

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): PLEASE CHECK ONLY ONE			
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 #