

# POULTRY WAGES SETTLEMENT PARTICIPATION FORM

*Jien v. Perdue Farms*, No. 1:19-cv-002521 (D. Md.)

If you did not get a postcard or email notice, you must fill out and submit a participation form online or postmarked **on or before OCTOBER 29, 2025**.

Fill out and submit your completed participation form:

**Online** at [www.PoultryWages.com](http://www.PoultryWages.com)

**OR**

By **Mail** to the following address:

**Poultry Wages Settlement  
c/o A.B. Data, Ltd.  
P.O. Box 173016  
Milwaukee, WI 53217**

**You must complete all the sections on this form and sign it to be able to get money from these Settlements.**

If you submit a participation form, you are swearing that you worked at one or more of the Defendants' poultry processing complexes, plants, hatcheries, or feed mills in the United States, at some point between January 1, 2000, and July 20, 2021.

**YOUR NAME\* (FIRST LAST)**

**UNIQUE ID FROM EMAIL OR POSTCARD NOTICE (IF YOU DID NOT GET A NOTICE, LEAVE THIS BLANK)  
(IF YOU RECEIVED MULTIPLE EMAIL OR POSTCARD NOTICE, PLEASE LIST ALL UNIQUE ID)**

**STREET ADDRESS\***

**CITY\***

**STATE\***

**ZIP\***

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**MOBILE NUMBER\***

**EMAIL\***

\* Required if you have one.

## **Instructions:**

- 1.** Please provide a copy of an official photo identification (like a driver's license or an employee ID from one of the companies) OR a copy of at least one paycheck/paystub from your time working at one of the companies. If you do not have either of those, you may be able to access information on paychecks/paystubs or pay history for some companies for some years through the payroll service provider used by your employer. If you can, please provide a copy of that information. (See [www.PoultryWages.com](http://www.PoultryWages.com) on how to obtain one).

AND:

- 2.** Please complete the chart on the following page, including the poultry company(ies) you worked for, your workplace(s), whether you worked in a plant, hatchery or feed mill, the dates you worked, how much you were paid per hour (or per year, if you received an annual salary), your average weekly hours, and your job title(s). Please type or write as neatly as possible.

We will first use this information to try to match your information with the data we were provided. If we cannot, we may conduct an independent audit of it. We may contact you by email, letter, or phone to ask for more information. Please keep your contact information up to date.



**Substitute W-9**

**Substitute IRS Form W-9**  
Taxpayer Identification Number Certification

**Tax Certifications**

**You are not required to complete this verification however, if your tax information is not verified, you may be subject to additional withholding:**

To ensure that the Qualified Settlement Fund can comply with its reporting and/or withholding obligations, you must complete and provide the Fund Administrator with one (1) of the following forms, as applicable:

- IRS Form W-9; **OR**
- IRS Form W-8BEN, W-8BEN-E, or other W-8 series form

If you are a U.S. person, as that term is defined below, then you should complete the Substitute IRS Form W-9 below.

If you are **NOT** a U.S. person, then you should **NOT** complete the Substitute IRS Form W-9 below. Instead, you should complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions>

The term "U.S. person" means:

- A citizen or resident of the United States,
- A partnership created or organized in the United States or under the law of the United States or of any State, or the District of Columbia
- A corporation created or organized in the United States or under the law of the United States or of any State, or the District of Columbia
- Any estate or trust other than a foreign estate or foreign trust (see Internal Revenue Code § 7701(a)(31) for the definition of a foreign estate and a foreign trust), or
- Any other person that is not a foreign person

If the Fund Administrator does not receive a valid and complete Form W-9 or W-8 from you, the Qualified Settlement Fund und may be required under the Internal Revenue Code to make certain presumptions about you for purposes of tax reporting and, as applicable, withholding. The Qualified Settlement Fund may be required to you are: (1) a payee subject to 30% withholding under the Foreign Account Tax Compliance Act ("FATCA") and reporting on Form 1042-S; (2) a nonresident alien of the U.S. ("NRA") subject to reporting and 30% NRA withholding and reporting on Form 1042-S; or (3) a U.S. person subject to 24% backup withholding and reporting on Forms 1099.

\_\_\_\_ Under penalties of perjury, I certify that I am not subject to taxation:

**Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN):**

\_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

**Print your name as it appears on your federal income tax return** (First Name and Last Name for Individuals):

\_\_\_\_\_

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 (including a U.S. resident alien).

**Note:** If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

By signing this participation form, I state that the information in this form is accurate and complete to the best of my knowledge. I agree and consent that the Settlement Administrator and Class Counsel may contact me electronically via email, phone, and/or mobile phone. **I agree to give more information about my participation if the Settlement Administrator asks me to do so. If I do not provide adequate documentation when asked (or requested), I understand my participation in these settlements may be denied.**

Signature of U.S. Person: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_