PROCUREMENT SERVICES VENDOR'S APPLICATION
(Subject to any state and local laws)
PROVIDE COMPLETED COPY OF W-9
PROVIDE ALL REQUIRED DOCUMENTS

DARLINGTON COUNTY SCHOOL DISTRICT

DARLINGTON COUNTY SCHOOL DISTRICT
120 E SMITH AVENUE
DARLINGTON, SC 29532
843-398-2277

VENDOR NUMBER REQUEST FORM FOR AN INDIVIDUAL – PLEASE TYPE OR PRINT

In order to comply with Internal Revenue Service (IRS) regulations, we are required to obtain your Social Security Number (SSN) or the Federal Tax ID Number (TIN) to satisfy Form 1099 reporting requirements. Failure to provide this information may subject all payments to the 31% backup withholding as required by the IRS.

Person's Name: _____

Address: (individual's address – do not use school/office address for employee):

Address: _____

City: _____State: _____ Zip: _____

Phone number including area code: _____

Social Security number _____

NOTE: Vendor will be flagged for 1099 if person is being paid for a service (student tutor, literacy coach, sports official, security, band consultant, etc.)

Are you a school district employee - Yes or No Location: _____

Are you employed by the state and a member of PEBA retirement system – Yes or No Location: _____

Please specify the reason for requesting a vendor number:

_____

_____

Certification:

I certify that I am duly authorized to complete this form, the legal organization and tax identification number shown on this form are correct and I am not subject to backup withholding.

Signature: _____ Date: _____

THE IRS REQUIRES A SIGNATURE. THANK YOU FOR YOUR COOPERATION.

TO BE COMPLETED BY SCHOOL/DEPT

New Vendor _____ Assigned Vendor Number: _____

Updating an Existing Vendor _____

SCHOOL/DEPARTMENT NAME: _____

Revised: 7/9/26