

**Gwinnett County Public Schools
W-9 Substitute – Vendor Information Form**

Vendor # _____

New Vendor Vendor Update

Vendor: Complete and fax to requesting department/school - Name _____ Fax # _____

Sole Proprietor Partnership Incorporated Gov Entity LLC Other _____ (HR, Risk Mgmt)

Company/Individual Name on IRS Record Phone # Fax #

Company DBA Name – *payments will be made payable to this name* Phone # Fax #

Address (PO Box, number, street, apt or suite number, city, state, 9-digit zip required)

Purchase Order Information

Phone # Fax #

(PO Box or street, city, state, 9-digit zip) E-Mail Address

Contact name & title

Preferred Method of PO Dispatch US Mail E-Mail
Freight Terms Prepaid Charge Back

Remit to Information

Phone # Fax #

(PO Box or street, city, state, 9-digit zip) E-Mail Address

Effective date Inactivate other Remit address (Y/N) Make Remit location default (Y/N) Update requested by

1099 Information

Phone # Fax #

(PO Box or street, city, state, 9-digit zip) E-Mail Address

Effective date Check withholding box (Y/N) Default class (06-medical, 07-non-employee) Update requested by

Business Classification General purchasing Textbooks Construction Utilities Medical
 Services Refund Other _____

Comments _____

Financial Operations Use Only

Vendor Created/Updated _____ Date _____
Vendor Approved _____ Date _____

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SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

**The information below is requested under U.S. Tax Laws.
Failure to provide this information may prevent you from being able to do business with Gwinnett County Public Schools, and will result in payments being withheld until vendor information is provided.**

U.S. Taxpayer Identification Number (TIN):

The TIN provided must match the name on IRS Record (provided on page 1) to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

SSN: _____ EIN: _____

Work Status (please circle Yes or No):

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you currently an employee of Gwinnett County Public Schools (GCPS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently receiving retirement benefits from any State of Georgia retirement system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you offer services exclusively to GCPS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does GCPS set your work hours and schedule of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does GCPS provide all of your equipment, supplies and materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am writing 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.
3. I am a U.S. person (including a U.S. resident alien).

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.

Signature of U.S. person and vendor representative
Must be authorized to sign an IRS W-9 form

Date

Print name and title of U.S. person and vendor representative