



**DISTRICT TWO**  
HARRISON SCHOOLS

**VENDOR BUSINESS INFORMATION**  
Please return this form with your W-9 and Certificate of Insurance (if vendor will be on D2 Property)

Email to: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
Mailing Address: Harrison School District 2  
ATTN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
VENDOR NAME (PAY TO :)

**1. VENDOR IDENTIFICATION INFORMATION**

|                                     |  |
|-------------------------------------|--|
|                                     |  |
| 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**

|                        |  |             |  |
|------------------------|--|-------------|--|
| Social Security Number |  | Federal EIN |  |
|------------------------|--|-------------|--|

**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. VENDOR POINT OF CONTACT**

Contact's Name: Phone #:

Contact's Email Address:

**7. WHAT TYPE OF WORK IS TO BE PERFORMED FOR HARRISON SCHOOL DISTRICT 2:**

**8. VENDOR BUSINESS SIZE:** The District desires to track small business awards. To assist with this tracking, please identify your company’s business size below.

|                     |                |                    |
|---------------------|----------------|--------------------|
| Small Business (SB) | Large Business | 1099 Vendor and SB |
|---------------------|----------------|--------------------|

|                    |    |  |
|--------------------|----|--|
| 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