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DATE:

RE: 2022Mississippi Trauma Informed Care Conference

| Item Description Please include registrant name(s) in description. | Unit Price | Quantity | Total | | | |
|---|------------|----------|-------|--|--|--|
| Conference Registration for | | | | | | |
| Conference Registration for | \$100.00 | | | | | |
| Conference Registration for | \$100.00 | | | | | |
| Conference Registration for | \$100.00 | | | | | |
| Total: | | | | | | |

Please Remit Payment to:

NAMI MS

Attn: 2022 MS Trauma Informed Care Conference

298 Commerce Park Drive, Suite C

JRidgeland, MS 39157

For questions regarding this invoice contact Joy Amerson, Accounts Manager at 601-899-9058 or stateoffice@namims.org.

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

send to the IRS.

Give Form to the requester. Do not

| nitestis | Nevertide Service Go to www.irs.gov/Formw9 for it | istructions and the late | estimon | maı | ion. | | - 1 | | | | | | |
|---|--|---|--|-------|---------|---|--|---|----------------------|-----------------------------|------|--|--|
| | Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. NAMI Mississippi | | | | | | | | | | | | |
| s on page 3. | Business name/disregarded entity name, if different from above | | | | | | | | | | | | |
| | NAMI MS | | | | | | | | | | | | |
| | Check appropriate box for federal tax classification of the person whose n following seven boxes. | | | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | |
| | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC | on | Partnership Trust/estate Exempt payee cod | | | | | ode (if | any) | | | | |
| t p | Limited liability company, Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ | | | | | | | | | - | | | |
| Print or type. fic Instruction | Note: Check the appropriate box in the line above for the tax classifical LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the | from the owner unless the purposes. Otherwise, a single | e owner unless the owner of the LLC is es. Otherwise, a single-member LLC that | | | | Exemption from FATCA reporting code (if any) | | | | | | |
| eci | | Profit | | | | (Applies to accounts maintained outside the U.S.) | | | | | | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requester's name and ad | | | | | | address (optional) | | | | |
| See | 2618 Southerland St. Suite 100 | | | | | | | | | | | | |
| | 6 City, state, and ZIP code | | | | | | | | | | | | |
| | Jackson, MS 39216 | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | |
| Par | Taxpayer Identification Number (TIN) | | | | | | | | | _ | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a backup withholding. For individuals, this is generally your social security number (SSN), However, 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 <i>How to g</i> | | | | So | cial se | curity | numb | er | | | | | |
| | | | for a | | | | | | | | | | |
| | | | et a | | | | | | L | | | | |
| T/N, later. | | | | or | | | | | | | -8 | | |
| | f the account is in more than one name, see the instructions for line or To Give the Requester for guidelines on whose number to enter. | 1. Also see What Name | and | Em | ploye | identi | ficatio | on nu | ımber | _ | - | | |
| rvarrio | The dive the riequester for guidelines on whose number to enter. | | | 6 | 4 | - 0 | 7 | 8 | 6 3 | 4 | 9 | | |
| Part | II Certification | | | _ | | | | | | | | | |
| | penalties of perjury, I certify that: | | | _ | | | | | | | | | |
| 1. The 2. I am Sen | number shown on this form is my correct taxpayer identification nur not subject to backup withholding because: (a) I am exempt from b ice (IRS) that I am subject to backup withholding as a result of a faili | ackup withholding, or (b |) I have r | not l | been r | otified | by tl | he Ir | nterna | | | | |
| | onger subject to backup withholding; and | | | | | | | | | | | | |
| | a U.S. citizen or other U.S. person (defined below); and | | : | 4 | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exertation instructions. You must cross out item 2 above if you have been | | | | | in a t t a | اممط | | ا ممامالان | اسمناما | h | | |
| you ha acquisi | re failed to report all interest and dividends on your tax return. For real ection or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, | state transactions, item 2 tions to an individual retir | does no rement ar | t ap | ply. Fo | or mor t (IRA) | tgage , and | inte gene | rest pa erally, j | ai <mark>d</mark> , paym | ents | | |
| Sign Here | Signature of Janual Windley | | Date ► A | 4 | 12 | 12 | 20 | 2 | 2 | | | | |
| Ger | eral Instructions | • Form 1099-DIV (dif | vidends, | inc | | • | | | | mutı | ual | | |
| Section noted | references are to the Internal Revenue Code unless otherwise | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) | | | | | | | | | | | |
| Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted | | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) | | | | | | | | | | | |
| | ey were published, go to www.irs.gov/FormW9. | • Form 1099-S (proceeds from real estate transactions) | | | | | | | | | | | |
| Purp | ose of Form | Form 1099-K (merchant card and third party network transactions) | | | | | | | | | | | |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer | | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) | | | | | | | | | | | |
| | cation number (TIN) which may be your social security number ndividual taxpayer identification number (ITIN), adoption | Form 1099-C (canceled debt) | | | | | | | | | | | |
| axpay | er identification number (ATIN), or employer identification number | Form 1099-A (acquisition or abandonment of secured property) | | | | | | | | | | | |
| amoun | report on an information return the amount paid to you, or other reportable on an information return. Examples of information | Use Form W-9 only if you are a U₊S. person (including a resident alien), to provide your correct TIN. | | | | | | | | | | | |
| | include, but are not limited to, the following. 1099-INT (interest earned or paid) | 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. | | | | | | | | | | | |