Substitute W-9 Form

Procurement Services

Rock Hill School District Three
386 East Black Street
Rock Hill, SC 29730

1. Legal Name (as entered with IRS, no nicknames) If Individual, Sole Proprietorship or LLC Single Owner, enter your LE
Last Name, First Name, Middle Initial Otherwise enter business name

Minority Run Business?
Yes No

2. Trade/DBA Name (if different from #1 above)

3. Remit Address (mailing address for Individuals)	4. Order Address (if different from Remit Address)
PO Box or # and Street:	PO Box or # and Street:
City / State / Zip	City / State / Zip
Phone # / Fax / Email	Phone # / Fax / Email

5. Legal Entity Type	6. Taxpayer Identification Number (TIN)
,QGLYLGXDO 6ROH 3URSULHWRUVKLS // & 6LQJOH 2ZQHU 3DUWQHUVKLS RU //& WD[HG DV D 3DUWQHUVKLS &RUSRUDWLRQ RU //& WD[HG DV D &RUSRUDWLRQ *RYHUQPHQW (QWLW\ 1RQ 3URILW (QWLW\ 2WKHU 6SHFLI\	If you are a sole proprietor and you have an EIN (employer identification number), you may enter your SSN or EIN. However the IRS prefers that you show the SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Social Security Number ___ ___ - BBBBBBBBBBBBBBBBBBBBBBBBB Employer Identification Number

7. Certification

Under Penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because
   a. I am exempt from backup withholding, or
   b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a fail to report all interest or dividends, or
   c. The IRS has notified me that I am no longer subject to back up withholding.
3. I am a U.S. citizen (including a US resident alien).
4. I am NOT a Rock Hill District Employee.

Printed Name: _____ Printed Title: _____

Signature: _____ Date: _____ Phone: _____

Revised 5/17/2022

For Internal Use Only

Vendor # _____ Entered … Scanned… List …