

## Wilson County Schools Vendor Information Packet

In compliance with federal law, Wilson County Schools requests the following information regarding your Taxpayer Identification Number (TIN), Federal Identification Number (FID) or Social Security Number (SSN). If we do not receive your correct identification number, federal law requires that we withhold 31% of amounts due to you and forward these amounts withheld to the IRS until we receive your correct identification number. In addition, you may be subject to certain other penalties from the IRS. Please complete all of the requested information in this packet. Incomplete forms will cause unnecessary delays on orders. This information must be received before we will process your order for payment.

If you have any questions, please call the Finance Department at 252-399-7734 or 252-399-7722. Thank you for your cooperation.

Please return this form to:
ACCOUNTS PAYABLE DEPARTMENT
Wilson County Schools
PO BOX 2048
WILSON, NC 27894-2048

SCHOOL/LOCATI	ON USE	ONLY
SCH/SITE NAME		

## **NEW VENDOR INFORMATION SHEET**

FEDERAL TAX ID NUMBER:  SOCIAL SECURITY NUMBER:  LEGAL/BUSINESS STATUS (CHECK ONLY ONE)  CORPORATION  PARTNERSHIP  COLLEGE/UNIVERSITY/SCHOOL SYS  INDIVIDUAL  NON-PROFIT  TRUST/ ESTATE  BUSINESS INFORMATION  TYPE OF BUSINESS:  MINORITY OWNED  SERVICE ONY  NONE OF THE ABOVE  ATTORNEY/ LEGAL FEES  CONSULTANT/PROFESSIONAL FEES  MEDICAL/HEALTH CARE PAYMENTS  ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASIR CONTRACT?  PHONE#  FAX#  EMAIL  I CERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT.  SIGNATURE  A/P DEPT ONLY VENDOR#  DATE	VENDOR /INDIVIDUAL NAME:	:		
LEGAL/BUSINESS STATUS (CHECK ONLY ONE)  CORPORATION GOVERNMENT AGENCY  PARTNERSHIP COLLEGE/UNIVERSITY/SCHOOL SYSTEM  INDIVIDUAL NON-PROFIT  TRUST/ ESTATE SOLE PROPRIETOR  BUSINESS INFORMATION  TYPE OF BUSINESS: TYPE OF SALES:  MINORITY OWNED MERCHANDISE (GOODS ONLY) PRIZES/AWA  FEMALE OWNED SERVICE ONY ROYALTIES  DISABLED OWNED MERCHANDISE & SERVICES RENTAL/LES  CONSULTANT/PROFESSIONAL FEES  CONSULTANT/PROFESSIONAL FEES  MEDICAL/HEALTH CARE PAYMENTS  ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASH  CONTRACT? YES NO  REPORTING ADDRESS  CITY STATE ZIP  PHONE# FAX#  EMAIL  I CERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT.  SIGNATURE TITLE  DATE  TITLE	FEDERAL TAX ID NUMBER:			
CORPORATIONGOVERNMENT AGENCY PARTNERSHIPCOLLEGE/UNIVERSITY/SCHOOL SYS INDIVIDUAL NON-PROFIT SOLE PROPRIETOR SOLE PROPRIETOR SOLE PROPRIETOR SOLE PROPRIETOR MERCHANDISS INFORMATION MERCHANDISE (GOODS ONLY ) PRIZES/AWA FEMALE OWNED MERCHANDISE (GOODS ONLY ) PRIZES/AWA FEMALE OWNED MERCHANDISE & SERVICES RENTAL/LE NONE OF THE ABOVE ATTORNEY/ LEGAL FEES CONSULTANT/PROFESSIONAL FEES MEDICAL/HEALTH CARE PAYMENTS ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASH CONTRACT? YES NO REPORTING ADDRESS CITY STATE ZIP PHONE# FAX# EMAIL ICERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT. SIGNATURE TITLE TITLE DATE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE DATE TITLE	SOCIAL SECURITY NUMBER:			
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TRUST/ ESTATE SOLE PROPRIETOR  BUSINESS INFORMATION  TYPE OF BUSINESS: TYPE OF SALES:  MINORITY OWNED MERCHANDISE (GOODS ONLY ) PRIZES/AWA FEMALE OWNED SERVICE ONY ROYALTIES DISABLED OWNED MERCHANDISE & SERVICES RENTAL/LE NONE OF THE ABOVE ATTORNEY/ LEGAL FEES CONSULTANT/PROFESSIONAL FEES MEDICAL/HEALTH CARE PAYMENTS  ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASH CONTRACT? YES NO  REPORTING ADDRESS CITY STATE ZIP PHONE# FAX# EMAIL  I CERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT.  SIGNATURE TITLE DATE TITLE DATE TITLE	PARTNERSHIP		COLLEGE/UNIVE	ERSITY/SCHOOL SYSTEM
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MEDICAL/HEALTH CARE PAYMENTS  ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASII CONTRACT?YESNO  REPORTING ADDRESS  CITYSTATEZIP  PHONE#FAX#  EMAIL  I CERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT.  SIGNATURETITLE  DATE	NONE OF THE ABOVE	AT	TORNEY/ LEGAL FEES	
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CITYSTATEZIP PHONE#FAX#  EMAIL  I CERTIFY UNDER PENALTY OF PERJURY THAT THE TAX ID NUMBER AND OTHER RELEVANT INFORMATION PROVIDED IS CORRECT.  SIGNATURETITLE  DATE			NORTH CAROLINA DEPARTM	IENT OF PURCHASING &
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