



Danville Public Schools

U.S. Senate Productivity Award Recipient
Office of the Superintendent
341 Main Street- P.O. Box 9600 – Danville, Virginia 24543
Phone: 434-799-6434 Ext. 235 – Fax 434-799-5267

VENDOR INFORMATION

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(mailing label here)

SUBSTITUTE
FOR
FORM W-9

The Danville Public Schools would like to add you as a vendor. Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Danville School Board. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Please print:

Owner's Name (if sole proprietor) _____

Legal Business Name _____

Address (must have street address) _____

PO Box, City, State, Zip _____

Remit to address (if different) _____

Phone _____ FAX _____

E-Mail _____

9 Digit Taxpayer Identification Number (social security #) _____ - _____ - _____

OR

Federal Employer Identification Number _____ - _____

Business Designation: (you may select more than one)

- | | | |
|---------------------------|-------------------------|------------------------------------|
| _____ Individual | _____ Corporation | _____ Personal Service Corporation |
| _____ Sole Proprietorship | _____ Government Entity | _____ Non-Profit Organization |
| _____ Partnership | _____ Estate/Trust | _____ Medical/Health Care Provider |

Principal Business Activity: (list type of service provided) _____

Under penalties of perjury, I declare that the information provided is true, correct, and complete, to the best of my knowledge and belief.

Name & Title (print or type) _____

Signature _____ Date _____