

New Vendor Form

Purchasing Department - MVCSD

VENDOR Services Provided-

(Please include this info.)

SUBMITTED BY:	MVCSD use only. DEPARTMENT NAME: PHONE NUMBER:
Vendor Name	Vendor Tax ID# Vendor SS#
1099- (simple test -typically if a vendor is a corporation, they are not a 1099 vendor) Yes _____ No _____ (Please send copy of W-9.)	Government Status (SLBE, DBE, etc...) SLBE = Small Local Business Enterprise SLBE ____ DBE ____ WBE ____ MBE ____
Vendor Ordering Address	Vendor 'Remit To' Address
Contact Name: Title:	Phone: Fax: Email: Website: PLEASE PRINT CLEARLY
Purchase Order Dispatch Preference: (select one) "How does the vendor wish to receive Purchase Orders?" Mail: ____ Fax: ____ Electronic/email: _____ Confirm Email Address here: _____	
Additional Information: o When a new vendor needs to be entered into our system, complete this form in its entirety with W-9 and return to the MVCSD Purchasing Department: 165 North Columbus Ave, Mount Vernon, New York 10552 #914.665.5000 fax #914.665.3395 or 914.665.5218 VENDOR REQUEST PLACEMENT ON BIDDERS LIST _____ PLEASE COMPLETE EACH FIELD - WHERE NO INFORMATION IS REQUIRED ENTER - "NA"	

Please Print Clearly

Mount Vernon City School District
165 N Columbus Ave. Mount Vernon, NY 10553



REQUEST FOR VENDOR PAYMENTS VIA DIRECT DEPOSIT (ACH) FORM

TO: ALL VENDORS
FROM: ASSISTANT SUPERINTENDENT FOR BUSINESS

SUBJECT: PAYMENTS VIA DIRECT DEPOSIT (ACH)

Mount Vernon City School District is in the process of making vendor payments electronically via DIRECT DEPOSITS (ACH). To facilitate payments directly deposited into your account via ACH, please complete the following:

NAME OF COMPANY/ORGANIZATION: _____

NAME OF CONTACT PERSON (ACCOUNTS RECEIVABLE): _____

CONTACT TEL. NUMBER (ACCOUNTS RECEIVABLE): _____

TAX IDENTIFICATION NUMBER: _____

NAME OF THE BANK: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____

EMAIL ID FOR DEPOSIT NOTIFICATIONS: _____

Please return the completed information along with a copy of a voided check or bank letter to:

Stephanie Kinlaw, Business Office
Mount Vernon City School District
165 North Columbus Ave, Mount Vernon, NY 10553
By FAX: (914) 665-5218

Note: Vendor assumes responsibility to ensure that the District is provided with valid and current banking and contact information.

Date

Authorized signer

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	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. See also *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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they