Clayton County Public Schools Substitute W-9 Form

Request for Taxpayer Identification Number and Certification

Vendor Number if previously assigned:

*** Name** (List legal name, if joint names, list first the name of the person whose TIN you enter in Part I

Business Name, if different from above. Example: Doing Business As "J. Doe Construction"

Check appropriate box: ☐ Individual ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other

Please check the type of services rendered by the vendor.

☐ Materials Only ☐ Services Only ☐ Materials and Services

Legal Address: number, street, and apt. or suite no.

City, state and ZIP code

GA

Phone # ( ) **Fax #** ( )

Email Address

Remittance Address: if different from legal address.

Remittance City, state and ZIP code

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Remittance Phone # ( ) **Remittance Fax #** ( )

Contact Person

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number - - OR **Tax Payer Identification Number** -

Part II 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 backup withholding because (a) I am exempt from backup withholding, (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 **and**
3. I am a U.S. citizen (including a U.S. resident alien).

Certification instructions. ☐ Please check this box 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, this does not apply.

Part III Potential Conflict Disclosure

Please disclose any relationships with current or former Clayton County Public Schools employees to include employees with vested interest in your organization.

Employee Name

Relationship

Certification instructions. ☐ I certify that the above statement is true and I have disclosed any and all relationships with county employees Additionally, I am aware that CCPS has the right to terminate this relationship if it is determined that this information is false.

Sign Here	Authorized Signature ►	Date ►