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Substitute W-9 Form

If you are a current Rock Hill School District employee, please contact Procurement Services before completing this form.

1. Legal Name (as entered with IRS, no nicknames) If Individual, Sole Proprietorship or LLC Single Owner, enter your LEGAL Last Name, First Name, Middle Initial. Otherwise enter business name.

Minority Run Business? ☐ Yes ☐ No

2. Trade/DBA Name (if different from #1 above)

3. Remit Address (mailing address for Individuals)

PO Box or # and Street:

City | State | Zip

Phone # | Fax | Email

4. Order Address (if different from Remit Address)

PO Box or # and Street:

City | State | Zip

Phone # | Fax | Email

5. Legal Entity Type

- ☐ Individual/Sole Proprietorship/LLC Single Owner
- ☐ Partnership or LLC taxed as a Partnership
- ☐ Corporation or LLC taxed as a Corporation
- ☐ Government Entity
- ☐ Non-Profit Entity
- ☐ Other - Specify: _____

6. Taxpayer Identification Number (TIN)

If you are a sole proprietor and you have an EIN (employer identification number), you may enter your SSN or EIN. However, the IRS prefers that you show the SSN.

_____-_____-_____
Social Security Number

_____-_____
Employer Identification Number

7. Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up 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 back up 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 back up withholding.
3. I am a U.S. citizen (including a US resident alien).
4. **I am NOT a Rock Hill District Employee.**

Printed Name: _____ **Printed Title:** _____

Signature: _____ **Date:** _____ **Phone:** _____

Vendor #_____