KINGSVILLE INDEPENDENT SCHOOL DISTRICT
207 N. Third Street
P.O. Box 871
Kingsville, TX 78363
(361)592-3387 ext. 8108 Fax: (361)595-7322

For Finance Office Use Only

Date Received: _____

Vendor #: _____

REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER & CERTIFICATION
SUBSTITUTE FORM W9

PLEASE PRINT OR TYPE (All information is required)

VENDOR NAME: _____

BUSINESS NAME, if different from above: _____

CHECK APPROPRIATE BOX: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other
☐ Limited liability Company. (D=disregarded entity, C=corporation, P=partnership)

TAXPAYER IDENTIFICATION NUMBER (Must match the name given on Line 1 to avoid backup withholding.)

_____ - _____ - _____ OR _____ - _____
Social Security Number — Employer Identification Number

Description of items to be purchased: _____

For Professional Services, please check: _____ Medical/Health Care _____ Legal _____ Other (specify) _____

****Is this vendor an employee of KISD? YES or No**

Purchasing Address:	**Remit to Address:**
Address #1	Address #1
Address #2	Address #2
City	City
State, Zip Code	State, Zip Code
Phone Number	Phone Number
Fax Number	Fax Number

****

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 issued to me), and
2. I am not subject to backup withholding.
3. I am a U.S. citizen or other U.S person.

Signature: _____ **Date:** _____

The Kingsville Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendment of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. **Rev. 7/11**