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Substitute W-9 Form

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.	
2. Trade/DBA Name (if different from #1 above) <div style="text-align: right; margin-top: 10px;"> Minority Run Business? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Remit Address (mailing address for Individuals) PO Box or # and Street: <input style="width: 100%;" type="text"/> City State Zip <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> Phone # Fax Email <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/>	4. Order Address (if different from Remit Address) PO Box or # and Street: <input style="width: 100%;" type="text"/> City State Zip <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> Phone # Fax Email <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/> <input style="width: 33%; height: 20px;" type="text"/>
5. Legal Entity Type <input type="checkbox"/> Individual/Sole Proprietorship/LLC Single Owner <input type="checkbox"/> Partnership or LLC taxed as a Partnership <input type="checkbox"/> Corporation or LLC taxed as a Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit Entity <input type="checkbox"/> 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. <div style="text-align: center; margin-top: 20px;"> _____ Social Security Number _____ Employer Identification Number </div>
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: _____	

