



2757 West Pensacola Street – Tallahassee, FL 32304-2998  
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**APPLICATION FOR VENDOR STATUS**

(IRS W-9 Facsimile)

**COMPANY NAME:** \_\_\_\_\_  New Vendor  Update  
**CONTACT PERSON:** \_\_\_\_\_ **LCSB Employee:**  YES  NO  
**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_  
**CORRESPONDENCE ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP + 4:** \_\_\_\_\_

**REMITTANCE INFORMATION**

*(if different from above)*

**CONTACT PERSON:** \_\_\_\_\_  
**REMITTANCE ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP + 4:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX:**

**PLEASE CHECK THE APPROPRIATE BOX:**  Individual/ Sole Proprietor  S Corporation  C Corporation  Partnership  
 Other \_\_\_\_\_  LLC – Type (Check one)  C  S  P

**TAX ID NUMBER:** \_\_\_\_\_ or \_\_\_\_\_  
Federal Employer Identification Number Social Security Number

*Section 6109 of the Internal Revenue Service Code requires you to provide your correct TIN to persons, businesses, or agencies that are required to file information returns with the IRS. Purchase orders will not be issued to vendors who fail to provide a TIN.*

**PLEASE INDICATE THE FOLLOWING:**

**\*Minority Vendor?**  Yes  No *\*If yes, certification is required – (Please submit with form)*  
**Race:**  Caucasian  Hispanic  African American  
 American Indian  Asian  Other: \_\_\_\_\_  
**Gender:**  Male  Female

\_\_\_\_\_  
*Signature* *Print Name* *Date*

*LCSB site contact requesting vendor:* \_\_\_\_\_  
*Name* *Phone & Email*

**For LCSB Employee Use Only**

Entered by: \_\_\_\_\_ Date entered: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 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.

<b>Social security number</b>											

**or**

<b>Employer identification number</b>											

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## 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 on page 3.

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

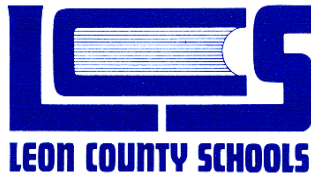
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Leon County Schools Authorization for ACH Direct Payment
Finance Department
2757 West Pensacola Street, Tallahassee, Florida 32304

Payee/Vendor Name
Address
City, State Zip
Telephone
Contact Name
Contact e-mail
(for ACH remittance notification)

Complete this section for new enrollments or for financial institution or account changes.

Select one: \_\_\_ New Enrollment \_\_\_ Financial Institution or Account Change

Bank Name
Branch (if applicable)
City, State Zip
Transit/Routing Number
Bank Account Number
Account Type (check one) \_\_\_ Checking OR \_\_\_ Savings
Account Type (check one) \_\_\_ Personal OR \_\_\_ Business

I, the undersigned, authorize Leon County Schools to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until Leon County Schools receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature
Date
Name (printed)
Title

Complete this section to CANCEL your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for the Leon County Schools Finance to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as Leon County Schools Finance has reasonable time to act upon it.

Signature
Date
Name (printed)
Title

Mail the completed form to the address above or email to marschkak@leonschools.net.

For LCS use only

Vendor Name
Date Received