



Newport News Public Schools

OBS Rev. 9/06

REQUEST FOR TAXPAYER ID NUMBER AND CERTIFICATION – SUBSTITUTE FOR FORM W-9

Pursuant to Section 6109 of the Internal Revenue Code, you must furnish your Taxpayer Identification Number (TIN) to Newport News Public Schools. If this number is not provided, you may be subject to a 28% tax on each payment. You must provide your TIN whether or not you are required to file a tax return. To avoid the 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.

OWNER'S NAME

Note: If you are a sole proprietor the above line must be completed with your name, as shown on your SOCIAL SECURITY CARD.

LEGAL BUSINESS NAME

Note: If you are a sole proprietor your legal business name should be your "doing business as" or "trading as" name.

Street Address	City	State	Zip	Phone
Business Type: (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input type="checkbox"/> Partnership <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Sole Proprietorship/ Individual <input type="checkbox"/> Tax Exempt or Non-Profit Organization		Business Activity: (Check one) <input type="checkbox"/> Services Only <input type="checkbox"/> Legal Services <input type="checkbox"/> Merchandise (goods) only <input type="checkbox"/> Medical/Health Care <input type="checkbox"/> Merchandise & Services <input type="checkbox"/> Real Estate Rental/Lease		Business Category: (Check all that apply) <input type="checkbox"/> African-American Owned <input type="checkbox"/> Eskimo Owned <input type="checkbox"/> Asian-American Owned <input type="checkbox"/> Hispanic Owned <input type="checkbox"/> American Indian Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Aleut Owned <input type="checkbox"/> Woman Owned

Check if applicable:

<input type="checkbox"/> A Division of (Same Federal Tax ID as Parent)	<input type="checkbox"/> A Wholly-Owned Subsidiary of (Different Federal Tax ID than Parent)	<input type="checkbox"/> Non-U.S. Supplier (Primarily of Foreign Origin)
_____	_____	_____
(Parent Company)	(Parent Company)	(Country)

CERTIFICATION: Under penalties of perjury, I certify that:

- The legal name and number shown on this confirmation letter is my correct legal name and taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to back up withholding.

Federal Tax Identification Number	Or	Social Security Number
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOTE: If you are a sole proprietor you may use either your SSN or FIN, as your Taxpayer Identification Number. If you are a corporation, partnership, government entity, trust or estate, tax exempt or non-profit organization you must provide a FIN as your Taxpayer Identification Number.

AUTHORIZED SIGNATURE _____ PHONE _____ FAX _____

PRINTED NAME _____ TITLE _____ DATE _____

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