

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (W-9 Form)**

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to Richmond Public Schools. If this number is not provided, you may be subject to a 28% withholding on each payment. To avoid this 28% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Individual/Owner's Name: \_\_\_\_\_  
 Legal Business Name: (if applicable) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**NINE (9) DIGIT TAXPAYER IDENTIFICATION NUMBER**

Social Security Number: \_\_\_\_\_ Federal Employer Number: \_\_\_\_\_

**BUSINESS DESIGNATION** (Check appropriate box for federal tax classification of the person whose name is entered as Individual Owner. Check nothing if you are an individual not operating a business)

Individual/sole proprietor or Single-member LLC  C-Corporation  S-Corporation  Partnership  Estate/Trust

Limited Liability Company. Enter the tax classification (C=Corporation, S=Corporation, P=Partnership) \_\_\_\_\_

**NOTE: Check the appropriate box in the above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.**

Sole Proprietorship  Personal Service Corporation  B-Corporation  
 Governmental Entity  Non-Profit Organization  Sole Source

Is this firm (business) 51 percent or more owned and operated by a minority? Yes  No

Certified M.B.E., By Whom? \_\_\_\_\_ Certification No. \_\_\_\_\_

Check appropriate minority group of your firm (business): <b>PLEASE CHECK ONLY ONE</b>			
American Native/Aleut Female	NF <input type="checkbox"/>	American Native/Aleut Male	NM <input type="checkbox"/>
Black/Afro American Female	BF <input type="checkbox"/>	Black/Afro American Male	BM <input type="checkbox"/>
Asian/Pacific Female	AF <input type="checkbox"/>	Asian/Pacific Male	AM <input type="checkbox"/>
Hispanic Female	HF <input type="checkbox"/>	Hispanic Male	HM <input type="checkbox"/>
Physical Impaired Female	PF <input type="checkbox"/>	Physical Impaired Male	PM <input type="checkbox"/>
Women Owned	WO <input type="checkbox"/>	Gay Lesbian Bi Transgender	GLBT <input type="checkbox"/>
Veteran Owned	VO <input type="checkbox"/>	Small Business	SB <input type="checkbox"/>

Do you have a current City of Richmond business license? Yes  No   
 Is your business located within the City of Richmond, Virginia? Yes  No   
 Is this vendor part of a new grant award initiative? Yes  No

What School/Department will you be providing commodity/service for? \_\_\_\_\_

Estimated cost for commodity/service \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of RPS Employee \_\_\_\_\_

Will you be providing similar services to the school (or department) in this fiscal year/near future? Yes  No

**PRINCIPAL BUSINESS ACTIVITY (List Type of Service or Product Provided)**

\_\_\_\_\_  
 \_\_\_\_\_

Under penalties of perjury, I declare that the information provided is true, correct, and complete to the best of my knowledge and belief.

Name and Title (*Print or Type*) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone #( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax #( ) \_\_\_\_\_

Are you a current Richmond Public School employee/employee relative or a retiree? Yes  No

**For Office Use Only**

\_\_\_\_\_  
 Budget Holder Approval Signature

\_\_\_\_\_  
 Organization #