Nash County Public Schools
Vendor Information Sheet (Serves as W-9)

A/P Dept. Only
Vendor # _____
Date: _____

Federal Tax ID Number									
		-							

Social Security Number									
			-			-			

Vendor Name						
	(As Shown on your Tax Return)					
Doing Business As						
	(If different from above)					
Address						
	(Number, Street, and Apt. or Suite #)					
	City			State		Zip
Check Appropriate Box(es) for Federal Tax Classification	☐ Individual/ Sole proprietor or Single-member LLC	☐ C Corporation	☐ S Corporation	☐ Partnership	☐ Trust/ Estate	☐ Exempt Payee
	☐ Limited Liability Company Enter the Tax Classification →→→→→→ (C=C Corporation, S=S Corporation, P=Partnership)				---------	
	☐ Other					
Are you a State Contract vendor with the NC Department of Purchasing & Contract?					☐ Yes	☐ No

Type of Business	
☐ Minority Owned	☐ Black ☐ Hispanic ☐ Asian American ☐ American Indian
☐ Female Owned	
☐ Disable Owned	
☐ None of the Above	

Type of Sales	
☐ Merchandise (Goods Only)	☐ Medical/ Health Care Payments
☐ Service Only	☐ Prizes/Awards
☐ Merchandise & Services	☐ Royalties
☐ Attorney/ Legal Fees	☐ Rental/ Lease
☐ Consultant/Professional Fees	☐ Other (Specify) _____

EMAIL ADDRESS FOR ORDER SUBMISSION: ***(Print clearly)*** _____

Remittance Address			
Street Address			
City, State, Zip			
Phone #		Fax #	

Under penalties of perjury, I certify that: 1. 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 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; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct

Signature: _____ Title:_____ Date:_____