

**ROCKFORD BOARD OF EDUCATION
SCHOOL DISTRICT # 205
201 SOUTH MADISON STREET
ROCKFORD, ILLINOIS 61104-2092
PHONE: AREA CODE 815 - 966-3000**



SUBSTITUTE IRS FORM W-9 -- IMPORTANT TAX INFORMATION REQUEST

IRS regulations require our School District to have on file appropriate taxpayer identification data concerning you or your firm. This information consists of either a Federal Employer Identification Number (F.E.I.N.) or Social Security Number (S.S.N.) and an indication of you or your firm's legal status. **This information is mandatory and is needed to correctly determine who will have their payments reported to the IRS on form #1099 - Misc.**

Below is the **legal** name and address for you or your firm as shown on our official records. Please make any necessary corrections. Space is also provided to enter the appropriate tax identification number and to indicate (by checking a box) the correct legal status. Failure to complete and return this form could result in a \$50.00 IRS penalty. In addition, we would be **required** to withhold 20% of payments due and remit this amount to the IRS until we receive the correct tax data.

For your convenience we have provided a self-addressed means of returning the required information (see back side of this sheet). Simply complete the information, reverse fold, staple, and mail. Please do this today so we can both fulfill our reporting obligations.

Reminder: If **LEGAL STATUS** is "Sole Proprietorship", the Taxpayer Identification Number must be either the Social Security Number of the owner or assigned FEIN.

LEGAL STATUS (Check One)

- Corporation
- Limited
- Partnership
- Religious, Charitable,
Educational or Governmental entity
- Sole Proprietorship (state owner's legal
name) _____
(type or print clearly)
- Individual
- Other - Please Identify

TAXPAYER IDENTIFICATION NUMBER (9 Digits)

F.E.I.N. _____ - _____ - _____

F.E.I.N. _____ - _____ - _____

F.E.I.N. _____ - _____ - _____

F.E.I.N. _____ - _____ - _____

F.E.I.N. _____ - _____ - _____ **OR**

* S.S.N. _____ - _____ - _____
*Owner's Social Security Number

S.S.N. _____ - _____ - _____

F.E.I.N. _____ - _____ - _____

UNDER PENALTIES OF PERJURY, I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

SIGNATURE _____ TITLE _____ DATE _____

PHONE # (_____) _____ NUMBER _____ FAX # (_____) _____ NUMBER _____

ENTER VENDOR NAME AND ADDRESS BELOW:
(PLEASE TYPE OR PRINT)

<p>FOR BOARD OF EDUCATION USE ONLY</p> <p>VENDOR# _____</p> <p>SCHOOL _____</p>
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ROCKFORD PUBLIC SCHOOLS
ATTN: ACCOUNTING DEPARTMENT
201 SOUTH MADISON STREET
ROCKFORD, IL 61104-2092

MINORITY AND WOMEN-OWNED BUSINESS CONCERN REPRESENTATION

Minority-Owned Business: a minority owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group, or a publicly owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals.

Individuals who certify that they are members of minority groups (African Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

"Control" in this referenced context means exercising the power to make policy decisions. "Operate" means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women-owned businesses.

A. Representation. The offerer represents that it is (), is not () a minority owned business concern.

B. Representation. The offerer represents that it is (), is not () a women owned business concern.

Please Check Appropriate Box/Boxes

- | | | |
|---|---|---|
| <input type="checkbox"/> African American (AFRAM) | <input type="checkbox"/> Caucasian (CAUC) | <input type="checkbox"/> Native American (NAAM) |
| <input type="checkbox"/> Hispanic American (HISP) | <input type="checkbox"/> Asian-Pacific American (ASIAP) | <input type="checkbox"/> Asian-Indian American (AISIAI) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Woman Owned (W) | |

Internet Web Site: _____ E-Mail Address: _____