

REQUEST FOR TAXPAYER INFORMATION

QUINCY SCHOOL DISTRICT #144
119 J STREET SW
QUINCY, WA. 98848

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FAX: (509) 787-4336
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Office Use Only
TIN
SKYWARD
SCAN/ATTACH

Three empty rectangular boxes for office use.

Please complete each section below: COMPLETE ONLY IF YOU ARE A U.S. PERSON OR U.S. BUSINESS ENTITY

Please fill in the shaded areas below and email this document to the email address above within 3 days. Should you have questions please contact Tina Olson in our Accounts Payable Department at the email or phone number listed above.

VENDOR NAME: [Shaded area]

(Please select yes or no using the drop down) NO 1099 form requested at the end of the year.

1099 - The Internal Revenue Code requires a form 1099 be issued for payments to every person or organization (including certain corporations) for services performed in the course of trade or business. Further, the law requires us to withhold 28% on reportable amounts paid to individuals, organizations, and certain corporations who have not supplied us with their correct Employer Identification Number or Social Security Number (see attached W-9).

UNIFIED BUSINESS IDENTIFIER: A standard nine digit number used by all state agencies to uniquely identify a business entity.

For Washington State Businesses only UBI# [ ] - [ ] - [ ]

REMIT TO: Please provide your "REMIT TO" address (where you wish us to mail your checks)

ADDRESS: [ ]

SUD (Secondary Unit Designator) [ ] - [ ] - [ ] (Please select using the drop down) SUD #: [ ]

PO BOX: [ ]

CITY: [ ] STATE: [ ] ZIP: [ ] - [ ]

COUNTY (WA State only): [ ]

If our Accounts Payable Dept needs to contact your billing department, please provide contact information.

TOLL FREE: [ ] - [ ] - [ ] EXT: [ ]

PHONE: [ ] - [ ] - [ ] EXT: [ ]

FAX: [ ] - [ ] - [ ]

CONTACT EMAIL: [ ]

CONTACT NAME: [ ]

CONTACT TITLE: [ ]

ORDER FROM: Please provide your "ORDER FROM" address (where you wish us to place our orders)

ADDRESS: [ ]

SUD (Secondary Unit Designator) [ ] - [ ] - [ ] (Please select using the drop down) SUD #: [ ]

PO BOX: [ ]

CITY: [ ] STATE: [ ] ZIP: [ ] - [ ]

COUNTY (WA State only): [ ]

TOLL FREE: [ ] - [ ] - [ ] EXT: [ ]

PHONE: [ ] - [ ] - [ ] EXT: [ ]

FAX: [ ] - [ ] - [ ]

WEBSITE: [ ]

ORDER FROM CONTACT EMAIL: [ ]

ORDER FROM CONTACT NAME: [ ]

ORDER FROM CONTACT TITLE: [ ]

EMAIL ADDRESS TO SEND PURCHASE ORDERS VIA EMAIL: [ ]