

**DEPARTMENT OF SPECIAL SERVICES  
TOWNSHIP OF UNION PUBLIC SCHOOLS  
M-E-M-O-R-A-N-D-U-M**

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**TO: Pat Ditri**

**From: Kim Conti** 

**Re: Board Agenda Items**

**Date: May 1, 2012**

**Please place the following on the board agenda:**

**The committee recommends and I so move that approval be given to Dr. Faber to provide Psychiatric evaluations at the rate of \$550.00 per evaluation for the 2012-2013 school year, not to exceed \$3,300.00. (Acct # 11-000-219-320-01-19)**

**MARK P. FABER, M.D.**  
**BOARD CERTIFIED**  
**CHILD AND ADULT PSYCHIATRY**

May 1, 2012

FROM: Mark P. Faber, M.D.  
Pediatric Psychiatry



TO: Director of Special Services

Please note my fees for a Child Study Team evaluation will remain the same at \$550 for the 2012-2013 school year (there has been no increase for several years).

Regarding referrals:

1. Please have the parent **contact me directly** for an appointment at **973-746-6711**.
2. The case manager should then **fax me a cover letter** explaining the reason for the referral.
3. The evaluation will be faxed **within one week** of the regular appointment.

Thank you for your kind referrals. I look forward to another successful year working with your district.

594 VALLEY ROAD UPPER MONTCLAIR, NEW JERSEY 07043  
TEL: 973-746-6711 FAX: 973-226-3130

07/27/07

Taxpayer Identification# 223-485-748/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (908)292-1730.

We wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione  
Acting Director  
New Jersey Division of Revenue

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/  
DIVISION OF REVENUE  
PO BOX 252  
TRENTON, N J 08646-0252

TAXPAYER NAME:

TRADE NAME:

BER, MARK

ADDRESS:

SEQUENCE NUMBER:

1 VALLEY RD  
PER MONTCLAIR NJ 07043


1343372

EFFECTIVE DATE:

ISSUANCE DATE:

01/06

07/27/07

  
Acting Director  
New Jersey Division of Revenue

M-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

State of New Jersey  
DEPARTMENT OF EDUCATION

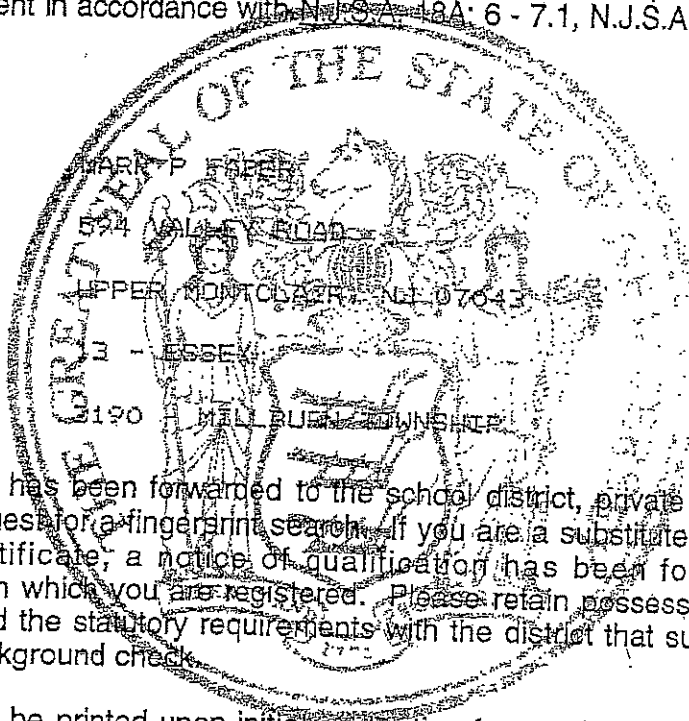
PO BOX 500  
TRENTON, NEW JERSEY 08625-0500

Note: If blue State seal background is not present, this is a photocopy

11/27/2005

MARK P FABER  
594 VALLEY ROAD  
UPPER MONTCLAIR, NJ 07043

Your request for criminal history record processing has been completed. The fingerprints submitted by you through the school district, private school or bus contractor have been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for public school employment in accordance with N.J.S.A. 18A: 6 - 7.1, N.J.S.A. 18A: 39 - 19.1 or N.J.S.A. 18A: 6 - 4.13.



A notice of qualification has been forwarded to the school district, private school or bus contractor making the original request for a fingerprint search. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office in which you are registered. Please retain possession of this letter as proof that you have completed the statutory requirements with the district that submitted your fingerprints for a criminal history background check.

School bus drivers must be printed upon initial application for a school bus endorsement and each time their driver's license is renewed. All other persons must be fingerprinted upon any change in employment from one district or contract service provider to another.

If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

*Carl H. Carabelli*

Carl H. Carabelli, Director  
Criminal History Review Unit

Form **W-9**  
(Rev. November 2005)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) **MARK PAUL FABER**

Business name, if different from above **Upper Montclair Psychiatry and Psychotherapy**

Check appropriate box:  Individual/  
Sole proprietor  Corporation  Partnership  Other  Exempt from backup  
withholding

Address (number, street, and apt. or suite no.) **544 Valley Road**

City, state, and ZIP code **Upper Montclair, N.J. 07043**

List account number(s) here (optional)

Requester's name and address (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number  
**1 147 509 692**

OR

Employer identification number  
**+**

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

**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 on page 4.)

Sign Here

Signature of U.S. person

Date

**1/23/12**

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,