

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (S) AND CERTIFICATION

Substitute Form W-9

Each person or organization doing business with Frederick County Public Schools must provide the following information. Please return this form to: Frederick County Public Schools

1415 Amherst Street Winchester, VA 22601

ENTER THE FOLLOWING INFORMATION: Date Completed and Signed: \_\_\_\_\_

Legal Name: \_\_\_\_\_ (Must match the Social Security Number, if applicable)

Trade Name: \_\_\_\_\_ (Must match the Employer Identification, if applicable)

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

ORGANIZATION ENTITY:

Check only one: Social Security No. Employer Identification No. Individual Sole Proprietor Partnership Corporation Professional Corporation Trust or Estate Governmental Entity Limited Liability Company (LLC)

If LLC, choose tax classification: \_\_\_ disregarded entity \_\_\_ corporation \_\_\_ partnership

Please answer the following Questions:

Are you employed by Frederick County Public Schools? Yes: \_\_\_ No: \_\_\_

Is your organization (association, club, religious, charitable, educational, or other group) tax exempt under IRS Section 501(a)? Yes: \_\_\_ No: \_\_\_

Is your firm authorized to transact business in the Commonwealth as a domestic or foreign business entity? Yes: \_\_\_ No: \_\_\_

SCC Identification Number: \_\_\_\_\_ per code of Virginia §2.2-4311.2.

Certification: Under penalties of perjury, I certify that:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me). AND (2) The organization entity and all other information provided is accurate, AND (3) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

You must cross out item (3) above if IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return

Criminal Background Check Certification:

By signing below and by agreeing to provide services to Frederick County Public Schools that require you or any of your employees to be in the presence of students during regular school hours or during school-sponsored activities you are deemed to certify that neither you nor any of your employees who will be in the presence of students during regular school hours or during school-sponsored activities (1) have been convicted of a felony or any offense involving the sexual molestation or physical abuse or rape of a child. Legal Reference COV § 22.1 – 296.1.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please see the reverse side of page for the ACH Enrollment Form.

## ACH ENROLLMENT FORM

**ACH is only available for vendors paid by the Frederick County School Finance Department and is not available to vendors paid directly by the individual schools.**

### **ACH Bank Information**

**Financial Institution:** \_\_\_\_\_ **Type of Account (choose one):**    \_\_\_ **Checking**    \_\_\_ **Savings**

**Bank ABA Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**E-mail Address for Notice of Payment:** \_\_\_\_\_

**Accounts Receivable Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Note: All information is required. Contact your bank if you have questions regarding the ABA Routing Number or Account Number for ACH payments.**

I, the afore named Vendor, hereinafter called the Vendor, hereby authorize the Frederick County Public Schools, Virginia, hereinafter called the School, to initiate credit entries to my/our account for all vendor payments payable to me at the depository financial institution designated by the Vendor, hereinafter called the Depository, and to credit the same to such account. I, the Vendor, agree to notify the School in writing, if our payments are being forwarded from a U.S. financial institution to a financial institution in another country. If the School funds to which the Vendor is not entitled are deposited in our account, I, the Vendor, authorize the School to direct the Depository to return those funds. I, the Vendor, acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law and the rules as set forth by the National Automated Clearing House Association (NACHA).

This authorization is to remain in full force and effect until the School has received a notice of termination from me, or a Vendor representative, in such time and in such manner, as to afford the School a reasonable opportunity to process this termination. I, the Vendor, further acknowledge that any remittance information associated with payments that I receive will be made available to me through a Notice of Payment sent by the School to the e-mail address designated by the Vendor.

I, the Vendor, agree it is the responsibility of the Vendor to notify the School should any changes occur with regard to account information or official e-mail addresses for advice delivery. In the event there is a change to any Vendor information (e.g., name, account number, ABA number, etc.) without prior notification to the School, the School is not liable for any direct deposit to an account that has been deactivated, transferred, or otherwise changed. In the event there is a change to a Vendor official e-mail address without prior notification to the School, the School is not liable for any advice deliveries to an e-mail address that has been deactivated, transferred, or otherwise changed.

Under penalties of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief and that the applicant is not debarred to supply materials or services to any public agency. I also understand that it is my responsibility to update this information in the event that any changes occur. I certify that this vendor/individual is properly licensed for providing the goods/services specified.

**Authorized Signature:** \_\_\_\_\_

**Printed Authorized Name/Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_