

**THE SCHOOL DISTRICT OF GREENVILLE COUNTY
ALTERNATE W-9 FORM**

LEGAL NAME (As it appears on tax return): _____

BUSINESS NAME/DISREGARDED ENTITY NAME, if different from above: _____

PURCHASE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT/REMIT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # (SSN): _____ - _____ - _____ OR Fed ID # (EIN/FIN): _____ - _____ - _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

CONTACT NAME: _____

PREFERRED METHOD OF PURCHASE ORDER DELIVERY: ☐ Regular Mail ☐ Fax ☐ E-Mail

PRINCIPAL ACTIVITY (select only ONE): ☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

TYPE OF SERVICE, PRODUCT OR OTHER PROVIDED: _____

FEDERAL TAX CLASSIFICATION (select only ONE):

☐ Individual/Sole-Proprietor/Single Member LLC ☐ Corporation/S-Corp ☐ Non-Profit (attach exemption) ☐ Government
☐ LLC - select ONE (☐ Corporation ☐ Partnership) ☐ Partnership/LLP ☐ Estate or Trust

Note: For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner.

Under penalties of perjury, I certify that 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issue to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person as defined by the IRS and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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 AND SIGNED FORM TO: altw9@greenville.k12.sc.us OR

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

COMPLETE INFORMATION BELOW ONLY IF IT PERTAINS TO YOUR ENTITY:

THIS VENDOR/SELLER/CONTRACTOR CERTIFIES THAT IT IS A SMALL BUSINESS CONCERN - AS DEFINED BY THE SMALL BUSINESS ADMINISTRATION. ☐ YES ☐ NO

VENDOR/SELLER/CONTRACTOR CERTIFIES THAT IT ☐ IS ☐ IS NOT A SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUAL, ENTITY OR BUSINESS. ALSO, IN THE CASE OF A PUBLICALLY OWNED BUSINESS, FIFTY-ONE PERCENT (51%), AT MINIMUM, OF THE STOCK IS OWNED BY SUCH INDIVIDUAL AS DESCRIBED IN ONE OF THE FOLLOWING CLASSIFICATIONS. (PLEASE CHECK ONE OF THE FOLLOWING CLASSIFICATIONS THAT APPLY):

☐ Black/African American ☐ Hispanic ☐ Native American ☐ Asian Pacific American ☐ Woman Owned ☐ Other (specify): _____

VENDOR/SELLER/CONTRACTOR CERTIFIES THAT THEIR COMPANY CAN BE IDENTIFIED BY THE FOLLOWING CLASSIFICATION(S).

PLEASE CHECK ALL THAT APPLY: ☐ Woman Owned ☐ Minority Owned ☐ 8(a) ☐ Hub Zone ☐ Seller
☐ Contractor ☐ Professional Entity ☐ Other (specify): _____

IS YOUR BUSINESS CERTIFIED AS DISADVANTAGED OR MINORITY FIRM BY A MUNICIPALITY, STATE, FEDERAL AGENCY OR OTHER ORGANIZATION? ☐ YES ☐ NO

IF YES, LIST THE ORGANIZATION, DATE OF CERTIFICATION, AND CERTIFICATION NUMBER: _____

IS YOUR FIRM CERTIFIED BY THE SOUTH CAROLINA OFFICE OF SMALL AND MINORITY BUSINESS ASSISTANCE?

☐ YES ☐ NO IF YES, PROVIDE YOUR CERTIFICATION NUMBER: _____