



RICHMOND PUBLIC SCHOOLS

Department of Finance
301 North 9th Street, 16th Floor
Richmond, VA 23219-1927

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (W-9 Form)

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to Richmond Public Schools. If this number is not provided, you may be subject to a 28% withholding on each payment. To avoid this 28% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Individual/Owner's Name: _____

Legal Business Name: (if applicable) _____

Address: _____

NINE (9) DIGIT TAXPAYER IDENTIFICATION NUMBER

SSN # or Six Digit Employee ID #: _____

Federal Employer Number: _____

BUSINESS DESIGNATION (check nothing if you are an individual not operating a business)

- Individual/Sole Proprietor/Single Member LLC
C Corporation
LLC [Enter tax classification (C=C corporation, S= S corporation, P=Partnership)]
Partnership
S Corporation
Trust/estate
Non-Profit Organization

Note: For a single-member LLC that is disregarded, do not check LLC: check the appropriate box above for single LLC member.

Is this firm (business) 51 percent or more owned and operated by a minority? Yes No

Certified M.B.E., By Whom? Certification No.

Check appropriate minority group of your firm (business):
American Native/Aleut Female NF
Black/Afro American Female BF
Asian/Pacific Female AF
Hispanic Female HF
Physical Impaired Female PF
American Native/Aleut Male NM
Black/Afro American Male BM
Asian/Pacific Male AM
Hispanic Male HM
Physical Impaired Male PM

Do you have a current City of Richmond business license? Yes No

Is your business located within the City of Richmond, Virginia? Yes No

PRINCIPAL BUSINESS ACTIVITY (List Type of Service or Product Provided)

Under penalties of perjury, I declare that the information provided is true, correct, and complete to the best of my knowledge and belief.

Name and Title (Print or Type) _____

Signature _____ Date _____ Telephone #() _____

E-Mail Address _____ Fax # () _____

Are you a current Richmond Public School employee or a retiree? Yes No

For Office Use Only

Budget Holder Approval Signature

Organization #