

SCHOOL ADMINISTRATIVE UNIT EIGHTY-EIGHT

84 Hanover Street
Lebanon, New Hampshire 03766
Telephone: 603-448-1634
Fax: 603-448-0602

LEBANON SCHOOL DISTRICT

SUBSTITUTE FOR FORM W-9

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the Lebanon School District. If this number is not provided, the Lebanon School District will withhold 31% of each payment to you. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Owner's Name (if Sole Proprietor) _____

Legal Business Name _____

Address _____

9 Digit Taxpayer Identification Number

Social Security Number _____ - _____ - _____

Federal Employer Identification Number _____ - _____

Business Designation (You may select more than one)

- | | |
|---------------------------|------------------------------------|
| _____ Individual | _____ Sole Proprietorship |
| _____ Partnership | _____ Estate/Trust |
| _____ Corporation | _____ Personal Service Corporation |
| _____ Governmental Entity | _____ Non-Profit Organization |

Principal Business Activity List type of Service or Product Provided:

Under penalty of perjury, I declare that the information provided is true, correct and complete, to the best of my knowledge and belief.

Name and Title (print or type) _____

Signature _____ Date _____ Phone (____) _____