

# HILLIARD CITY SCHOOLS VENDOR INFORMATION FORM

Name (as shown on your income tax return)	
Business Name, if different from above	
Address (number, street, and apt or suite no)	Telephone
City, State, and ZIP code	

Please check appropriate box

Corporation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sole Shareholder of a Corporation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sole Member of a Limited Liability Co	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Partnership	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individual Contractor/Sole Proprietor <small>(an individual who provides services to our schools under a contract as an independent contractor)</small>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Exempt from backup withholding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered "yes" to any of the above questions, please complete the following information:

Employer Identification Number  ____-____-____	or	Social Security Number  ____-____-____	&	Date of Birth  ____-____-____
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<b>CERTIFICATION</b>	
Under penalties of perjury, I certify that the information provided above is correct.	
Signature of U.S. Person _____	Date _____
You will not be subject to backup withholding if you return this completed form, give the correct TIN, report all taxable earnings and make the proper certifications.	

<b>OFFICE USE ONLY:</b>
CONTRACT START DATE _____
DATE REPORTED TO ODJFS _____