

Keepseagle Claims Administrator
PO Box 3560
Portland, OR 97208-3560

<<mail id>>

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<<Address1>>

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<<City>><<State>><<Zip>>

<<Foreign Country>>

<<Date>>

Keepseagle v. Vilsack Settlement

Civil Action No. 1:99-cv-03119 (DDC) (EGS)

Dear Claimant:

Enclosed you will find a USDA Farmers Project Certification form. If the award was shared between claimant and co-claimant(s), then that information should be reported to the IRS so that the tax liability and any tax award can be allocated in the same way. Such allocations can result in lower tax rates than would be applied to the total sum going to one person. In order for the IRS to allocate proportionately your tax deposit to each claimant or co-claimant, please complete the form and return it to us **no later than <<Send Date + 30 Days>>**. We will then send it to the IRS on your behalf. Please fill the form out carefully and pay close attention to the spelling of names and correct Social Security numbers. Any errors will result in longer processing times.

If you have any questions, you may contact the Claims Administrator at 1-888-233-5506.

Sincerely,

Keepseagle Claims Administrator

USDA FARMERS PROJECT CERTIFICATION

Pursuant to the *Keepseagle v. Vilsack* Settlement, in order to accurately report to the IRS how the payment made to you and co-claimant was allocated, as well as to allocate accurately the tax payments made on behalf of eligible claimants, we need you to provide the following certification information.

Please report how the cash settlement was distributed between Claimant and any Co-Claimants, please complete the below information, listing Claimant and each Co-claimant and identifying how much each received. The total must add up to \$50,000 for Track A Claims, and to the total awarded for Track B claims.

Name	Social Security Number	Amount Distributed	Date Distributed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under penalties of perjury, I declare this form to be true, correct, and completed

Signature: _____ Date: _____