Substitute W-9 Form

Procurement Services

If you are a current Rock Hill School District employee, please contact Procurement Services before completing this form.

1. **Legal Name** (as entered with IRS, no nicknames) If Individual, Sole Proprietorship or LLC Single Owner, enter your LEGAL Last Name, First Name, Middle Initial. Otherwise enter business name.

Minority Run Business?
Yes   No

2. **Trade/DBA Name (if different from #1 above)**

3. **Remit Address (mailing address for Individuals)**

PO Box or # and Street:

City   State   Zip

Phone #   Fax   Email

4. **Order Address (if different from Remit Address)**

PO Box or # and Street:

City   State   Zip

Phone #   Fax   Email

5. **Legal Entity Type**

Individual/Sole Proprietorship/LLC Single Owner

Partnership or LLC taxed as a Partnership

Corporation or LLC taxed as a Corporation

Government Entity

Non-Profit Entity

Other - Specify: _____

6. **Taxpayer Identification Number (TIN)**

If you are a sole proprietor and you have an EIN (employer identification number), you may enter your SSN or EIN. However the IRS prefers that you show the SSN.

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security Number

___ ___ - _____
Employer Identification Number

7. **Certification**

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 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 back up withholding.
3. I am a U.S. citizen (including a US resident alien).
4. **I am NOT a Rock Hill District Employee.**

Printed Name: _____   Printed Title: _____

Signature: _____   Date: _____   Phone: _____

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For Internal Use Only

Vendor #_____   Entered ☐   Scanned ☐   List ☐