

EL DORADO COUNTY OFFICE OF EDUCATION
W-9 Form
 Taxpayer Identification Number Request

To: _____

We are required by law to obtain the following information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Instructions: Complete Part 1 by completing the row of boxes that corresponds to your tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return it to us at the address below.

PART 1 TAX STATUS (complete ONE row of boxes)

Individuals:
Please Print

Individual Name:	Individual's Social Security Number
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Sole Proprietor:
Please Print

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Business Owner's Name:	Business Owner's SSN	Business or Trade name:
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Partnership:
Please Print

A partnership may have a "doing business as" trade name and/or a name based on the names of the partners.

Name of Partnership:	Partnership's Employer ID No.	Partnership's Name on IRS records:
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**Corporation
exempt charity
or other entity**

Name of Corporation or Entity:	Employer Identification Number
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PART 2 EXEMPTION If exempt from Form 1099 reporting check here: []

and check your qualifying exemption reason below.

- [] Corporation
- [] Tax Exempt Charity under 501(a), or IRA
- [] A state, the District of Columbia, a possession of the United States, or any of their political subdivisions.
- [] A foreign government or any of its political subdivisions

PART 3 CERTIFICATION: I certify under penalty of perjury that the Tax Identification Number I have provided is correct.

Person Completing form: _____

Signature _____

Phone _____ Date _____

Please return this form ASAP to:
 El Dorado County Office of Education
 Attn: Accounts Payable
 6767 Green Valley Road
 Placerville, CA 95667

If you have questions, please call: 530/295-2222