

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Pat Ditri
From: Kim Conti *KC*
Re: Board Agenda
Date: May 1, 2012

Please place the following on the board agenda.

The committee recommends and I so move that approval be given to Ken MacIver to provide ABA Therapy at the rate of \$45.00 per hour, not to exceed \$11,880.00 for the 2012-2013 school year. Account # 11-000-216-320-01-19 (7043).

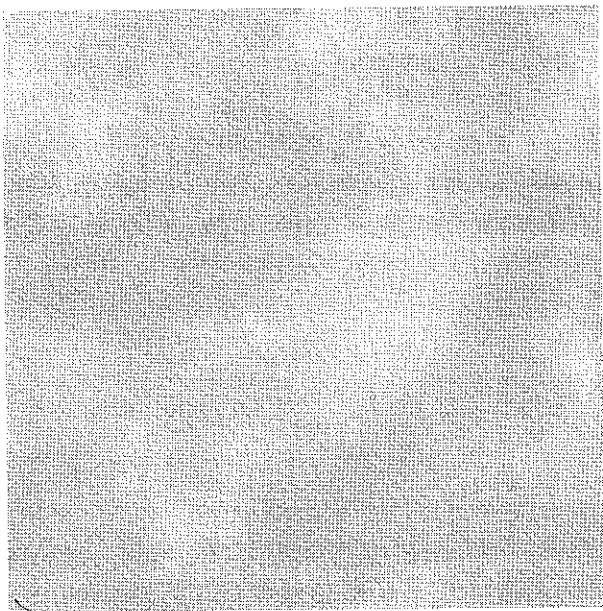
Gilmartin, Kathy

From: kmac0814@comcast.net
Sent: Tuesday, April 17, 2012 3:35 PM
To: Gilmartin, Kathy
Subject: Re: Next year

Hello, I am writing to let you know I am interested in ABA tutoring for the 2012-2013 school year. My price is \$45/hour. If you have any questions please feel free to contact me at 732-581-3237. Thank you very much.

Ken MacIver

From: "Kathy Gilmartin" <kgilmartin@twpunionschools.org> \
To: kmac0814@comcast.net
Sent: Wednesday, April 11, 2012 11:02:47 AM
Subject: Next year



Ken,

We are preparing for next school year and I need your paperwork. Please email me a letter requesting to do ABA next school year with your price in the letter.

Kathleen Gilmartin
Department of Special Services
2155 Morris Ave.,
Union, NJ 07083
Phone: 908-851-6479

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) Kenneth MacIver	
Business name, if different from above	
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 115 Polity Rd. Unit 1K	Requester's name and address (optional)
City, state, and ZIP code Hackensack, NJ 07601	
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 14119414727	or
Employer identification number	

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).

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 ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. 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.

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).

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,

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: This form is printed on
watermarked paper. Hold at light
to view for authenticity, if blue
State seal background is not
present, this is a photocopy.

02/16/2011

KENNETH W MACIVER
2507 CHESTNUT ST.
POINT PLEASANT, NJ 08742

YOU MUST PROVIDE A COPY OF THIS APPROVAL LETTER TO YOUR EMPLOYER.

Your request for criminal history record processing has been completed. The information submitted by you through the educational facility or authorized school bus contractor has been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for school employment in accordance with N.J.S.A. 18A:6-7.1; N.J.S.A. 18A:39-19.1 or N.J.S.A. 18A:6-4.13.

KENNETH W. MACIVER

PCN: 495199511495

2507 CHESTNUT ST.

POINT PLEASANT, NJ 08742

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5290 - UNION TOWNSHIP

A notice of qualification has been forwarded to the educational facility or authorized school bus contractor making the request for your criminal history record check. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office that issued your certificate. Please retain possession of this letter as proof that you have completed the statutory requirements for the employer that submitted your fingerprints.

School-bus drivers must be printed upon initial application for a school bus driver's endorsement and each time their driver's license is renewed. All other persons, except individuals serving in a substitute position, must undergo the record check upon any change in employment from one educational facility to another.

You must provide a copy of this approval letter to your employer. If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

Carl H. Carabelli

Carl H. Carabelli, Manager
Criminal History Review Unit

New Jersey Is An Equal Opportunity Employer

002988



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: MACIVER,KENNETH
Trade Name:
Address: 2507 CHESTNUT ST
PT PLEASANT, NJ 08742
Certificate Number: 1618081
Effective Date: February 10, 2011
Date of Issuance: February 16, 2011

For Office Use Only:
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