

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.

**JACKSON COUNTY SCHOOL SYSTEM**  
**Contractor/Vendor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor/vendor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services for the Jackson County School System has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor/vendor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor/vendor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor/vendor with the information required by O.C.G.A. § 13-10-91(b). Contractor/Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (4 to 6 digit)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor/Vendor

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**JACKSON COUNTY SCHOOL SYSTEM**  
**Exemption Affidavit under O.C.G.A. § 13-10-91**

I attest that I am exempt from providing an "Affidavit of Compliance" to the Jackson County School System pursuant to O.C.G.A. § 13-10-91, as amended, for one of the following reasons:

\_\_\_\_\_ I am a **sole proprietor with no employees**, subcontractors or sub-subcontractors and I will not use employees, subcontractors or sub-subcontractors for any work performed for the Jackson County School System. \*\* (ID required)

\_\_\_\_\_ My company/firm will render services to the Jackson County School System, however, my company/firm has **ten (10) or fewer full-time employees**. \*\* (ID required)

\_\_\_\_\_ I am an individual who is licensed pursuant to Official Code of Georgia **Title 26 or Title 43**, or by the State Bar of Georgia; my license is in good standing, and I am the individual who will be performing the services under the contract.

\_\_\_\_\_ My company/firm will provide **goods only** to Jackson County School District and will not render any services to Jackson County School System. *If your company provides goods along with ancillary services, such as maintenance, repairs, help desk support, customer support, technological support, or any other ancillary services, your company cannot file an Affidavit of Exception and must register with E-Verify.*

\_\_\_\_\_ This company is a **public employer** (i.e. Government entity)

\_\_\_\_\_ My company is a **foreign company**, and the work performed under the contract will be done in a foreign country by residents of that country.

\_\_\_\_\_  
Name of Contractor/Vendor

\_\_\_\_\_  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on

\_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_





# Jackson County School System

1660 Winder Highway  
Jefferson, GA 30549  
706-367-5151  
[www.jacksonschools.ga.org](http://www.jacksonschools.ga.org)

## VENDOR ACH AUTHORIZATION FORM

### Vendor Information

Vendor Name		EIN #	
Address	City	State	Zip
Accounting/ACH Contact Name	Phone	Fax	
Email Address for Remittance Advice (**required**)			

Above named Vendor hereby authorizes Jackson County School System to originate Automatic Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/reimbursement of goods and/or services.

☐ Checking ☐ New Setup  
☐ Savings ☐ Change

### Banking Information

Name of Bank Account	
Bank Routing Number*	Bank Account #

\*Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.

If you change banks or accounts please provide at least thirty (30) days written notice.

### Vendor Authorization:

\_\_\_\_\_  
Authorized Name/Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Jackson County School System requires that any changes to this ACH account be made verbally by a representative from the vendor, and not via email or text.

<https://www.jacksonschools.ga.org/>



# Jackson County School System

1660 Winder Highway  
Jefferson, GA 30549  
706-367-5151  
www.jacksonschoolsga.org

Are you are TRS, ERS, or PSERS retiree?

☐ No – mark no, sign and date: \_\_\_\_\_

*Signature*

*Date*

☐ Yes – please complete below the line

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Service period beginning date \_\_\_\_\_

Service period ending date \_\_\_\_\_

Briefly describe service

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount to be paid \_\_\_\_\_

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

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**REQUEST FOR CONTRACTED SERVICES**  
**WORKERS' COMPENSATION CERTIFICATE OF INSURANCE**

1. If the service provider is a current or former employee (incl. hourly & substitutes) **STOP** and contact the central office payroll department.
2. Partially completed forms will not be accepted and will delay payment.

***THIS SECTION TO BE COMPLETED BY JCSS EMPLOYEE REQUESTING THE SERVICE***

Today's Date: \_\_\_\_\_ School/Dept.: \_\_\_\_\_  
Type of Service: \_\_\_\_\_ JCSS Employee Requesting Service: \_\_\_\_\_  
Is the service performed on-site or off? \_\_\_\_\_

For individuals and businesses that provide a service, this form is **required** for the School System's workers' comp audits. **If the provider of the service has Workers' Compensation Insurance, attach a copy of their insurance certificate.** The certificate must cover the dates of the service. Forward completed contract service package to your bookkeeper.

Bookkeeper to submit completed payment packet to central office accounts payable department:

- |   |                              |
|---|------------------------------|
| 1. Invoice or Request for Payment form              | 5. W-9                       |
| 2. Request for Workers' Compensation form           | 6. E-Verify Affidavit        |
| 3. If insured, a copy of the insurance certificate. | 7. Copy of driver's license. |
| 4. Time sheet, if required.                         |                              |

***THIS SECTION TO BE COMPLETED BY SERVICE PROVIDER***

Name as used for tax-filing: \_\_\_\_\_  
Business name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Tax ID number as used for tax-filing, EIN **or** Social Security number:  
EIN # \_\_\_\_\_ **OR** SSN #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you have workers' compensation insurance?** Yes \_\_\_\_\_ **OR** No \_\_\_\_\_

**One of the following must be completed before services are procured:** 1) If you have workers' compensation insurance, please provide a copy of the insurance certificate for our files; 2) If you do not have workers' compensation insurance, please read and sign the following liability release statement: "Per O.C.G.A. 34-9-2, I do not employ more than three persons and therefore, do not carry Georgia Workers' Compensation insurance. I understand I am an independent contractor and am, knowingly and willingly, waiving any rights to file a claim against the Jackson County School System's workers' compensation insurance policy if I am injured while performing services for the System."

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