

# FORT MILL SCHOOLS

## FORT MILL SCHOOL DISTRICT SUBSTITUTE W-9 FORM

1 - NAME (As shown on your income tax return): \_\_\_\_\_

2 - BUSINESS NAME/DISREGARDED ENTITY NAME, if different from above: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PAYMENT/REMIT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY # (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR Fed ID # (EIN/FIN): \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PRINCIPAL ACTIVITY (select only ONE):  Service Provider  Product/Merchandise Provider  Other Provider

TYPE OF SERVICE, PRODUCT, OR OTHER PROVIDED: \_\_\_\_\_

FEDERAL TAX CLASSIFICATION (select only ONE):

Individual/Sole-Proprietor/Single Member LLC  C Corporation  S Corporation  Partnership  
 Other: \_\_\_\_\_  Trust/Estate  LLC- Enter the tax classification (C = Corp, S = S Corp, P = Partnership) \_\_\_\_\_

Note: For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner.

*Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person as defined by the IRS, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

*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.*

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

NAME & TITLE (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Send completed and signed form to Fort Mill School District.

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE?

YES  NO IF YES, PLEASE PROVIDE STATE(S) OF CERTIFICATION: \_\_\_\_\_

AND YOUR CERTIFICATION NUMBER(S): \_\_\_\_\_