



# Liberty Union High School District – Vendor Form

20 Oak Street, Brentwood, CA 94513

Phone (925) 634-2166 Fax (925) 634-1687

Before we are able to authorize payment of any invoices, we are required by the Internal Revenue Service to obtain the following information. Please return completed form to the attention of Regina Hunt at huntr@luhsd.net.

Name: (as shown on your income tax return) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Name/disregarded entity name, if different from above \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address for Accounts Receivable: \_\_\_\_\_

Email Address for Purchase Orders: \_\_\_\_\_

**Please provide Tax Employer Identification Number or Social Security Number and ATTACH W9:**

Employer Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State License Contractor Number: \_\_\_\_\_

DIR Number: \_\_\_\_\_

**\*PLEASE NOTE If you are a Sole Proprietor, you are required to provide the business name, Employer Identification Number (EIN) and the owner's Social Security Number (SSN).**

Business Name: \_\_\_\_\_

Employee Identification Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**The primary function of my business is (circle one):      Provide Material      Perform Services**

If you are a California Sales Tax Vendor, provide your Tax Number: \_\_\_\_\_

**If your remit name and address is different from your business name and address listed on your W9, provide us with the correct remit information.**

Remit Name: \_\_\_\_\_

Remit Address (number, street and apt. or suite no.) \_\_\_\_\_

Remit City, State and Zip Code \_\_\_\_\_

**CERTIFICATION: Under penalties of perjury, I certify that the information shown on this form is my company's or my correct taxpayer identification number/numbers.**

Signature (Sign and print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_