DeKalb County Veterans Assistance Commission

American Legion Posts 66, 99, 181, 337, 654
Veterans of Foreign Wars Posts 1486, 5768, & 8387
40 et 8 Voiture 207

President Celeste Latham, Vice-President Jim Cox, and Treasurer Bob Coulter

Non-Certified Posts: American Legion Posts #598, #772, #1010, AmVets Post #90, Marine Corps League Detach. #847

2500 N. Annie Glidden Rd., Five Seasons Room
DeKalb IL
May 12th, 2025 starting (tentatively) at 6:00pm

I. Call to Order

II. Pledge of Allegiance

III. Roll Call of Delegates/Alternates

IV. Public Comment

V. Reading & Approval of the April 2025 Meeting Minutes

VI. Treasurer's Report

VII. Superintendent's Report
a. Approval of April 2025 Expenses

VIII. Committee Reports

IX. Unfinished Business
a. Policies for Transportation

X. New Business

XI. For the Good of the Commission

XII. Adjournment

DeKalb County Veterans Assistance Commission Meeting Minutes
April 14th, 2025
DCVAC Meeting

Meeting started at 5:57pm with President Celeste Latham presiding.

Board Members Present: President Celeste Latham, Vice President H. James Cox, Director Bob Bend, and acting Secretary Tammy Anderson.

Delegate/Alternate: Ernie McGee (A), Donald Brown (D), Frank Beierlotzer (A), Joseph Hodder (D), Charlotte Hodder (A), Dwain Adkins (D), George Schippits (D), and William Lambert (A).

Public Comment: N/A

Meeting Minutes: The March 10th, 2025 meeting minutes were reviewed. A clarification was made For the Good of the Commission per Frank Beierlotzer's request - Minutes passed.

Treasurer's Report: Treasurer Bob Coulter was unable to attend the meeting, but provided a copy of the Resource Bank DCVAC Checking Account (See attached). March 2025 ending balance of $5,928.30. Motion was made by Frank Beierlotzer to accept the Treasurer's report as presented subject to audit, seconded by Don Brown subject to audit – Vote called – Motion passed.

Superintendent's Report:

Meeting	Month Expenditures	Total Activity	Recoveries YTD	Financial Assistance	Transport
04/14/2025	March /$47,345.80	2,328	$553,502.93	14/$7,975.00	28 Trans/22 Trips

A motion was made by Ernie McGee to approve March's monthly expenses as presented, seconded by Bob Bend – Roll Call Vote – Motion Passed.

Committee Reports: Frank Beierlotzer presented a flyer (see attached).

Unfinished Business: N/A

New Business: A discussion was made in regards to who can receive rides from the office to VA Medical Centers. Additional information will be obtained & the discussion will continue at the next meeting.

For the Good of the Commission: N/A

Adjournment: Being no further business, a motion was made by Frank Beierlotzer to adjourn, seconded by Don Brown – Vote called – Motion passed. Meeting adjourned at 6:40 pm.

Respectfully submitted by acting Secretary Tammy Anderson.

DEKALB COUNTY VETERANS ASSISTANCE COMMISSION
REPORT FOR THE MONTH OF APRIL 2025 EXPENSES
STATE OF THE BUDGET

Communication	QUANTITY	YTD
Phone	440	1718
Office Visit	160	552
Outreach/Home Visits	3	18
Email/Mail	233	1026
Direct Submit	42	181
Fax	8	18
Other/Forms	358	1974
Total Employee Communictions	1244	5487
Total Employee Activity	1741	7671

VA AWARDANCE	MONTHLY	YTD
Monthly	$ 23,161.72	$ 115,915.76
Retro	$ 138,202.61	$ 598,951.50
Total	**$ 161,364.33**	$ 714,867.26

EXPENDITURES		MONTHLY	YTD
Salaries and Benefits		$ 36,121.24	$ 154,685.48
Training and Meetings		$ 2,780.51	$ 4,524.44
Office Expenses		$ 1,375.19	$ 6,265.22
Building Space/Maintenance		$ -	$ -
Direct Assistance to Veterans	**Number Assisted**		
Shelter	13	$ 7,375.00	$ 29,300.00
Other	0	$ -	$ -
Drivers Per Diem		$ 510.00	$ 1,500.00
Disaster Assistance	0	$ -	$ -
Vehicle Expense			
Vehicle Purchase		$ -	$ -
Fuel Cost $2.65 gal		$ 450.23	$ 1,199.35
Maintenance		$ 78.89	$ 10,168.97
	Totals	**$ 48,691.06**	$ 207,643.46

Transportation Logs	QUANTITY	YTD
Trips	27	105
Hours Donated	155.00	605.5
Transported	39	137
Miles	4882	17693
Fuel (gallons)	169.9	444.2

SUMMARY	PERCENTAGE	AMOUNT
Budget	100%	$ 729,600.00
Previous YTD Expenditures	-22%	$ 158,952.40
Current Month Expenditures	-7%	$ 48,691.06
Balance	72%	**$ 521,956.54**

Restricted Fund Balance $ 1,133,582.00

DEKALB COUNTY VETERANS ASSISTANCE COMMISSION
VETERANS ASSISTANCE APRIL 2025/ TRANSPORTATION REPORT MARCH 2025
MEETING MONTH OF MAY 2025

	Shelter		Transportation
Towns	**Amount**	**# of Vets**	**# of Vets**
Cortland			
DeKalb	$ 4,675.00	8	21
Fairdale			
Genoa			1
Hinckley			
Kingston			
Kirkland			4
Clare			1
Malta			
Sandwich	$ 900.00	2	4
Shabbona	$ -		
Somonauk			3
Sycamore	$ 1,800.00	3	4
Waterman			1

Total	$ 7,375.00	13	39

ResourceBank
A NATIONAL BANK
Main Bank Office (815) 756-8221 (FAX) 895-4122
Tele-Banking (815) 756-8[illegible] (FAX) 895-4[illegible]
www.ResourceBank.com
Mobile Banking App - MyResourceBank

Cortland	(815) 756-2266	Malta	(815) 825-2071
DeKalb	(815) 748-2100	Serena	(815) 496-[illegible]
Genoa	(815) 784-5401	Shabbona	(815) 824-[illegible]
Hampshire	(847) 683-[illegible]	Somonauk	(815) 570-[illegible]
Hinckley	(815) 286-3241	Sycamore	(815) 895-[illegible]
Leland	(815) 495-7040	Member FDIC	

000 00005 01 PAGE: 1
ACCOUNT: XXXXXX4732 04/30/2025

ASSISTANCE COMMISSION
DEKALB COUNTY VETERANS 30-0
2583 S SNYDER ROAD 1
OREGON IL 61061 0

NOT FOR PROFIT-NIB ACCOUNT XXXXXX4732

DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			03/31/25	5,928.30
DEPOSIT		25.00	04/24/25	5,953.30
BALANCE THIS STATEMENT			04/30/25	5,953.30

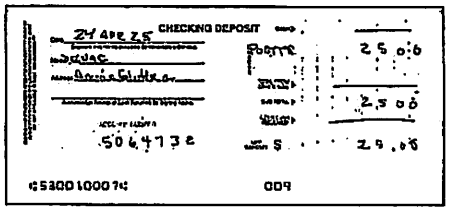
TOTAL DAYS IN STATEMENT PERIOD 04/01/25 THROUGH 04/30/25: 30

TOTAL CREDITS	(1)	25.00	AVG AVAILABLE BALANCE	5,933.30
TOTAL DEBITS	(0)	.00		

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

	TOTAL FOR THIS PERIOD	TOTAL YEAR TO DATE
TOTAL OVERDRAFT FEES:	$.00	$.00
TOTAL RETURNED ITEM FEES:	$.00	$.00

ResourceBank
A NATIONAL BANK



4/24/2025 Deposit $25.00

facebook

Log In

Dekalb American Legion Post #66's Post

Dekalb American Legion Post #66
1d ·

The following times and locations have been set. Please spread the word and attend the services our Honor Guard conduct.

Honor Guard
Sunday May 25, 2025

9:00am	Fairview Park Cemetery
9:30am	Malta Cemetery
9:50am	First Congregational Cemetery (Next to Ellwood House)
10:05am	St. Mary Cemetery
10:15am	Kishwaukee River (Hillcrest)
10:30am	County Cemetery (Next to Michaels)
10:45am	Ohio Grove Cemetery (Barber Green)
11:10am	Cortland Cemetery
11:40am	Afton Township Cemetery(Perry Rd.)
11:55am	Evergreen Cemetery(7th&Roosevelt)

2

2 shares

Like Comment

Motorcycle Escort for Three Memorial Day Parades

Monday, Memorial Day, May 26, 2025, Staging DeKalb Elks Lodge 765 7:45am, KSU 8:05am, DeKalb Clock 8:30am, DeKalb Memorial Day Parade 9:00am, Sycamore Memorial Day Parade 10:00am and Genoa Memorial Day Parade 11:00am.
(Contact Frank Beierlotzer, ffb66@juno.com or 815-901-3834)

Breakfast is available as listed below. $10.00 RSVP Prepaid or pay $15.00 at the door.

Chef de Gare
Celeste Latham
5 Boulevard St.
Sandwich, Illinois 60548
E-mail celestelatham@yahoo.com

DeKalb County
Forty et Eight
Voiture 207

Correspondent
Dr. John Chatellier
PO Box 179
DeKalb, Illinois 60115 815-786-4874
E-mail ajchat3@aol.com 815-748-3102

The ***2025 MAYORS' MEMORIAL DAY BREAKFAST*** **will be on Monday, May 26, 2025** from 6:30am to 7:15am at the **Elks DeKalb Lodge No. 765,** 209 S. Annie Glidden Road, DeKalb, Illinois 60115.

This will be the 33rd breakfast on Memorial Day and the 9th breakfast at the Elks Lodge. We are asking everyone to join us and then attend one or more of the Memorial Day events. There will be a United Prayer at 7:15am, a short program at 7:30am and we will be done by 8:00am. Motorcycle ride starting at about 8:05am.

Sincerely,

POW*MIA
YOU ARE NOT
FORGOTTEN

Remembering veterans
on Memorial Day
and all year long.

Grande Voiture d' Illinois, Forty et Eight,
DeKalb County 40&8 Voiture 207
Public Relations, Frank F. Beierlotzer,
1384 Omega Circle Drive, DeKalb IL 60115

E-mail ffb66@juno.com or Phone 815-758-5788

Please RSVP and prepay by Check. **Please clip on the line and return as soon as possible.**

Title_____ Phone #_____

Name_____ **E-mail**_____

Address_____ City_____ State_____ Zip_____

Guest(s) Name(s)_____
I/we will be at the 2025 Mayors' Memorial Day Breakfast. (please circle one) yes or no # (_____) attending

$10.00 RSVP Check mailed before 05-21-2025. **CHECKS payable to:** **40&8 - 2025 Mayors' Breakfast**

Please pay in advance to help us with our planning. **Check No.**_____ Amount_____

Mail to: Frank Beierlotzer, 1384 Omega Circle Drive, DeKalb, IL 60115 MMDB-MCE-2025-05-26-Inv.005____

Otherwise, just show up and pay $15.00 at the unpaid table located in the bar area.

DeKalb Masonic Lodge 144

402 East Fairview Drive, POB 644, DeKalb, Illinois

815-756-2613

Rain or Shine

Dive Thru Pork Chop Dinner, Friday, May 23, 2025, from 4:30pm-7:00pm

The DeKalb Masonic Temple Association, Inc. (DMTAI) is comprised of three masonic bodies. The DeKalb Lodge #144 Ancient Free and Accepted Masons, the Order of Eastern Star Dustin Chapter #365 and the Order of the White Shrine of Jerusalem #47.

We are working together to have a Drive Thru Pork Chop Dinner on Friday, May 23, 2025 from 4:30pm to 7:00pm. Please support us by having a nice Friday night family dinner.

The meal will consist of a 1 Pork Chop, Potato Salad, Baked Beans, Dinner Roll, Cookie, napkin and plastic utensils with a to go container. **The cost is RSVP Pre-paid $10.00 per meal.** Payment needs to be made by check. Please use the form below to purchase your dinner(s).

We are only making a certain number of dinners, so if there are any left after the RSVP Pre-paid Sales are given out, then we will be able to provide left over pork shop dinners at the drive thru from 6:30pm to 7:00pm for $10.00 per dinner paid for by check or cash.

Money raised goes to support DeKalb Masonic Lodge 144, our new roof, scholarships for local college bound students and other community support. We do have four picnic tables available. The DeKalb Masonic Lodge 144 thanks you for your support.

Sincerely, DMTAI Board President, Frank F. Beierlotzer, **E-mail: ffb66@juno.com or Phone 815-756-2613.**

Please RSVP and prepay by check. Please clip on the line and return as soon as possible but **before May 15, 2025**.

Name_____

Phone #_____**E-mail**_____

Address_____City_____State_____Zip_____

I wish to order, RSVP and Pre-pay for _____# Pork Chop dinners. Check #_____

Make check payable to: Masonic Dinner - 2025. **In memo write: Pork Chop Dinner**

Mail to: DeKalb Masonic Lodge 144, 402 East Fairview Drive, POB 644, DeKalb, 60115

PorkChopDinner-2025-05Email.002

DEKALB COUNTY
VETERANS ASSISTANCE COMMISSION
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 FAX: 815-748-2142

Veteran Trip Registration

Name: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

VA Medical Center: _____

Date of Birth: _____ Last 4 SS#: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

(2nd) Emergency Contact: _____

(2nd) Emergency Contact Phone #: _____

Will anyone else be riding with you or assisting you in your trip? If so, who:

_____

Do you have any medical conditions that we should be aware of and/or need additional assistance with (ie, seizures, blindness, wheelchair assistance, etc.)?

_____

I agree to give this information to the DeKalb County Veterans Assistance Commission for emergency situations.

Signature: _____ Date: _____

(A copy of your DD Form 214 & Drivers License is required – This is a yearly renewal)
01/2025

DEKALB COUNTY
VETERANS ASSISTANCE COMMISSION
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 FAX: 815-748-2142

I, _____ (Veteran Rider), agree to the following policies regarding my scheduled transportation to VA Medical Centers provided by the DeKalb County Veterans Assistance Commission (DCVAC):

- All rides will be scheduled through the DCVAC office
- All rides will be for VA medical appointments ONLY! Fraudulent rides will result in permanent suspension of this service.
- You must be in good standing with our office (DCVAC) to use this service.
- No phone calls are to be made directly to our drivers.
- I understand that I have to notify the DCVAC office of any changes in my address or phone number
- If more than one Veteran has an appointment, we will arrange the schedule to accommodate all Veterans. (This may require some wait time)
- Family members can accompany Veterans if space is available. Veterans riding to the VA Medical Centers have preference over family members accompanying the Veteran unless the Veteran requires assistance of a family member.
- All rides are from your DeKalb County residence to the VA Medical Center and back to your DeKalb County residence.
- No less than 24 hours is required for cancellation of scheduled rides. Failure to do so will result in a minimum suspension of transportation or termination of transportation.
- I understand I am ineligible to obtain travel pay because I am not incurring any expense to get to the VA Medical Center.
- Courtesy to our drivers, fellow Veteran riders and staff is MANDATORY!
- Confidentiality is MANDATORY!! – I understand that any information pertaining to my fellow Veterans is protected from disclosure by the Freedom of Information Act (FOIA) and the Health Insurance Portability and Accountability Act (HIPAA).

I understand that failure to comply with the above listed policies will result in permanent suspension of this service. I also understand, that these policies can be changed/added by the DCVAC Superintendent at any time without written notification. I understand that I have to reapply each year prior to receiving a ride, failure to do so would result in suspension of rides.

Please keep in mind that our drivers are volunteers. The generous donation of their time enables our office to provide this valuable service to our veterans. We appreciate your efforts to adhere to these policies to the benefit of everyone involved.

Veterans Signature_____ Date_____

01/2025

DeKalb County Veterans Assistance Commission
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 fax 815-748-2142

Transportation Participants

- You will notify our office of any appointment cancellations no later than 24 hours prior to your appointment.

- You will be picked up from your home residence and returned to your home residence the same day unless the VA medical center requires it.

- If we are providing your transportation to & from a VA Medical facility, you are NOT eligible for travel reimbursement.

- All transportation arrangements WILL be made through the DCVAC office only – not with the driver.

- Any abuse of this program will cause you to be permanently barred.

Effective Immediately

DeKalb County Veterans Assistance Commission
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 fax 815-217-0417

Confidentiality Agreement

The DeKalb County Veterans Assistance Commission (DCVAC), its employees and volunteers, perform many important and confidential functions for the Veterans, widows of Veterans, and dependents of Veterans residing in this county.

Therefore, the work that is performed for these individuals must be kept in the strictest confidence. Documents, appeal hearings, claims for VA or domestic assistance, and all other data pertaining to the business of this Commission and the files of these individuals MUST NOT be disclosed to any individual or the media.

Information pertaining to Veterans, widows, and their dependents receiving services from DCVAC, its employees and volunteers, are protected from disclosure by the Illinois Freedom of Information Act (F.O.I.A.) and the Health Insurance Portability and Accountability Act (HIPAA), and cannot be disclosed without their expressed written consent or the signed consent of their power of attorney.

In the event that a disclosure of information takes place, a full investigation will be conducted. If it determined that a DCVAC Board Member, Employee or Volunteer has willfully violated this agreement, disciplinary action up to or including dismissal of an employee, removal of a DCVAC Board Member or termination of a Volunteer will be taken. Additionally, legal action by the DCVAC Board can be pursued if a confidence violation occurs.

I, _____ acknowledge and accept the terms of this agreement as witnessed by my signature.

_____

(Signature of DCVAC Board Member, Employee, Volunteer) (Date)

_____

(Witness Signature DCVAC Superintendent) (Date)

DeKalb County Veterans Assistance Commission
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 fax 815-217-0417

Volunteer Driver Application

Name: _____

Address: _____

City: _____ State: IL Zip Code: _____

Date of Birth: _____ Driver's License #: _____

Phone #: _____ Phone #: _____

SSN: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ Phone#: _____

Do you have any driving restriction? _____

I certify that I have a safe driving record. I have had _____ traffic tickets(s) in the past **five years** and _____ vehicle accidents(s) in the past **five years**

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis". I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled. I am aware that a background check will be conducted as part of my being considered for a volunteer driver assignment. I understand that I am responsible for presenting my driver's license and proof of vehicle insurance with valid dates to DCVAC initially and each time the license or insurance is renewed.

For the protection of DCVAC clients, I agree that all information shared will be kept in strict confidence and contact with the clients will be limited to transportation to and from medical facilities.

_____ _____

Signature Date

Volunteer Driver Preference

I am willing to drive to Hines _____, Madison _____, Other _____, or All _____.

I prefer to drive on the following Days:

Monday_____, Tuesday_____, Wednesday_____, Thursday_____, Friday_____.

I prefer to drive:

Morning _____, Afternoon _____, Anytime _____

Some the trips begin as early as 4:00 am and return as late as 8:00 pm. We do try to have the Veteran schedule their appointments during reasonable hours, but sometimes it cannot be helped.

We welcome any comments or suggestions to better serve our Veterans:

_____

_____

_____

_____

_____

DeKalb County Veterans Assistance Commission
2500 N. Annie Glidden Rd., Suite A
DeKalb, IL 60115
815-756-8129 fax 815-217-0417

Confidentiality Agreement

The DeKalb County Veterans Assistance Commission (DCVAC), its employees and volunteers, perform many important and confidential functions for the Veterans, widows of Veterans, and dependents of Veterans residing in this county.

Therefore, the work that is performed for these individuals must be kept in the strictest confidence. Documents, appeal hearings, claims for VA or domestic assistance, and all other data pertaining to the business of this Commission and the files of these individuals MUST NOT be disclosed to any individual or the media.

Information pertaining to Veterans, widows, and their dependents receiving services from DCVAC, its employees and volunteers, are protected from disclosure by the Illinois Freedom of Information Act (F.O.I.A.) and the Health Insurance Portability and Accountability Act (HIPAA), and cannot be disclosed without their expressed written consent or the signed consent of their power of attorney.

In the event that a disclosure of information takes place, a full investigation will be conducted. If it determined that a DCVAC Board Member, Employee or Volunteer has willfully violated this agreement, disciplinary action up to or including dismissal of an employee, removal of a DCVAC Board Member or termination of a Volunteer will be taken. Additionally, legal action by the DCVAC Board can be pursued if a confidence violation occurs.

I, _____ acknowledge and accept the terms of this agreement as witnessed by my signature.

_____

(Signature of DCVAC Board Member, Employee, Volunteer) (Date)

_____

(Witness Signature DCVAC Superintendent) (Date)

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.

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

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

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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1446 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under *"By signing the filled-out form"* above (for reportable interest and dividend accounts opened after 1983 only).

DeKalb County Veterans Orginizations
Voting Monday May 12th, 2025

Veterans of Foreign Wars	Delegates & Alternates	Present	Superintendents Report Approval April 2025		
	D: H. James Cox (V.P.)	X	Y		
Post #1486 Sandwich.	*A: Rebecca Ropp*				
	D: Gerald Drake	X	Y		
Post #5768 Sycamore	*A: Ernie McGee*				
	D: Donald Brown				
Post #8387 Genoa	*A: Frank Beierlotzer*				

American Legion

	D: Joseph Hodder	X	Y		
Post #66 DeKalb.	*A: Charlotte Hodder*	X	Y		
	D: Dwain Adkins	X	Y		
Post #99 Sycamore.	*A: Ed McComb (Dir 2025)*	X	Y		
	D: Celeste Latham (President)	X	Abstain	Abstain	
Post #181 Sandwich	*A: Joseph Kotalik*				
	D: George Schippits	X	Y		
Post #337 Genoa	*A: William Lambert*	X	Y		
	D:				
**Post #598 Hinckley*	*A:*				
	D.Robert Bend (Dir 2026)	X	Y		
Post #654 Waterman	*A: Nicole Begne*				
	D:				
**Post # 772 Somonauk*	*A:*				
	D:				
**Post #1010 Kingston*	*A:*				

	D: Robert Coulter (Treasurer)	X	Y		
40 et 8 Voiture 207	*A: Loren Monsess*				

**Marine Corps League Detachment #847 DeKalb Cty*	*D:*				
	A:				

	D:				
**AmVets Post #90 DeKalb*	*A:*				

* Not Regular Attendees

NC= not coming

DCVAC Superintendent	Tammy Anderson	X	Abstain	Abstain

DeKalb County Veterans Assistance Commission

American Legion Posts 66, 99, 181, 337, 654
Veterans of Foreign Wars Posts 1486, 5768, & 8387
40 et 8 Voiture 207

President Celeste Latham, Vice-President Jim Cox, and Treasurer Bob Coulter

Non-Certified Posts: American Legion Posts #598, #772, #1010, AmVets Post #90, Marine Corps League Detach. #847

Sign in for DCVAC meeting on May 12th, 2025

Name & Organization		Circle One
1. Bill Lambert		Driver/Passenger
2. Robert E Coulter		Driver/Passenger
3. Celeste Latham		Driver/Passenger
4. Ruwin Adkins	Post 99	Driver/Passenger
5. Ed McComb	Also Post 99	Driver/Passenger
6. Gerry Drake	Post 5768	Driver/Passenger
7. George Schuyler	337	Driver/Passenger
8. Charles Hyde	P. 66	Driver/Passenger
9. Joe Holder	Post 66	Driver/Passenger
10. BOB BEND	AL 654	Driver/Passenger
11. [illegible]	VFW 1486	Driver/Passenger
12.		Driver/Passenger