

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY
ALTERNATE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

NAME (as shown on income tax return) _____

BUSINESS NAME/DISREGARDED ENTITY NAME IF DIFFERENT FROM ABOVE _____

PURCHASE ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PAYMENT/REMIT ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return:

Social Security # (SSN): _____ Fed ID # (EIN/FIN): _____

TELEPHONE #: _____ FAX#: _____ E-MAIL: _____

CONTACT NAME (if different from below): _____

PLEASE CHECK PREFERRED METHOD OF PURCHASE ORDER DELIVERY.

REGULAR MAIL FAX E-MAIL

PRINCIPAL ACTIVITY (select only ONE)

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Partnership Personal Service Corp
 C Corporation LLC – check tax classification below Trust/Estate
 S Corporation (Corporation, S-Corporation, Partnership) Legal Services
 Other _____

Under penalty of perjury, I declare that: (1) the information provided is true, correct & complete, to the best of my knowledge & belief, (2) I am not subject to backup withholding and (3) I am a US person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NAME & TITLE (print or type): _____

SIGNATURE: _____ DATE: _____

SEND COMPLETED FORM TO: Business Services Department e-MAIL: altw9@greenville.k12.sc.us

The School District of Greenville County
PO Box 2848
Greenville, SC 29602

FAX: 864-355-1187