

HILLIARD CITY SCHOOLS VENDOR INFORMATION FORM

2140 Atlas Street
Columbus, OH 43228
(614) 921-7000 ~ Fax (614) 527-4210

| | |
|-----------------------------------------------|-----------|
| Name (as shown on your income tax return) | |
| Business Name, if different from above | |
| Address (number, street, and apt or suite no) | Telephone |
| City, State, and ZIP code | |

Please check appropriate box

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Corporation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sole Shareholder of a Corporation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sole Member of a Limited Liability Co | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Partnership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Individual Contractor/Sole Proprietor (an individual who provides services to our schools under a contract as an independent contractor) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exempt from backup withholding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to any of the above questions, please complete the following information:

| | | | | |
|------------------------------------------------|----|-----------------------------------------------|---|--------------------------------------|
| Employer Identification Number ____ - _____ | or | Social Security Number ____ - ____ - _____ | & | Date of Birth ____ - ____ - _____ |
|------------------------------------------------|----|-----------------------------------------------|---|--------------------------------------|

CERTIFICATION

Under penalties of perjury, I certify that the information provided above is correct.

Signature of U.S. Person _____ Date _____

You will not be subject to backup withholding if you return this completed form, give the correct TIN, report all taxable earnings and make the proper certifications.

OFFICE USE ONLY:

CONTRACT START DATE _____
DATE REPORTED TO ODJFS _____