



Vendor Application and Substitute Form W-9
Purchasing – Central Office
School District of Okaloosa County
202A Highway 85 North, Niceville, FL 32578
Telephone (850) 833-7668

MIS 2079
 REV 4/2024

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