



January 1, 2025

Dear Director:

The National Association of County Human Services Administrators (NACHSA) appreciates your past support and asks you to renew your 2025 dues today.

Last year, NACHSA advocated on behalf of counties on a number of issues and prepared NACHSA analyses on budget proposals as well as a post-election brief describing the legislative and administrative tools available to the new Republican House, Senate, and White House.

Partnering with NACo, the American Public Human Services Association, the Child Welfare League of America, the National Child Support Engagement Association and many others, NACHSA focused on two bills to assist families in the child welfare and child support systems. The House and Senate passed the measures overwhelmingly and President Biden signed the unified bill in early January. The measure increases funding and administrative flexibility for IV-B programs and preserves the ability of private contractors to continue to assist state and county child support agencies in obtaining and distributing child support payments.

This year, NACHSA will fight against expected threats to federal programs, including Medicaid and the Supplemental Nutrition Assistance Program (SNAP). There will be efforts to make cuts to both of those programs and others which would not only affect state and county financing and administrative mechanisms, but, most importantly, the families served by counties. Through the NACHSA e-Alert and anticipated NACHSA webinars, county members will have insights into what to expect in those programs and many others.

NACHSA's Tom Joseph has also bolstered NACHSA's advocacy and information efforts by hiring Rachel Mackey who was NACo's Human Services, Education and Veterans Affairs lobbyist.

To continue and expand our work, we need you as a dues-paying member. After 21 years of no dues increases, the Board has approved a very modest increase, amounting to a \$14 increase for the smallest counties to \$215 for counties over 500,000 population. As the only national organization focused solely on representing county administrators, NACHSA remains a great investment and adds value to the work you do every day.

Thank you in advance for your support and participation. Enclosed is an invoice which is based on county population. If you have any other questions, please contact Tom Joseph at [tj@paragonlobbying.com](mailto:tj@paragonlobbying.com) or call him at 202.449.0398.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Debbie-Ann Anderson', with a stylized, cursive script.

Debbie-Ann Anderson

NACHSA President

Director, Human Services, Union County, New Jersey

## **Calendar Year 2025 NACHSA Membership Dues Invoice**

**County/State:**

### **County Population | Membership Dues Rate**

Under 50,000 | \$143.00

Greater than 50,000 but less than 100,000 | \$150.00

Greater than 100,000 but less than 250,000 | \$363.00

Greater than 250,000 but less than 500,000 | \$750.00

Greater than 500,000 | \$1,525

Statewide Assn. of County Human Services Administrators | \$1,525

### **Contact Information**

Name:

Title:

County/Department:

Address:

Telephone:

Email:

### **Please return this form with your dues to:**

Roxane Somerlot, NACHSA Treasurer  
Marion County Job & Family Services  
363 W. Fairground St.  
Marion, OH 43302

Please remit payment payable to: NACHSA

Federal Tax ID: 52-2082778

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.<br>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.)<br><b>National Association of County Human Services Administrators</b>  |   |
|  | 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.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br>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.<br><input checked="" type="checkbox"/> Other (see instructions) <b>Non profit association under Section 501(c)(3)</b> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br>(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. <input type="checkbox"/>   |   |
|  | 5 Address (number, street, and apt. or suite no.). See instructions.<br><b>363 West Fairground Street</b>   | Requester's name and address (optional)   |
| 6 City, state, and ZIP code<br><b>Marion, Ohio 43302</b> |   |   |
| 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 |   |   |   |   |   |   |   |   |   |
| 5                              | 2 | - | 2 | 0 | 8 | 2 | 7 | 7 | 8 |

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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<br> | Date<br><b>01/13/2025</b> |
|-----------|---|---------------------------|

## 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).

## 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