

## CRIMINAL "PENALTY OF PERJURY" is the STATE'S RESPONSE to a simple "one-time" request for reimbursement on Electric Wheelchair batteries?!?

From: David Schied (deschied@yahoo.com)

To: deschied@yahoo.com

Date: Friday, July 23, 2021, 11:42 PM MDT

----- Forwarded Message -----

**From:** David Schied <deschied@yahoo.com>

**To:** Rea, Mary <mary.rea@state.sd.us>

**Cc:** Lowe, Leslie (DHS) <leslie.lowe@state.sd.us>; Page, Rogine <rogine.page@state.sd.us>; Charter, Laura <laura.charter@state.sd.us>; Nancy Giovanetti <nancy.giovanetti@state.sd.us>; Jennifer Lewis <jennifer.lewis@state.sd.us>; Val Clauser <val.clauser@state.sd.us>; Laura Nord <laura.nord@state.sd.us>; scott.odnbach@sdlegislature.gov <scott.odnbach@sdlegislature.gov>; Mary J. Fitzgerald <mary.fitzgerald@sdlegislature.gov>; Linda Williams <linda@wrii.org>; Dave Schied <deschied@yahoo.com>

**Sent:** Wednesday, June 2, 2021, 06:53:30 PM MDT

**Subject:** CRIMINAL "PENALTY OF PERJURY" is the STATE'S RESPONSE to a simple "one-time" request for reimbursement on Electric Wheelchair batteries?!?

Dear Mary Rea,

The FORM that was attached to your email must have been the wrong form. It was not a "payment reimbursement" form, it was a "taxpayer identification" form. I am not a "taxpayer". I am a "beneficiary" of public welfare.

[Home](#) / [Forms and Instructions](#) / [About Form W-9, Request for Taxpayer Identification Number and Certification](#)

## About Form W-9, Request for Taxpayer Identification Number and Certification

[English](#) | [Español](#) | [中文 \(简体\)](#) | [中文 \(繁體\)](#) | [한국어](#) | [Русский](#) | [Tiếng Việt](#) | [Kreyòl ayisyen](#)

### Current Year

### Prior Year

### Accessible

### eBooks

Use Form W-9 to provide your correct Taxpayer Identification Number (TIN) to the person who is required to file an information return with the IRS to report, for example:

- Income paid to you.
- Real estate transactions.
- Mortgage interest you paid.
- Acquisition or abandonment of secured property.
- Cancellation of debt.

### Related Items

- [About General Instructions for Certain Information Returns](#)
- [About Form 1099-B, Proceeds from Broker and Barter Exchange Transactions](#)

In fact, the form that you sent to me looked peculiarly as follows:

file:///C:/Users/DAVIDS~1/AppData/Local/Temp/Updated Substitute\_W-9\_SD-1... Automatic Zoom

State of South Dakota  
BFM-0001 (V03/201907)



**SEND TO THE STATE AGENCY  
YOU SEND INVOICES**  
**DO NOT send to IRS**

### Substitute **W-9**

### Taxpayer Identification Number (TIN) Verification

*Print or Type*

Please see attachment or reverse for complete instructions.  
This form can be made available in alternative formats to qualified individuals upon request.

<p>Legal Name (as entered with IRS) <b>If Sole Proprietorship enter your Last, First MI</b></p> <p>Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <p>Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <p>Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4</p>	<p>Entity Designation (check only one) <b>Required</b></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company - Individual</p> <p><input type="checkbox"/> Limited Liability Company - Partnership</p> <p><input type="checkbox"/> Limited Liability Company - Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)</p>
<p>Taxpayer Identification Number (TIN)</p>	

**In fact, your document even suggests that I submit it under threat of **CRIMINAL PENALTY OF PERJURY**. Why would I want to subject myself to such a threat?**

1 of 1 Automatic Zoom

<p>Exemptions</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>	<p>Check Only One <b>Required</b></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to back up 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 back up 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.
- I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number
Signature	Date (mm/dd/yy)	

**Optional Direct Deposit Information**

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (9-digit ABA #)	Name on Bank Account
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THIS IS A:  
 new direct deposit     change of existing (providing old banking information required to change existing)

Old Bank Account Number	Old Routing Number (9-digit ABA #)	<b>You must provide the previous banking</b>
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What you have done in sending such a document under THREAT would be very much like my having submitted my request to Laura Nord in the first place by reminding her that - like all other government officials who have sworn a OATH to the constitutions of the STATE and to the UNITED STATES - that **should anyone wishing to interpret her actions and statements as constituting a breach of her fiduciary duties that she could be CRIMINALLY prosecuted**. While, of course, the same goes for you too Mary Rea, it was never my intent to be so "on the nose" about my wish to be simply reimbursed for something that I was asking the STATE to pay for as a matter of "medical necessity" in addressing my "mobility needs" in context of the AMERICANS WITH DISABILITIES ACT mandating that government address such needs in the interest of keeping disabled people in the "Least Restrictive Environment" ("LRE").

I never would have dreamed of initially delivering my simple request under CRIMINAL THREAT, although that does actually go as **my reminder to you now since it would appear that you** are acting in an "official" capacity as someone who has been mandated to deliver one's PATH to the constitutions of the STATE and UNITED STATES, and thus **have a fiduciary obligation to "support and defend the laws" thereunder as the "Supreme Law of the Land"** (being in this case the AMERICANS WITH DISABILITY ACT as well as the "letter" and "spirit" of all the laws governing both MEDICARE and MEDICAID).

**I cannot complete YOUR FORM document "under penalty of perjury" because I neither understand the purpose nor the reasoning for your sending me YOUR document. It would be FRAUD on my part to do anything but the simple TRUTH, which is to request simple reimbursement for the outlay of cost I paid out-of-pocket for a medically necessary instrument enabling me the mobility I need to otherwise keep living in the LRE. That was already sent in to Laura Nord/Charter, as "reasonably" signed by me, and by your correspondence today, you are reasonably acknowledging both my identity and the TRUTH behind my simple request.**

You must understand that anything you do in attempt to COERCE me to go beyond what I have done already - to verify (without "reasonable accommodations") my identity or to supply taxpayer identification information...under penalty of perjury" - goes far beyond the simple scope of what this circumstance calls for ... being for no other purpose but to confuse and confound as corrupt bureaucracies are so well notorious for doing. Let's not create such an adversarial relationship out of my GOOD FAITH request as recently offered with other kind and considerate other qualifications to my request.

Perhaps, you meant "I-9" rather than "W-9". In fact, from the information I was able to obtain easily over the internet pertaining to "what is an I-9", it is a document the verifies "eligibility for employment".

I am not applying for employment with you, with the STATE OF SOUTH DAKOTA, or with the federal government. Instead, as you should already know, I am a "totally and permanently disabled quad-amputee" **who has not ever been even so much as OFFERED "rehabilitation services" by any agency of any STATE or NATIONAL government since my legs and fingers were amputated**. Therefore, I am perceived as "UNEMPLOYABLE" in spite that I would otherwise be a prime candidate for educational retraining for a position in ORGANIZATIONAL LEADERSHIP as is otherwise found in the training found at the following links:

[Doctor of Philosophy in Organizational Leadership](#)





### Doctor of Philosophy in Organizational Leadership

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Neither am I planning to even APPLY for a job in the near future for the same reasons stated in the preceding paragraph.

Further, my making advanced payment for needed medical supplies (i.e., wheelchair batteries") was not conducted as an "employee" of any agency; nor was it done as a surrogate action on behalf of any employee of any government or other "taxable" corporate entity.

← → ↻ 🏠 🔒 [https://i-9-form.com/?msclkid=9e545b2e2fe916ff346e3b962ecbc668&utm\\_sour](https://i-9-form.com/?msclkid=9e545b2e2fe916ff346e3b962ecbc668&utm_sour) ... 📄 📧 📧 📧

## What Is i 9 form?

I-9 form is an Employment Eligibility Verification. It is intended for verifying individual`s identity and employment authorization in order to be employed in the U.S.

An employer has to ensure the proper completion of a form by an individual. Such form has to be obligatory filled out by both employer and employee.

In addition to I-9 an individual has to pran employer with documents confirming his/her identity and eligibility to be employed. Further an employer will inspect these documents if they are genuine and valid and record document related information on the form. A person may find the list of required documents on the last page of a document.

The important fact is that fillable I-9 form doesn`t require a social security number to be provided and excludes any filing fee.

A blank I-9 form sample is divided into 3 sections and consists of three pages. First two pages present the document itself and the last one includes list of documents requested to be attached for preparing a form in PDF. Before completing a document it is vital to read all specified instructions provided in each section in order to duly prepare a document .

If you wish simple "proof of identity", I can provide you with a copy of my STATE issued ID card. I can also refer you to people such as case manager Laura Charter (formerly Laura Nord before she was married a couple of weeks back and apparently changed her name to "Charter") since she has met me in person and qualified me at my habitat.

If it is "taxpayer identification" that you need relative to the CREDIT CARD that I used to make the payment for the medically necessary equipment, perhaps you should be addressing the CORPORATIONS that were also involved in this very same transaction, being both the BANK guaranteeing the credit card payment, and the BATTERIES & BULBS company who received the payment that I initiated and for which I was the ultimate BENEFICIARY. In that case, the receipt holds both the information about the "seller" and the last four digits of the credit card I used in COMMERCE. I will be happy to furnish you with additional information upon request WITHOUT signing "under penalty of perjury".

Please note that the effort to complicate things here by use of a "tax-identification" and/or "verification of employment" document for purposes of simple reimbursement for a medically-necessary mobility device is antithetical to the perceived purpose of Laura Nord/Charter having forwarded my request and receipts to you for reimbursement. I have not been "employed" for well over three (3) years and do not ever again intend to file "tax" documents for any reason. I ask instead for you to provide me with any "reasonable accommodation" that thwarts the underlying purpose for your asking me to complete and SIGN such a FORM as a totally and permanently disabled quad-amputee, as I do not comprehend the nature or purpose of your request. **Nor do I comprehend your asking a quad-amputee to provide a "hard" signature by email, which I see as most unreasonable.**

Again, this begs the question of "What reasonable accommodation are you providing in this circumstance to a totally and permanently disabled quad-amputee" in what you state below is a 'one-time purchase, and not a routine expense'?"

**Please provide the legislative grounds for having me complete a W-9 "Verification of Employment Authorization" or other "tax-identification" document, assuming this document is exactly the one that you appear to be coercing me to "sign under [criminal] penalty of perjury". This request is herein sent to you - as the agent for the principal of "SD DEPARTMENT OF HUMAN SERVICES / LONG TERM SERVICES AND SUPPORTS" - under the STATE *Laws of Transparency*, being South Dakota's FREEDOM OF INFORMATION ACT. Please also note that this request is being made with the purpose of showing "how government operates", and as such, I am requesting a WAIVER OF FEES AND COSTS to fulfill this request. Note that I believe myself also qualified for waiver because I have recently reported myself to be a CRIME VICTIM, a recent REFUGEE, a destitute, and a pauper living entirely on the welfare of others as those "taxpayers" for whom you may wish to have identified.**

**As long as you are at it, please also provide all documents that justify your reasons for denying my transportation costs in delivering the electric wheelchair to the doorstep of the business so that they could change out the batteries on the electric wheelchair at literally no added cost (beyond MY cost for delivery of the chair to THEIR doorstep).**

What I am trying to determine - with the intent of sharing with others exactly how government works - is whether government is actually promoting a more expensive SOCIALIST system in which I - as one of the sovereign People and as a totally and permanently disabled quad-amputee - would have been deemed "better off" for following a complicated (and possibly prohibitive to disabled persons) path to having an entirely new electric chair ordered for thousands of dollars in cost from a "medically approved" DEALER (in what appears to be a growing FASCIST society) or whether my taking a private (and clearly much cheaper) path to a simpler and quicker resolve (in practical, private, and COMMON LAW terms) makes me "better off". **As things look so far, my good faith efforts to keep things simple are resulting in CRIMINAL THREATS that I cannot appreciate in the least, particularly as a disabled person.**

For this ONE TIME, I will allow the fulfillment of this FOIA request to be sent to me at my post office box. Please send the documents requested in timely fashion, in accordance with time restrictions allocated by the SOUTH DAKOTA legislature, to the following address:

David Schied  
P.O. Box 321  
Spearfish, S. Dakota 57783

Thank you for your - and Laura's - prompt response to my very recent request and receipt copies. Please note that I am copying this email to Linda Williams at the "disability advocacy" nonprofit organization of WESTERN RESOURCES, as well as to my local STATE legislators of Scott Odenbach and Mary Fitzgerald. Hopefully, I may be getting them to weigh in upon these procedures and FORM documents being imposed upon disabled people wishing to get these types of "medically necessary" things done in the least expensive and expeditious matter.

Cordially yours,  
David Schied

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On Wednesday, June 2, 2021, 4:02:21 PM MDT, Rea, Mary <mary.rea@state.sd.us> wrote:

Good afternoon David,

Your LTSS Specialist, Laura, has submitted documentation and justification for payment of your wheelchair batteries to the LTSS State Office with the documentation that you've provided. Please be mindful that this would be considered a one-time purchase and not a routine expense, given the circumstances provided, it will be allowable this time. LTSS can only authorize payment for the batteries themselves, excluding the gas expense, totaling: **\$212.98**. I am requesting you please complete and return the attached W-9 to me in order to process and pay this request.

If you have any additional questions in regards to this matter, please let me know.

Thank you,

**Mary Rea**

**HCBS/Provider Operations Lead**

SD Department of Human Services |Long Term Services and Supports

Hillview Plaza, 3800 East Highway 34

c/o 500 East Capitol Avenue

Pierre, SD 57501

Phone: 605-280-4366

Fax: 605-773-4085



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Updated Substitute\_W-9\_SD.pdf  
157kB