

DARLINGTON COUNTY SCHOOL DISTRICT
120 East Smith Avenue
Darlington, SC 29532
(843) 398-2277

Vendor Number Request Form For An INDIVIDUAL - PLEASE TYPE OR PRINT

In order to comply with Internal Revenue Service (IRS) regulations, we are required to obtain your Social Security Number (SSN) or the Federal Tax ID Number (TIN) to satisfy Form 1099 reporting requirements. Failure to provide this information may subject all payments to the 31% backup withholding as required by the IRS.

Person's Name: _____

Address: (individual's address – do not use school/office address for employees):

Address: _____

City: _____

State: _____

Zip: _____

	Phone number including area code _____
	Fax number including area code if available _____
	Social Security Number if a Federal ID# is not supplied (000-00-0000) _____

**Note: Vendor will be flagged for 1099 if person is being paid for a service (student tutor, literacy coach, sports official, band consultant, etc.)

Is this person a school district employee (Y or N) _____

If this is a district employee, reason for requesting vendor number:

Reimbursement Travel	Reimbursement Supplies	Other (specify below)
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If this person is not a school employee please specify the reason for requesting a vendor number (student tutor, parent/student reimbursement, literacy coach, sports official, band consultant, educational consultant, cater etc.):

Certification:

I certify that (1) I am duly authorized to complete this form, (2) the legal organization and Tax Identification Number shown on this form are correct and (3) I am not subject to backup withholding.

Signature: _____

Date _____

Title _____

The IRS requires a signature. I thank you for your cooperation.

TO BE COMPLETED BY SCHOOL /DEPARTMENT

New Vendor _____	Vendor Number in District Accounting
Update an Existing Vendor _____	

SCHOOL/DEPARTMENT NAME: _____

Revised 2/22/16