

This is your

New York State Dairy Assistance Program

A P P L I C A T I O N

TO RECEIVE YOUR PAYMENT

- ❶ Complete Parts A, B and C.
- ❷ Complete the W-9 Request for Taxpayer ID number.
- ❸ Sign your application where indicated.

*For faster processing of your payment,
complete the **Direct Deposit Authorization**.*

Applications to be postmarked by April 27, 2007.

*Questions? Call 1-800-554-4501 and ask for
the **Dairy Assistance Program**.*

For additional copies of the application and other information,
go to the New York State Department of Agriculture and Markets'
website at **www.agmkt.state.ny.us**

NYS DAIRY ASSISTANCE PROGRAM APPLICATION

OFFICE USE

Control No. _____

Part A. Applicant Information

Name of Producer: _____

Address of Producer: _____

Phone: (____) _____ Email Address: _____

Producer's Taxpayer ID Number (If an individual, Social Security Number): _____

County Location of Dairy Operation: _____

Name of cooperative or dealer who markets or purchases my milk: _____

Did you participate in MILCX program in 2006? YES ☐ NO ☐

If YES, indicate MILCX contract number: _____

If NO, submit production verification records, including but not limited to milk marketing payment stubs, bulk tank records, milk handler records and daily milk marketing records.

Part B. Eligible Milk Production

Eligible milk production up to 4.8 million pounds produced during 2006 will qualify for payment.

The following milk shall not be considered commercially marketed and is ineligible for dairy assistance program payment: (a) dumped milk that causes bulk load contamination for which a producer receives an insurance indemnity; (b) milk dumped on the farm by order of any state officer or employee.

Complete the milk production schedule below or attach a separate sheet showing the same information. Be sure the producer's and dealer's name is on the attachment.

Calendar year 2006	Production (Pounds)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total:	

If total exceeds 4.8 million, payment limited to 4.8 million pounds.

(Application continues on page 2.)

Part C. Certification and Authorization for Release of Records

I hereby certify that I am a producer eligible to participate in this program as created pursuant to Chapter 57 of the Laws of 2007, that I was in operation as of April 1, 2007, that my 2006 eligible production amount was _____lbs, and that I authorize the release of all information and data required by the Program legislation and other applicable law and as may be deemed relevant to the evaluation of the application or determination of eligibility or payment of Program assistance.

I hereby authorize the United States Department of Agriculture Farm Service Agency and/or my milk cooperative or milk dealer who market or purchase my milk to provide the New York State Department of Agriculture and Markets with all records and other information relating to my milk production during calendar year 2006. Further, I agree to provide the New York State Department of Agriculture and Markets with all records necessary to verify the information set forth in this application.

I indemnify and hold harmless New York State Urban Development Corporation d/b/a Empire State Development Corporation (ESDC), the State, and their respective agents, directors, officers, commissioners and employees from and against all liability in any way for any injury, damage, cost or expense in connection with the Program assistance or the payment thereof.

I agree that in the event of any material misrepresentation in this application, or any submission in connection therewith, upon the request of the Department or ESDC, I shall repay to ESDC the amount of any Program assistance received.

The name of the all producers having a share in the dairy operation identified above are:

_____, _____
_____, _____

I certify, under penalty of all applicable law, as to the truth, completeness, and accuracy of all information provided in or in connection with this application; I also certify that I am the authorized individual eligible to make this application for assistance.

Signature: _____ Date: _____

Print Name: _____

If the application is made on behalf of an individual, corporation, partnership, association or other legal entity, I certify that I am an officer, partner, agent or other legally authorized representative of the applicant with the authority to take such action. In such case, please provide the following information:

NAME OF INDIVIDUAL, CORPORATION, PARTNERSHIP,
ASSOCIATION OR OTHER LEGAL ENTITY

TITLE OF SIGNER

PLEASE TAKE NOTICE:

All calculations and amounts are subject to review and adjustment; All Program assistance received is taxable income to the applicant and will be reported to the relevant federal, state and local taxing authorities; False information in the application or any submission therewith is punishable pursuant to the New York State Penal Law. In the event that the applicant has made material misrepresentation on this application, in addition to any other remedies available under the law, ESDC reserves the right to require the applicant to repay any assistance provided together with interest and penalties if applicable. Program funding is limited. Failure to apply promptly may result in loss of eligibility.

Deliver or Mail completed applications to:

**Will Francis, Director
Milk Control and Dairy Services
Attn: Dairy Assistance Program
New York State Department of Agriculture and Markets
10B Airline Drive, Albany, NY 12235**

Applications to be U.S. POSTMARKED on or before APRIL 27, 2007 OR DELIVERED to the above address before 5:00 p.m. on APRIL 27, 2007. Faxed or e-mailed applications will not be accepted.

(Application continues on page 3.)

The fastest and safest way to receive payment is through Direct Deposit.

Please copy your bank's ABA number and your account number in the space below. This information can be located on the bottom portion of your check. Refer to the check illustration below to see exactly where these numbers can be found.

To receive payment through **direct deposit**, please sign and complete information below.
(Please use *only* the boxes provided. Do not fill any information outside of the boxes.)

Signature: _____

Producer Name	
Federal Tax ID	
Bank Name	
ABA Number	
Account Number	
Account Type	(C = Checking, S = Savings)

ABC COMPANY 123 ABC Street New York, NY 10001		ANYTOWN BANK 4321 Main Street Anytown, NY 10001	10000030
Date		Apr/06/2007	Pay Amount ***\$1.00***
Pay	***ONE AND XX / 100 DOLLAR***		
To The Order Of	ABC COMPANY 123 ABC Street New York, NY 10001		


Bank ABA Number **Bank Account Number**
found between the
symbols  and 

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶	☐ Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 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. person (including a U.S. resident alien).

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 on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,