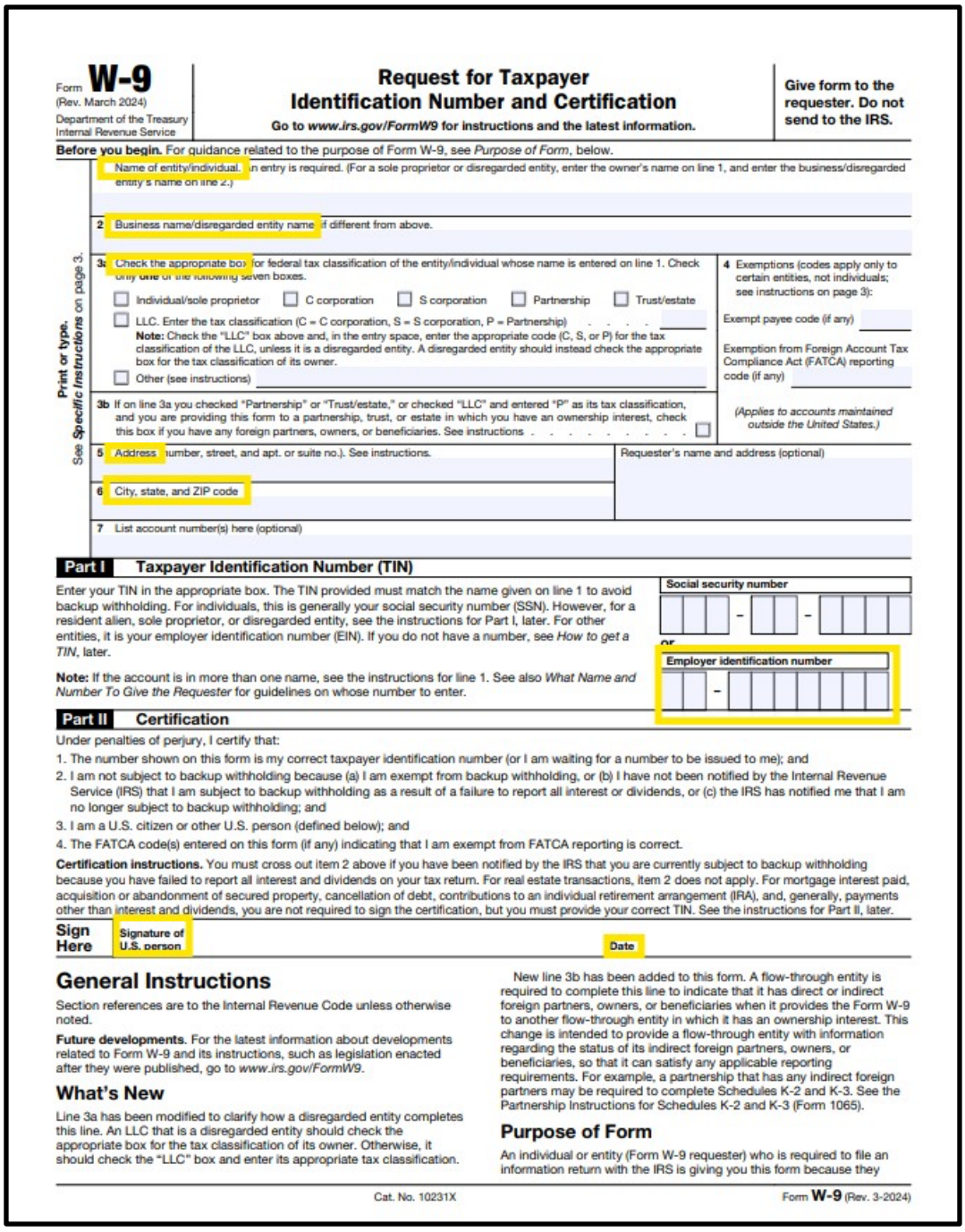
Box 3a: Check the appropriate box

Box 5: Fill in your mailing address

Box 6: Fill in your city, state, and zip code

Part I: Enter your Employer Identification Number

Part II: Enter your signature and date



Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

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

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☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

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)

Print or type. See *Specific Instructions* on page 3.

Part I Taxpayer Identification Number (TIN)

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Note: If the account is in more than one name, see the instructions for line 1. See also *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

General Instructions

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What's New

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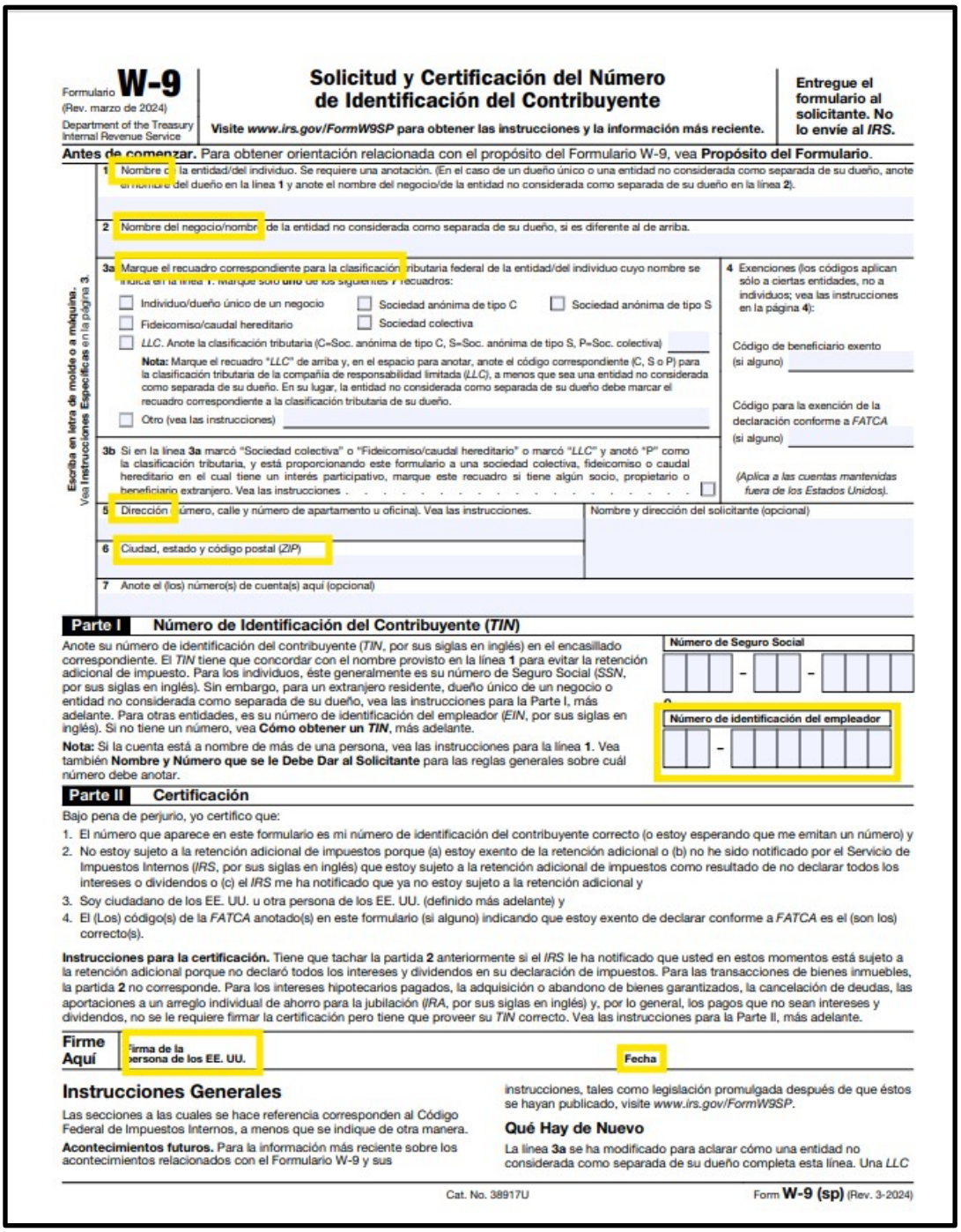
Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X Form **W-9** (Rev. 3-2024)



Formulario **W-9**
(Rev. marzo de 2024)
Department of the Treasury
Internal Revenue Service

Solicitud y Certificación del Número de Identificación del Contribuyente

Visite *www.irs.gov/FormW9SP* para obtener las instrucciones y la información más reciente.

Entregue el formulario al solicitante. No lo envíe al *IRS*.

Antes de comenzar. Para obtener orientación relacionada con el propósito del Formulario W-9, vea **Propósito del Formulario**.

Escriba en letra de molde o a máquina. Vea **Instrucciones Específicas** en la página 3.

1 Nombre de la entidad/del individuo. Se requiere una anotación. (En el caso de un dueño único o una entidad no considerada como separada de su dueño, anote el nombre del dueño en la línea **1** y anote el nombre del negocio/de la entidad no considerada como separada de su dueño en la línea **2**).

2 Nombre del negocio/nombre de la entidad no considerada como separada de su dueño, si es diferente al de arriba.

3a Marque el recuadro correspondiente para la clasificación tributaria federal de la entidad/del individuo cuyo nombre se indica en la línea **1**. Marque sólo **uno** de los siguientes 7 recuadros:

- ☐ Individuo/dueño único de un negocio
- ☐ Sociedad anónima de tipo C
- ☐ Sociedad anónima de tipo S
- ☐ Fideicomiso/caudal hereditario
- ☐ Sociedad colectiva
- ☐ *LLC*. Anote la clasificación tributaria (C=Soc. anónima de tipo C, S=Soc. anónima de tipo S, P=Soc. colectiva) _____

Nota: Marque el recuadro "*LLC*" de arriba y, en el espacio para anotar, anote el código correspondiente (C, S o P) para la clasificación tributaria de la compañía de responsabilidad limitada (*LLC*), a menos que sea una entidad no considerada como separada de su dueño. En su lugar, la entidad no considerada como separada de su dueño debe marcar el recuadro correspondiente a la clasificación tributaria de su dueño.

- ☐ Otro (vea las instrucciones) _____

3b Si en la línea **3a** marcó "Sociedad colectiva" o "Fideicomiso/caudal hereditario" o marcó "*LLC*" y anotó "P" como la clasificación tributaria, y está proporcionando este formulario a una sociedad colectiva, fideicomiso o caudal hereditario en el cual tiene un interés participativo, marque este recuadro si tiene algún socio, propietario o beneficiario extranjero. Vea las instrucciones . . . . . ☐

4 Exenciones (los códigos aplican sólo a ciertas entidades, no a individuos; vea las instrucciones en la página **4**):

Código de beneficiario exento (si alguno) _____

Código para la exención de la declaración conforme a *FATCA* (si alguno) _____

(Aplica a las cuentas mantenidas fuera de los Estados Unidos).

5 Dirección (número, calle y número de apartamento u oficina). Vea las instrucciones.

Nombre y dirección del solicitante (opcional)

6 Ciudad, estado y código postal (*ZIP*)

7 Anote el (los) número(s) de cuenta(s) aquí (opcional)

Parte I Número de Identificación del Contribuyente (*TIN*)

Anote su número de identificación del contribuyente (*TIN*, por sus siglas en inglés) en el encasillado correspondiente. El *TIN* tiene que concordar con el nombre provisto en la línea **1** para evitar la retención adicional de impuesto. Para los individuos, éste generalmente es su número de Seguro Social (*SSN*, por sus siglas en inglés). Sin embargo, para un extranjero residente, dueño único de un negocio o entidad no considerada como separada de su dueño, vea las instrucciones para la Parte I, más adelante. Para otras entidades, es su número de identificación del empleador (*EIN*, por sus siglas en inglés). Si no tiene un número, vea **Cómo obtener un *TIN***, más adelante.

Nota: Si la cuenta está a nombre de más de una persona, vea las instrucciones para la línea **1**. Vea también **Nombre y Número que se le Debe Dar al Solicitante** para las reglas generales sobre cuál número debe anotar.

Número de Seguro Social

___ – ___ – ____

o

Número de identificación del empleador

__ – _____

Parte II Certificación

Bajo pena de perjurio, yo certifico que:

1. El número que aparece en este formulario es mi número de identificación del contribuyente correcto (o estoy esperando que me emitan un número) y
2. No estoy sujeto a la retención adicional de impuestos porque (a) estoy exento de la retención adicional o (b) no he sido notificado por el Servicio de Impuestos Internos (*IRS*, por sus siglas en inglés) que estoy sujeto a la retención adicional de impuestos como resultado de no declarar todos los intereses o dividendos o (c) el *IRS* me ha notificado que ya no estoy sujeto a la retención adicional y
3. Soy ciudadano de los EE. UU. u otra persona de los EE. UU. (definido más adelante) y
4. El (Los) código(s) de la *FATCA* anotado(s) en este formulario (si alguno) indicando que estoy exento de declarar conforme a *FATCA* es el (son los) correcto(s).

Instrucciones para la certificación. Tiene que tachar la partida **2** anteriormente si el *IRS* le ha notificado que usted en estos momentos está sujeto a la retención adicional porque no declaró todos los intereses y dividendos en su declaración de impuestos. Para las transacciones de bienes inmuebles, la partida **2** no corresponde. Para los intereses hipotecarios pagados, la adquisición o abandono de bienes garantizados, la cancelación de deudas, las aportaciones a un arreglo individual de ahorro para la jubilación (*IRA*, por sus siglas en inglés) y, por lo general, los pagos que no sean intereses y dividendos, no se le requiere firmar la certificación pero tiene que proveer su *TIN* correcto. Vea las instrucciones para la Parte II, más adelante.

Firme Aquí | **Firma de la persona de los EE. UU.** _____ **Fecha** _____

Instrucciones Generales

Las secciones a las cuales se hace referencia corresponden al Código Federal de Impuestos Internos, a menos que se indique de otra manera.

Acontecimientos futuros. Para la información más reciente sobre los acontecimientos relacionados con el Formulario W-9 y sus instrucciones, tales como legislación promulgada después de que éstos se hayan publicado, visite *www.irs.gov/FormW9SP*.

Qué Hay de Nuevo

La línea **3a** se ha modificado para aclarar cómo una entidad no considerada como separada de su dueño completa esta línea. Una *LLC*

Cat. No. 38917U — Form **W-9 (sp)** (Rev. 3-2024)

Required document #3: DCYF/DHS Family Child Care License

Upload a copy of your current DCYF/DHS Family Child Care License with a valid expiration date or the current DCYF/DHS Family Child Care License where you are employed.

STATE OF MINNESOTA
Family Child Care License
DEPARTMENT OF HUMAN SERVICES

License Issued To: [redacted]

Doing Business At: [redacted]
Capacity: 14
Class: C3-Group Family Child Care
Two adult caregivers required for 14 children, maximum of 10 under school age, of which no more than 4 shall be infants/toddlers; of which no more than 3 shall be infants.

Service(s) Provided: Family Child Care
County/Agency: [redacted]
Ages Served: 6 weeks through 10 years
No transporting of children under age nine.

License Number: [redacted]
Issue Date: 6/1/2024 Expiration Date: 5/31/2026

Kulani R. Moti
Inspector General

Jodi Harpstead
DHS Commissioner

Minnesota Department of Human Services
Office of Inspector General, Licensing Division
P.O. Box 64242, Saint Paul, MN 55164-0242
http://www.dhs.state.mn.us/licensing

In accordance with the provisions of Minnesota State Statute Chapter 245A and Minnesota Rules, parts 9502.0030 to 9502.0445 established by the Department of Human Services, a license is granted to:

[redacted]

For questions about your child's care, contact Washington County Community Services at (651) 430-6000
For more information about a licensed program visit https://licensinglookup.dhs.state.mn.us/

After You Complete Your REETAIN Bonus Application

Once you have answered all the application questions and uploaded your three required documents, you will receive a pop-up window confirming that your application has been submitted. You will also receive an email confirming receipt of your application. Please check your spam folder for your confirmation email.

The REETAIN team will review and score applications. You will receive an email by December 20 letting you know if you have been:

- Awarded a REETAIN bonus for this round and will include the next steps on accepting and receiving your bonus, OR
- Denied a REETAIN bonus due to one of the following reasons: ineligible application, incomplete application, or lack of funds.