EMANUEL
COUNTY SCHOOLS
COMMUNITY • PRIDE • INNOVATION

201 N. Main St
PO Box 130
Swainsboro, GA 30401
478.237.6674

INSTRUCTIONS:
VENDOR: Complete and return by mail to: Emanuel County Board of Education/Accounts Payable, P.O. Box 130, Swainsboro, GA 30401
by fax: 478 419-1102
by email: lpstevens@emanuel.k12.ga.us
Please attach a copy of your W-9 form.
Please attach a copy of your E-Verify Affidavit.

* The IRS defines a U.S. Person as: (1) a U.S. citizen, (2) an entity created or organized in, or under the laws of, the United States; a state; or the District of Columbia or (3) a U.S. resident.

New Vendor Registration Form – U.S. Persons Only*

THE EMANUEL COUNTY BOARD OF EDUCATION WILL NOT PAY VENDORS UNTIL THIS FORM IS PROVIDED

VENDOR REGISTRATION FORM

___ Individual/Sole Proprietor ___ C Corporation ____ S Corporation ____ Partnership
____Limited Liability Company:Enter tax classification(C=C Corporation,S=S Corporation,P=Partnership _____
___ Other

Vendor Name: (As Shown on Your Tax Return)	
Business Name: (If different from above)	
Remittance Address for Payment:	
Contact Name:	
Contact Phone/Fax:	
Contact Email:	
ACH Information: Verified By:	Routing # _____ Account # _____ _____ (For Finance Dept Only)
Preferred Method of receiving Purchase Orders:	_____ Email _____ Fax _____ Mail
Purchase Order Address: (If different from above)	
Physical Address: (If different from above)	

All vendors or payees, <u>except for individuals being reimbursed</u>, must complete:

Tax Identification Number (TIN):

The TIN provided must match the Name on IRS Record, to avoid backup withholding. For individuals, this is your Social Security Number; for other entities, it is your Employer Identification Number (EIN).
Social Security Number _____-_____-_____EIN/FEIN _____-_____

Individuals or Businesses may receive a form 1099 depending on payment type and IRS regulations.

Exemption - if exempt from Form 1099 reporting, check the box that indicates your tax status

____ Corporation (Note that there is no corporate exemption for medical and healthcare payments or payments for legal services) ____ Tax Exempt Entity
____ The United States, any of its agencies or instrumentalities; a state, the District of Columbia, a possession of the United States or any other their political subdivisions or agencies

Certification/Signature
Under penalties of perjury, my signature certifies that:

(1) I am a U.S. person (including a U.S. resident alien)

(2) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me)

(3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the 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

Certification instructions – You must cross out item 3 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 you tax return. For real estate transactions, number 3 above 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 you correct TIN.

SIGN HERE: Signature of U.S. Person_____ **Date**_____