



Halifax County Schools

Vendor Information Sheet (Serves as W-9)

A/P Dept. Only
Vendor # _____
Date: _____

Federal Tax ID Number									
		-							

Social Security Number									
			-			-			

Vendor Name						
	(As Shown on your Tax Return)					
Doing Business As Name						
	(If different from above)					
Address						
	(Number, Street, and Apt. or Suite #)					
	City		State		Zip	
Check Appropriate Box(es) for Federal Tax Classification	<input type="checkbox"/> Individual/ Sole proprietor or Single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/ Estate	<input type="checkbox"/> Exempt Payee
	<input type="checkbox"/> Limited Liability Company Enter the Tax Classification →→→→→ (C=C Corporation, S=S Corporation, P=Partnership)					
	<input type="checkbox"/> Other					
Are you a State Contract vendor with the NC Department of Purchasing & Contract?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Business	
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian
<input type="checkbox"/> Female Owned	
<input type="checkbox"/> Disable Owned	
<input type="checkbox"/> None of the Above	

Type of Sales	
<input type="checkbox"/> Merchandise (Goods Only)	<input type="checkbox"/> Medical/ Health Care Payments
<input type="checkbox"/> Service Only	<input type="checkbox"/> Prizes/Awards
<input type="checkbox"/> Merchandise & Services	<input type="checkbox"/> Royalties
<input type="checkbox"/> Attorney/ Legal Fees	<input type="checkbox"/> Rental/ Lease
<input type="checkbox"/> Consultant/Professional Fees	<input type="checkbox"/> Other (Specify) _____

EMAIL ADDRESS FOR ORDER SUBMISSION: (Print clearly) _____

Remittance Address			
Street Address			
City, State, Zip			
Phone #		Fax #	

I certify under penalty of perjury that the Tax ID Number and other relevant information provided is correct.

Signature: _____ Title: _____ Date: _____