

SUBSTITUTE W-9 AND NEW VENDOR SETUP FORM

The following information is required for entry into the District's electronic system for orders and payments.



RETURN TO:
Colorado Springs School District No. 11
Procurement and Contracting
1115 N. El Paso Street
Colorado Springs, Co. 80903

Or Fax at: **719.577.4528**
 To the Attention of: _____

1. VENDOR IDENTIFICATION INFORMATION

VENDOR NAME (PAY TO)	
Another name for vendor? (AKA)(DBA)	
PHONE NUMBER	
FAX NUMBER	
WEB-SITE ADDRESS	
REP NAME & EMAIL	

2. VENDOR BUSINESS LOCATION (S)

Complete column B & C only if different from column A.

LOCATION	1099 ADDRESS (A)	ORDERING ADDRESS (B)	REMIT ADDRESS (C)
Street Address			
PO Box			
City			
State, Zip Code			

3. TAXPAYER IDENTIFICATION NUMBER

Social Security Number	Federal Employer Identification Number
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4. KIND OF ORGANIZATION: (Check only one)

<input type="checkbox"/> 1) Individual/Sole proprietorship (1099)	<input type="checkbox"/> 5) Non-Profit
<input type="checkbox"/> 2) Corporation/professional services group (1099 if medical group, or attorney/lawyer group)	<input type="checkbox"/> 6) Limited Liability Corporation (LLC) (1099)
<input type="checkbox"/> 3) Governmental agency	<input type="checkbox"/> 7) Professional services group (1099, if Med, Rental, Royalty)
<input type="checkbox"/> 4) Partnership (1099)	<input type="checkbox"/> 8) Other

5. CLASSIFICATION OF WORK PERFORMED (Check all that apply) (Internal Use – code “7” unless noted otherwise)

<input type="checkbox"/> Architect & Engineers	<input type="checkbox"/> General Supplier	<input type="checkbox"/> Professional service	<input type="checkbox"/> Tradesman (crafts)
<input type="checkbox"/> Advertising	<input type="checkbox"/> Maintenance / Repair services	<input type="checkbox"/> Public relation firms	<input type="checkbox"/> Transportation service
<input type="checkbox"/> Consultant	<input type="checkbox"/> Medical / physicians (6-1099)	<input type="checkbox"/> Rental / leasing (1-1099)	<input type="checkbox"/> Travel services
<input type="checkbox"/> Food / food services	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Training services	<input type="checkbox"/> Other services

6. COLORADO PERA INFORMATION REQUIREMENT

List on an attachment all person(s), (owner/principals, subcontractors, employees) who will be providing services to the District while receiving retirement income from the Colorado State PERA system.

Certification: Under penalties of perjury, I certify the Tax Id Number / other information shown is correct to the best of my knowledge.

Signature

Date