

APPLICATION FOR NEW VENDOR NUMBER/NEW HIRE/W-9 - Stow-Munroe Falls Board of Education
Send to Treasurer's Office

PLEASE PRINT LEGIBLY

Indicate if refund _____ or reimbursement _____
Indicate if Vendor is performing a service: **Yes** **No**

This section to be completed by school personnel requesting Vendor Number (Please make a copy for your records)

Vendor Name _____
(Ask for name - as shown on Social Security Card [No nicknames please] - or as shown on Company Federal ID)

Street Address _____ Fax. _____

City _____ State _____ Zip _____ Phone Number _____

Individuals performing a service must supply their Birth Date _____ and Social Security Number ____/____/____

Initiated by: _____ Building _____ Ext. _____

(Please allow 3-4 days for processing.) Date New Vendor Form/W-9 mailed _____
(Treasurer's Office will mail out following form for individual or company to complete if needed)

Request for Taxpayer Identification Number and Certification

Please complete the following information, sign, and return to **Stow-Munroe Falls Board of Education, Attn: Treasurer's Office, 4350 Allen road, Stow, OH 44224** or fax to **Attn: Treasurer's Office. Questions, 330-689-5421**
330-689-5448

Pursuant to Section 3121.891 of the Ohio Revised Code, employers and government entities in the state of Ohio are obligated to report to the Ohio Department of Job and Family Services (ODJFS) all employees who reside or work in the state of Ohio. ORC, Section 3121.89, defines an employee as "an individual who provides services to an employer as an independent contractor for compensation that is reported as income other than wages and who is an individual, the sole shareholder of a corporation, or the sole member of a limited liability company.

In accordance with the new hire requirements, your Federal ID Number is not sufficient for new hire reporting. You must disclose your Social Security number and birth date if: you are an individual performing a service, sole shareholder of a corporation, or sole member of a limited liability company and going to earn \$12,000 or more from the above school district in any calendar year.

Does the vendor qualify as an:

- Individual/Sole Proprietor/Independent Contractor {Sole shareholder of a corporation is considered an independent contractor}
Birth Date ____/____/____ Social Security Number ____/____/____
- Corporation
- Partnership
- Limited liability company **MUST MARK EITHER:** Corporation () or Partnership () or one owner taxed as sole proprietor ()
- Attorney
- Medical and Health Care
- other _____

Legal Name as shown on Social Security Card or Company Federal ID Company Federal ID Number _____ - _____

First _____ Middle _____ Last _____

Business Name if different from above _____

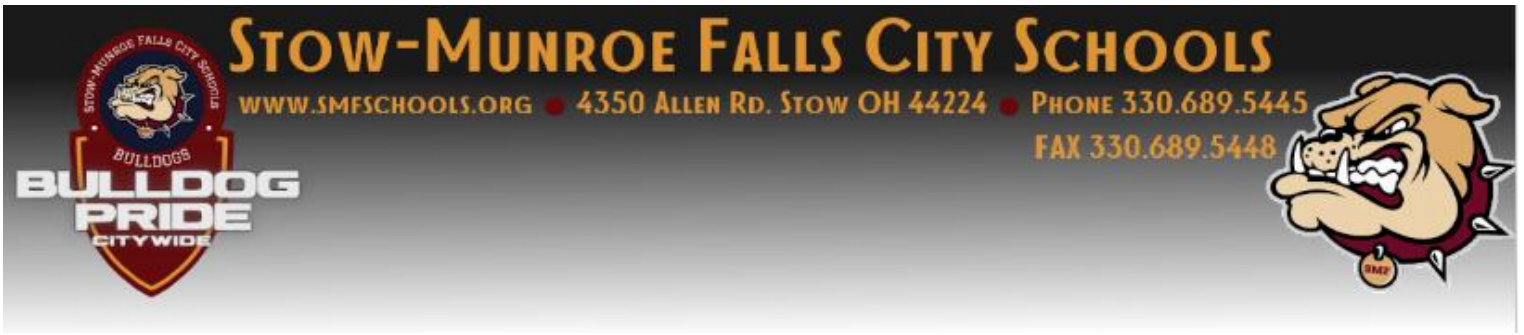
Certification:

Signature _____ Date _____

OFFICE USE ONLY

Checked against Finding For Recovery Data Base provided by Auditors of State.

Vendor Number _____



Accounts Payable ACH Authorization Form

Vendor Information

Vendor Number	
Full Name	
Email Address	
Remittance Address- Street	
Remittance Address- City, State, Zip	

Account Information

Routing/ Transit Number			
Account Number			
Bank Name			
Account Type	Circle ONE	22- Checking	32- Savings

Check **ONE** Item below:

- I certify the above information is correct and **Stow- Munroe Falls City School District** to issue payment via ACH into the account listed above. I further understand there will be a delay in payment if the funds are rejected by my bank.
- Please **CANCEL** the ACH payment previously authorized

Vendor Signature

Print Name/ Title if Company

Date

Please fax to: 330-689-5448 Attn: Accounts Payable