

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): _____