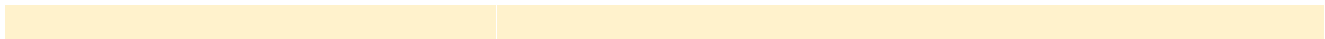


*This solicitation document serves as the written determination of the SCS Purchasing Supervisor that the use of Competitive Sealed Proposal for this solicitation is in the best interest of SCS.*

*Any alterations to this document made by the proposer may be grounds for rejection of proposals, cancellation of any subsequent award, or any other legal remedies available to the Sumner County Board of Education.*













Request for Taxpayer

Give Form to the \_\_\_\_\_ Form **W-9**

1- Name (as shown on the account statement) \_\_\_\_\_

2- Address (as shown on the account statement) \_\_\_\_\_

3- City, state, and ZIP code \_\_\_\_\_

4- Taxpayer Identification Number (TIN) \_\_\_\_\_

5- Social Security number \_\_\_\_\_

6- City, state, and ZIP code \_\_\_\_\_

7- List account number(s) here (optional) \_\_\_\_\_

8- TIN or Social Security number \_\_\_\_\_

9- Taxpayer Identification Number (TIN) \_\_\_\_\_

10- Social Security number \_\_\_\_\_

11- TIN or Social Security number \_\_\_\_\_

**Part II** Certification

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and I am aware that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest).

Signature of Taxpayer (Print name) \_\_\_\_\_

Date \_\_\_\_\_



<i>or Social Security Number</i>	





