

**Dear Adams 12 Five Star Schools Vendors,**

**RE: Annual Adams 12 Five Star Schools Vendor Packet**

All vendors performing services for Adams 12 Five Star Schools must complete an annual updated Federal W-9 Request for Taxpayer Identification Number and Certification; and the appropriate Colorado PERA (Public Employees' Retirement Association) forms. Certain PERA forms must be completed regardless if the vendor was previously employed by an organization affiliated with PERA.

Which Forms should I complete?	Vendor is a PERA Retiree	Vendor is NOT a PERA Retiree
Federal W-9	X	X
PERA Retirees (on district letterhead)	X	X
Retiree Working for PERA Employer	X	
Disclosure of Compensation	X	

Completed forms may be scanned and emailed to the Adams 12 Financial Services Department email address: [finance@adams12.org](mailto:finance@adams12.org), or mailed or dropped off at the Adams 12 Five Star Schools Financial Services Department. If you have questions, please feel free to contact our office at 720-972-4037. Our mailing address is:

Financial Services Department  
ATTN: Accounts Payable  
1500 E 128<sup>th</sup> Ave  
Thornton, CO 80241

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. 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.  
 Other (see instructions) ▶ \_\_\_\_\_

4 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) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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.

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.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here Signature of U.S. person ▶ Date ▶

**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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- 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.

1500 E. 128<sup>th</sup> Avenue • Thornton, CO 80241 • Office: (720) 972-4000

### P.E.R.A. RETIREES

The State of Colorado recently enacted Senate Bill 05-73. This change in law counts work under any arrangement by a PERA retiree for any PERA employer toward the 110-day per calendar year limit.

Starting July 1<sup>st</sup>, 2005 the District is required to report to PERA any payment information on individuals or owners of firms who receive PERA benefits. This applies only to individuals or firms whereby the District receives services in any form. If you are currently receiving PERA benefits, any payments made to you may affect the 110 calendar year limit provisions set forth by PERA.

**It is important that you return this document.**

Are you currently receiving any type of PERA benefits?

Yes      Social Security Number \_\_\_\_\_

I am not a PERA retiree.

Please print and sign your name.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this signed letter to: Adams 12 Five Star Schools, Attn: Accounts Payable, 1500 East 128<sup>th</sup> Avenue, Thornton, CO 80241.**

## Retiree Working for a PERA Employer

Colorado Public Employees' Retirement Association

PO Box 5800 Denver, Colorado 80217-5800

303-832-9550 • 1-800-759-7372 • Fax: 303-863-3727 • www.copera.org



Complete this form if you are a retiree returning to work for a PERA employer. If you return to work for more than one employer, complete this form for each employer. After completing this form, please send a copy to PERA and submit the original to your employer, who will determine if PERA contributions are required on your behalf. This form is intended only to determine whether employer, member, and working retiree contributions are due to PERA.

### Section 1: To be Completed by Retiree

Name \_\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_  
Street, Route, or Box Number City State ZIP Code

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?  Yes  No

Employer Name \_\_\_\_\_

Please check the paragraph below that applies to you:

I am a retiree and I currently receive a PERA monthly retirement benefit. I am returning to work for the PERA employer listed (above and below) and I am aware of the working after retirement limits. I understand it is my responsibility to keep track of my time worked, and if I exceed the limits in a calendar year I must submit a completed *Post-Retirement Work Report*. I am aware that one month's benefit will be reduced by 5 percent for each additional day worked, and a reduction of more than 100 percent of my benefit will be carried forward to reduce a future month's benefit. I also understand working retiree contributions will be deducted from my pay (unless I work in a position covered by an ORP, pursuant to C.R.S. § 24-54.5-101, *et seq.*).

I am a retiree receiving a PERA monthly retirement benefit and I am performing services as an independent contractor. I understand that I must submit a *Disclosure of Compensation* form to PERA and the PERA employer every month that I perform services if the wages paid to me or my company through an agreement with the PERA employer are reported for tax purposes under a tax identification number. I am aware that the associated working retiree contributions will be deducted from a future PERA monthly benefit, and that if the working retiree contributions exceed the amount of my benefit, the excess must be paid directly to PERA within 30 days after receipt of the benefit to which the offset was made.

My company name \_\_\_\_\_

My company Tax Identification Number (TIN):   -

I have retired from a PERA employer and I refunded my PERA member contribution account in lieu of a monthly retirement benefit. I am returning to work for the PERA employer listed below. I understand I must complete a *Member Information Form—Defined Benefit Plan(s)* and that the salary I earn will be subject to employer contributions and PERA member contributions will be deducted from my pay.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 2: To be Completed by Employer

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Retiree's Job Title \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Salary \$ \_\_\_\_\_  Hourly  Monthly Contract  Yes  No Contract Period \_\_\_\_\_  
Month/Year to Month/Year

Name of Certifying Official \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_

2/228-waretemp (REV 2-14)

Click for more information about [Colorado PERA Working After Retirement](#)



# Disclosure of Compensation

Colorado Public Employees' Retirement Association  
PO Box 5800 Denver, Colorado 80217-5800  
303-832-9550 • 1-800-759-7372 • Fax: 303-863-3727 • [www.copera.org](http://www.copera.org)

Complete this form if you are a PERA retiree performing services for a PERA employer and either of the following is true:

- For tax purposes, the PERA employer reports compensation paid to you or your company under a tax identification number different from your Social Security number.
- You are performing services for a company owned or operated by an affiliated party. An affiliated party is:
  - Any person who is your named beneficiary or cobeneficiary on your PERA account.
  - Any person who is your relative by blood or adoption (includes parents, siblings, half-siblings, children, and grandchildren).
  - Any person who is your relative by marriage or civil union (includes spouse, spouse's parents, stepparents, stepchildren, stepsiblings, and spouse's siblings).
  - Any person or entity with whom you have an agreement to share or profit from the performance of services for a PERA employer in addition to your regular salary or compensation.

If your working arrangement meets either of these definitions, you must disclose the amount of salary earned for services provided on a monthly basis on the reverse side. The associated working retiree contributions from services rendered will be deducted from your PERA monthly benefit. If you need additional copies of this form, go to the PERA website or call PERA's Customer Service Center. **After completing Section 1 of this form, make a photocopy and provide the copy to the PERA employer who will then complete Section 2 and send the form to PERA. Send your completed original form to PERA.**

## Section 1: To be Completed by Retiree

**SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of PERA Employer \_\_\_\_\_

Name of company providing services to the PERA employer \_\_\_\_\_

Company Taxpayer Identification Number (TIN): \_\_\_\_\_ - \_\_\_\_\_

Name of owner of company \_\_\_\_\_

Please specify the nature of the relationship between you and the affiliated party. (For example: The affiliated party is your spouse, daughter, brother-in-law etc.) \_\_\_\_\_

Your Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street, Route, or Box Number City State Zip Code

Daytime Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Continue on reverse

Date(s) Worked	Type of Service Provided	Compensation Received by Retiree*
		\$
		\$
		\$
		\$
		\$
		\$
*Compensation should only include amounts paid for services rendered. Please exclude any amounts that were reimbursed for travel, materials, and other expenses.		

**Section 2: To be Completed by Employer**

Complete the information below and send this form to PERA. You are required to submit employer contributions on this salary within 30 days of receiving this form.

Employer Name \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Certifying Official \_\_\_\_\_

Job Title \_\_\_\_\_ Date Received This Form \_\_\_\_\_

**Signature of Certifying Official** \_\_\_\_\_



# Vendor ACH Setup

Original Request

Amendment/Change Request

**Vendor Information:**

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal ID # or Social Security # \_\_\_\_\_

1099 Contractor:                    YES                    NO

PERA Retiree:                    YES                    NO

**Payment Notification contact:**

Email Address: \_\_\_\_\_

**Financial Institution Information:**

Vendor Name as on account \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Account # \_\_\_\_\_

Account Type:    \_\_\_ Checking    \_\_\_ Savings

ACH Routing # (9 digits)

\_\_\_\_ \_

(Note: ACH routing # may be different from a deposit slip, please confirm with your bank)

**Authorization Signature:**

I certify that I am authorized to act on behalf of the Company above, and I authorize Adams 12 Five Star Schools (District) to initiate electronic credit entries for the purpose of payment via Automated Clearing House (ACH) to the account listed above. Payments made electronically will be timed so funds are made available no later than they would otherwise have been made available. I authorize and request the Bank to accept any credit entry initiated by the District without responsibility for the correctness thereof. I understand that I am responsible for the accuracy of the information provided above and any change requests must be received by Accounts Payable two weeks in advance of the effective change date.

Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form via one the following forms of transmission:

Email to:            [Jeanne.larsen@adams12.org](mailto:Jeanne.larsen@adams12.org)  
Fax to:                720-972-4169  
US Mail to:        Adams 12 Five Star Schools  
                          Accounts Payable  
                          1500 E 128<sup>th</sup> Ave  
                          Thornton, CO 80241