2-WEEK MTTOA SWAT COURSE								
NUMBER OF PERSONNEL \sqrt{x} \$500.00 = \$ $\sqrt{500}$								
LODGING								
NUMBER OF PERSONNEL $\frac{1}{x}$ NUMBER OF NIGHTS $\frac{12}{x}$ \$50 = \$ $\frac{600^{\circ}}{x}$								
TOTAL PAYMENT \$:								
CHECK WILL BE BROUGHT AT TIME OF CLASS								
) CHECK(S) ENCLOSED IN AMOUNT OF \$:								

THIS FORM WILL ACT AS AN OFFICIAL INVOICE FROM MTTOA

MAKE ALL CHECKS PAYABLE TO M.T.T.O.A. AND MAIL TO

MTTOA P.O. Box 74 Southaven MS, 38671

EMAIL REGISTRATION FORMS TO <u>iprewitt@mttoa.us</u> pick up check and take to class

IF YOU HAVE QUESTIONS REGARDING REGISTRATION, CONTACT MTTOA PRESIDENT JONATHAN PREWITT (662)863-0345

MEALS AND LODGING

Cost for meals and lodging are the responsibility of the student or their agency.



MISSISSIPPI TENNESSEE TACTICAL OFFICERS' ASSOCIATION SWAT COURSE MID-SOUTH INSTITUTE LAKE CORMORANT, MS

REGISTRATION / INVOICE

COURSE DATES: December 2 - 13, 2024

DEPARTMENT INFORMATION:
DEPARTMENT NAME: MADISON S. O.
PAYMENT CONTACT PERSON: Scott MEDONS 16
PAYMENT CONTACT E-MAIL: Scott. mcdonald @ madison -co. (on
PAYMENT CONTACT TELEPHONE: 601-896911

Form (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Deto	Name of entity/individual, An entry is required. (For a sole proprietor or dentity's name on line 2.)	Purpose of Form, below lisregarded entity, enter the	SW84r's name on	line 1 and	CATALLY AND A		2 ,,	
			Contract 2 statista Ott	eme I, and	enter the bu	siness	disre	garded
	MISSISSIPPI-TENNESSEE TACTICAL OFFICERS ASSOC 2 Business name/disregarded entity name, if different from above.	CIATION						
	and the state of t			***************************************	***************************************	AND THE PERSON NAMED IN COLUMN	-	***************************************
Print or type, See Specific Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/indiconly one of the following seven boxes. □ Individual/sole proprietor □ C corporation □ S corporation □ LLC. Enter the tax classification (C = C corporation, S = S corporation Note: Check the "LLC" box above and, in the entry space, enter the classification of the LLC, unless it is a disregarded entity. A disregard box for the tax classification of its owner. □ Other (see instructions) 501C3 Note that the control of	Trust/estate for the tax ck the appropriat c classification, interest, check	Exemple Complicated (App.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)				
Ø	SILVER MAPLE TRAIL		Requester's nar	Requester's name and address (optional)				WARREST COM CONTRACTOR OF THE PARTY OF THE P
	6 Oily, state, and ZIP code	****	The state of the s					
	PETAL, MS 39465							
	7 List account number(s) here (optional)	er felicialistic en ula anna de destalle en novembro en en en esta en en esta en	***************************************	***************************************		************		***************************************
Par	Taxpayer Identification Number (TIN)							
-	The state of the s		Caralal				***********	
	your TIN in the appropriate box. The TIN provided must match the na p withholding. For individuals, this is generally your social security na nt alien, sole propriets.		old Social	security nu	mber			
				-	200	Specialization and a fire	deconocida	
TIN, la	or it is your employer identification number teles, if you do not have :	a number, see How to ge	ta or					
Note:	If the account is in more than one page, see the instructions to see	4 22	Emplo	yer identific	ation num	ber		
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.			and 99	- 4	2 7 9	5	1 5	
Part							11	3
Under	penalties of perjury. I certify that:		***************************************	***************************************	······································		man de selectore de la constante de la constan	· ·
Sen no l	number shown on this form is my correct taxpayer identification nur not subject to backup withholding because (a) I am exempt from ba rice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and					mai Re ied me	venu that	Je : Lam
3. I am	a U.S. citizen or other U.S. person (defined below); and							
Certifi	FATCA code(s) entered on this form (if any) indicating that I am exer-	npt from FATCA reporting	g is correct.					
acquisi other ti	cation instructions. You must cross out item 2 above if you have been be you have falled to report all interest and dividends on your tax return, ition or abandonment of secured property, cancellation of dept, contrib- han interest and dividends, you are not required to sign the certification	. FUI real estate transactio	ns, item 2 does	not apply.	For mortg	age in	eres	t paid, ents
Sign Here	Signature of Wark C Hill		ate 8/2	/202		***************************************		
Ger	neral Instructions	New line 3b has be	en added to the	nis form. A	flow-throu	igh en	tity is	3
Section noted.	n references are to the Internal Revenue Code unless otherwise	required to complete foreign partners, own	this line to ind ters, or benefic	cate that i	t has direct	t or in	direc Form	t n W.a
CH CALLERY	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ey were published, go to www.irs.gov/FormW9.	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						
STATE OF THE STATE OF	t's New	requirements. For ex- partners may be requ	ample, a partno rired to comple	ership that ite Schedu	has any ir les K-2 an	direct	San	ign the
Line 3a has been modified to clarify how a disregarded entity completes his line. An LLC that is a disregarded entity should check the interprinted by for the tay classification of the tay classification of the tay class						n 106	5).	
hould	riate box for the tax classification of its owner. Otherwise, it check the "LLC" box and enter its appropriate tax classification.	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						
H0010000100000000000000000000000000000	Cat. No. 10231X	- maringing regular Wil	n am uzó m äv	ang you th	****			
					Form V	A 24	ev. 3	×2024)