



Fairbanks North Star Borough School District Substitute W-9 / Vendor Registration Form

Complete and return via email, fax, or US Mail to:

FNSBSD Purchasing Dept., 520 5th Ave., Fairbanks, AK 99701

Email form to: purchasing@k12northstar.org -or- Fax to: (907) 451-4465

Questions: Call (907) 452-2000 x11341

***Required information -Needed to issue payment for products or services.**

1. Legal Name* as reported on income tax forms	
2. Business Name (DBA "Doing Business As" name, if different from #1 above)	

4. Address* - Remit address (the address where the payment check should be mailed)			
Remit Name (must match banking info):			
Street or PO Box			
City:	State	Zip	
Contact Information*:			
Phone#	Ext.	Fax	
Email:			

→ **Payment by Electronic Fund Transfer (EFT) is now available: [EFT ENROLLMENT FORM](#)**

Part I	
5. Taxpayer Identification Number* - Social Security Number (SSN) or Employer Id Number (EIN)	
If you are a Business , enter EIN: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
If you are an Individual or a Sole Proprietor , enter SSN or EIN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

3. Tax Classification/Type*
(Check only one)
<input type="checkbox"/> Individual
<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> LLC - Single Owner Corp.
<input type="checkbox"/> LLC - Partnership
<input type="checkbox"/> LLC - Corporation
<input type="checkbox"/> C Corporation
<input type="checkbox"/> S Corporation
<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate
<input type="checkbox"/> Government Entity
<input type="checkbox"/> Non-Profit Entity
<input type="checkbox"/> Other - specify: _____
We sell, (select all that apply):
<input type="checkbox"/> Goods
<input type="checkbox"/> Services
For more information about this form, go to: https://www.irs.gov/forms-pubs/about-form-w-9

6. Address for placing Orders (if different from #4 above)			
Street or PO Box			
City:	State	Zip	
Phone#	Ext.	Fax	
Email:			



Vendor Self Service
(VSS) Info Here

VSS provides access to the following:

- Payment Status and 1099 Data
- Purchase Orders and Invoice Records
- Bid Solicitation and Commodity Registration

<https://www.k12northstar.org/Page/7955>

7. Address for IRS income tax form 1099 (if different from #4 above) (Required for Vendors that are paid \$600 or more per year, for services only)			
Street or PO Box			
City:	State	Zip	

Part II	
8. Certification*	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number, AND	
2. 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.	
3. I am a U.S. citizen or other U.S person (including a US resident alien).	
Sign Here	Signature*:
	Date*: