



ADULT CHANGE OF ADDRESS (COA) FORM

- A completed IRS W-9 form must be submitted with this form or your paperwork will not be processed. Forms must be completed in black or blue ink only.
- Forms with white out/correction tape will not be accepted. In case of a mistake, draw a line through the error. Initial the error. Write the correction above the strike out.
- Legal guardians must submit an original or certified copied court order verifying their guardianship status to the Department of Enrollment. Originals or certified copies received by mail will be returned via certified mail.
- Tribal members who have a Power of Attorney must submit an original notarized Power of Attorney listing the attorney-in-fact or agent. Originals received by mail will be returned via certified mail.
- If there is a name change, submit an original or certified copied marriage license or court order verifying the change, with the original social security card reflecting the name change. Originals or certified copies received by mail will be returned via certified mail.
- If this form is submitted 6 months or older from the date of the notary, it will be considered expired and a new Change of Address Form and W-9 Form will need to be completed.

IF THIS PAGE IS NOT NOTARIZED, YOUR FORMS WILL NOT BE PROCESSED. FAXES OR COPIES WILL NOT BE ACCEPTED.

DATE OF BIRTH: _____

FIRST NAME _____ **MIDDLE NAME** _____ **LAST NAME** _____ **SUFFIX** _____

MAILING ADDRESS (this address must match the address on the W-9) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ **COUNTY** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ **COUNTY** _____

PRIMARY PHONE NUMBER: (____) _____ - _____ **EMAIL ADDRESS:** _____

TWO (2) NEXT OF KIN OR BENEFICIARIES WITH CONTACT PHONE NUMBERS ARE REQUIRED ON THIS FORM, IT WILL BE CONSIDERED INCOMPLETE IF NOT FILLED OUT IN ITS ENTIRETY, AND WILL BE RETURNED TO YOU FOR COMPLETION.

For purposes of the **Cheyenne & Arapaho Tribes Burial Program MEAL & TRANSPORTATION ASSISTANCE ONLY**, I hereby name the following individual(s)— currently of legal age (18), as my **NEXT OF KIN OR BENEFICIARIES**:

First next of kin/beneficiary's Full Name: _____ **Contact phone number:** (____) _____ - _____

Second next of kin/beneficiary's Full Name: _____ **Contact phone number:** (____) _____ - _____

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (§ U.S.C., Section 1001).

I have read and understand the preceding Federal Law, and I verify that I am the above stated adult and on the W-9 or a legal guardian for the adult listed above and on the W-9.

SIGNATURE _____

DATE _____

This box is for NOTARY use only – I.D. is REQUIRED for notarization.

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY
SEAL

Notary Public's Signature

PLEASE MAIL CHANGE OF ADDRESS FORM AND W-9 FORM TO:
CHEYENNE & ARAPAHO TRIBES
DEPARTMENT OF ENROLLMENT
PO BOX 134
CONCHO, OK 73022

For any questions or concerns, please contact the Cheyenne & Arapaho Tribes, Department of Enrollment at: (405) 422-7600

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
2	Business name/disregarded entity name, if different from above		
See Specific Instructions on page 3. Print or type.	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
		<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
		<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
		<input type="checkbox"/> Other (see instructions) ▶ _____	
4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		Exempt payee code (if any) _____
			Exemption from FATCA reporting code (if any) _____
			(Applies to accounts maintained outside the U.S.)
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. Also see *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 ▶
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

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.