

# SUBSTITUTE W-9 AND NEW VENDOR SETUP FORM

Complete all information and email, fax or mail to your point of contact.



**Email to:** \_\_\_\_\_  
**FAX #:** \_\_\_\_\_  
**Mailing Address:** Colorado Springs School District 11  
 ATTN: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 1. VENDOR IDENTIFICATION INFORMATION

VENDOR NAME (PAY TO :)	
Another name for vendor? (AKA)(DBA)	
PHONE NUMBER	
FAX NUMBER	
WEB-SITE ADDRESS	
REP NAME & EMAIL	

## 2. VENDOR BUSINESS LOCATION (S) Complete column B & C only if different from column A.

LOCATION	1099 ADDRESS (A) *REQUIRED	ORDERING ADDRESS (B)	REMIT ADDRESS (C)
Street Address			
PO Box			
City			
State, Zip Code			

## 3. TAXPAYER IDENTIFICATION NUMBER

<b>Social Security Number</b>		<b>Federal EIN</b>	
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## 4. TYPE OF ORGANIZATION: (Check only one)

<input type="checkbox"/> 1) Individual/Sole proprietorship (1099)	<input type="checkbox"/> 5) Non-Profit
<input type="checkbox"/> 2) Corporation/professional services group (1099 if medical group, or attorney/lawyer group)	<input type="checkbox"/> 6) Limited Liability Corporation (LLC) (1099)
<input type="checkbox"/> 3) Governmental agency	<input type="checkbox"/> 7) Professional services group (1099, if Med, Rental, Royalty)
<input type="checkbox"/> 4) Partnership (1099)	<input type="checkbox"/> 8) Other

## 5. CLASSIFICATION OF WORK PERFORMED (Check all that apply) (Internal Use – code “7” unless noted otherwise)

<input type="checkbox"/> Architect & Engineers	<input type="checkbox"/> General Supplier	<input type="checkbox"/> Professional service	<input type="checkbox"/> Tradesman (crafts)
<input type="checkbox"/> Advertising	<input type="checkbox"/> Maintenance / Repair services	<input type="checkbox"/> Public relation firms	<input type="checkbox"/> Transportation service
<input type="checkbox"/> Consultant	<input type="checkbox"/> Medical / physicians (6-1099)	<input type="checkbox"/> Rental / leasing (1-1099)	<input type="checkbox"/> Travel services
<input type="checkbox"/> Food / food services	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Training services	<input type="checkbox"/> Other services

## 6. COLORADO PERA INFORMATION REQUIREMENT (This Section MUST be filled out)

Do you, or any officers of your company or organization, receive a monthly retirement benefit payment from Colorado PERA? Yes  No  If you answered yes, please list these individuals on a separate attachment.

Certification: Under penalties of perjury, I certify the Tax Id Number / other information shown is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date