LOS RIOS COMMUNITY COLLEGE DISTRICT GIFT CARD/CERTIFICATE ACCEPTANCE AGREEMENT

NAME (please print):	
ADDRESS:	
EMAIL ADDRESS:	
LOS RIOS ID #:	OR LAST FOUR DIGITS OF RECIPIENT'S SSN (if not a Los Rios student or employee):
Are you an Employee at Los Rios Com	nmunity College District? YES NO
Please Check One: US Citizen/	Resident Noncitizen Nonresident Noncitizen
Description of Gift Card/Certificate:	
Value of Gift Card/Certificate: \$	
<u>Please Note:</u>	
considered taxable income by taxing Tax Board, etc.) and may result in a ta the value of your gift card/certificate t for the payment of any tax liability the	istrict (LRCCD) employee: (student or staff), the value of your gift card/certificate may be authorities (e.g. Internal Revenue Service, California Franchise ax liability. You acknowledge that it is your responsibility to report to the appropriate taxing authorities, and that you are responsible at results from such reporting. If you receive \$600 or more in gift g any calendar year, we are required to report this information to
gift card/certificate be withheld. H card/certificate, the Department distrib	the Internal Revenue Service requires that 30% of the value of the lowever, due to the impracticality of withholding on a gift buting the gift card/certificate is responsible for the payment of the required to complete Form W-8BEN prior to receiving your gift
I understand and agree to these terms a	nd conditions.
Signature	Date