



**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/LOCATION USE ONLY

SCH/SITE NAME _____

NEW VENDOR INFORMATION SHEET

VENDOR /INDIVIDUAL NAME: _____

FEDERAL TAX ID NUMBER: _____

SOCIAL SECURITY NUMBER: _____

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:

☐ MINORITY OWNED

☐ FEMALE OWNED

☐ DISABLED OWNED

☐ NONE OF THE ABOVE

TYPE OF SALES:

☐ MERCHANDISE (GOODS ONLY)

☐ SERVICE ONLY

☐ MERCHANDISE & SERVICES

☐ ATTORNEY/ LEGAL FEES

☐ CONSULTANT/PROFESSIONAL FEES

☐ MEDICAL/HEALTH CARE PAYMENTS

☐ PRIZES/AWARDS

☐ ROYALTIES

☐ RENTAL/LEASE

ARE YOU A STATE CONTRACT VENDOR WITH THE NORTH CAROLINA DEPARTMENT OF PURCHASING & 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 _____

A/P DEPT ONLY VENDOR# _____ DATE _____
--