



**Vendor Application and Substitute Form W-9**  
**Purchasing – Central Office**  
**School District of Okaloosa County**  
**202A Highway 85 North, Niceville, FL 32578**

MIS 2079  
 REV 4/2024

**Telephone (850) 833-7668      Fax (850) 833-6327**

In order to comply with IRS regulations, we are requesting Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by the school district. For questions regarding this form, please use the address or telephone number provided above. In order to comply with the IRS rules, please provide us with your social security number (SSN) or federal employer identification number (FEIN). This is *not* a request for state sales tax exemption.

In the event this information is not provided, or should the IRS notify us that the provided information is incorrect, all payments made to you may become subject to a 24% Backup Withholding Tax Rate. **Please print clearly or type.**

**PART 1** – Please provide the correct Tax Identification Number (TIN), be it FEIN or SSN and the applicable name and address **as shown on your income tax return.** The TIN is (check one) \_\_\_\_\_ FEIN \_\_\_\_\_ SSN

Federal Employer Identification Number (FEIN) \_\_\_\_\_ OR

Example 99-9999999

Social Security Number (SSN) \_\_\_\_\_

Example 999-99-9999

BUSINESS NAME \_\_\_\_\_

NAME/BUSINESS NAME **as shown on your income tax return** \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

PAYMENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

BUSINESS CONTACT NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

IS THIS BUSINESS CONSIDERED MEDICAL/HEALTHCARE \_\_\_ YES \_\_\_ NO

IS THIS BUSINESS CONSIDERED AN ATTORNEY \_\_\_ YES \_\_\_ NO

**PART 2** – Mark below the number that accurately describes the business or individual completing this form:

**1** \_\_\_\_\_ **INDIVIDUAL/SOLE PROPRIETOR, SELF-EMPLOYED OR SINGLE-MEMBER LLC**

**2** \_\_\_\_\_ **CORPORATION, PROFESSIONAL ASSOCIATION OR PROFESSIONAL CORPORATION**

(A corporation formed under the laws of any state within the United States) Check One  C Corporation  S Corporation

**3** \_\_\_\_\_ **PARTNERSHIP**

**4** \_\_\_\_\_ **TRUST/ESTATE**

**5** \_\_\_\_\_ **LIMITED LIABILITY COMPANY** Check One  C Corporation  S Corporation  Partnership

**6** \_\_\_\_\_ **NOT FOR PROFIT CORPORATION** (Section 501 (c) (3) Internal Revenue Service – please attach IRS determination letter)

**7** \_\_\_\_\_ **GOVERNMENTAL ENTITY** (City, County, State, or U.S. Government)

**8** \_\_\_\_\_ **FOREIGN CORPORATION OR ENTITY** (A foreign entity formed under the laws of a country other than the United States)

Is income connected with business in the United States? \_\_\_ YES \_\_\_ NO If answer is YES, complete and attach Form W-8ECI

**9** \_\_\_\_\_ **NONRESIDENT ALIEN** (An individual temporarily in the U.S. who is not a U.S. citizen or resident)

Under the penalties of perjury, I certify that I have examined this request and to the best of my knowledge and belief, it is true, correct and complete.

Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT COMPLETE**\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\***DO NOT COMPLETE**

Vendor # \_\_\_\_\_ 1099 Vendor \_\_\_ Yes \_\_\_ No

NOTICE: Per F.S.S. 119.071(5)(a), social security number is collected for financial business