



Chillicothe City Schools
 425 Yoctangee PKWY
 Chillicothe, OH 45601
 EIN 31-6400384

VENDOR # _____

VENDOR REQUEST FORM

This is being sent to you as part of an effort to comply with the Tax Reform Act of 1984 and comply with our internal audit procedures, which requires that we have the following information on file for anyone receiving a check from the Chillicothe City Schools. Furnishing the requested information will prevent certain payments from being subject to the 30% backup withholding as set forth by the Internal Revenue Code. A 1099 tax form will be issued to the IRS for qualifying disbursements totaling over \$600 within a one-year period. Failure to provide your correct taxpayer ID or SS# may result in a \$50 penalty imposed by the IRS

NEW VENDOR **Requisitioner Name** _____

CHANGES TO A CURRENT VENDOR **Date Requested** _____

COMPANY

Company Name: _____

Contact Person: _____

Phone Number: _____ **EXT.** _____

Fax Number: _____

Tax ID Number: _____ - _____

Check appropriate box for federal tax classification: Individual /Sole Proprietor C Corporation S Corporation
 Partnership Trust/Estate

Limited liability company. Enter tax classification (C=C corporation, S=S corporation, P= Partnership) _____

Other _____

Exemptions Exempt payee code(if any) Exemption from FATCA reporting code (if any) _____

Purchase Order Address **Payment Address (if different)**

INDIVIDUAL/regular number **INDIVIDUAL/ contract number**

Last Name: _____

First Name: _____

Middle Name: _____

Phone Number: _____ **EXT.** _____

Social Security Number _____ - _____ - _____

Remittance Address: _____

Signature: _____ **Date:** _____

Email Address: _____

NOTE: *No payments will be issued until this form is returned or faxed to:*
 Chillicothe City Schools, Attn: Tyler Cooper, 425 Yoctangee PKWY, Chillicothe, OH 45601
 Fax Number 740-779-5372.