

Nitrogen Reduction Incentive Act Program Application

There is a limit of 160 acres per application, but you may have more than one application*

Name & Address of Producer: _____

Primary Contact: _____

Primary Contact Phone Number: _____

Primary Contact Email (if available): _____

Name of Natural Resources District (NRD): _____

Legal Description (Submit one application per field): _____

Field Name(s): _____

Crop Year: 2026__ Total Acres to Be Enrolled (Limit of 160 acres per application): _____

Total Number of Dryland Acres: _____ Total Number of NRD Certified Irrigated Acres: _____

Current Crop: ☐Corn ☐Sugar Beet ☐Wheat ☐Potato

Previous Crop: _____

Will you apply manure or lagoon water to this field? ☐Yes ☐No

If yes, attach documentation with the known amount of nitrogen in manure or lagoon water.

Do you apply nitrogen in the fall? ☐Yes ☐No

Did you participate in the 2025 NiRIA program? ☐Yes ☐No

Identify the practice(s)/ product(s) you plan to implement to achieve the 40lbs or 15% reduction of commercial fertilizer by checking a box below. Note that the below options do not represent a ranked list and practices/products are subject to individual NRD approval.

☐ Reduction in Nitrogen Application

☐ Implementation of In-Season Sensor-Based Technology

☐ Implementation of A Biological Product

☐ Implementation of Other Technology Utilizing Nitrogen Timing and/or Rate

☐ Implementation of a Nitrogen Stabilizer

☐ Other, Please Describe _____

Select the type of documentation that will be used to determine baseline and to evaluate nitrogen reduction*.

Producers that successfully participated in the 2025 NiRIA program may participate in the 2026 NiRIA program, if reductions are on different fields. *Please note that individual NRDs may require additional information.

☐ NRD or producer crop reports (Priority A Areas)

☐ Submit all data required on local NRD phase reports for the prior 3 growing seasons (Priority B or C Areas)

☐ Complete soil sampling, as established by the NRD, prior to the cropping season (Priority B or C Areas)

Receive information about enrolling your fields in Nitrogen research trials? ☐Yes ☐No

*Applicant Signature (Receiving 1099): _____ Date: _____

NRD Signature: _____ Date: _____

*By participating in this program, I acknowledge that the data I provide may be shared with the local NRD, the Corn Board, and DWEE for the purpose of program administration, resource management, and reporting.



**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	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.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 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 requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

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



**UPPER BIG BLUE
Natural Resources District**

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United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

NRD Coop. # _____
Upper Big Blue NRD Use Only

Last Name

First Name

Middle Name