



VENDOR INFORMATION FORM

Jefferson County School District 509J
445 SE Buff St
Madras, Oregon 97741
Phone (541) 475-0337

VENDOR INFORMATION

Section 1	1. Social Security Number - (Owner SS# required for sole proprietorship, DBA's & individuals)		_ _ - _ _ - _ _ _ _ _	2. EIN Number (Federal Identification used to file federal tax returns)		_ _ - _ _ _ _ _
	3. Payee Name (as shown on your tax return)					
	4. Business Name (if different from above - include DBA's here.)					
	5. Business Address					
	6. City			7. State		8. Zip Code
	9. Phone			10. Fax		
	12. Contact Name			11. Email		

VENDOR TAX ACKNOWLEDGEMENT

Section 2	14. What does your business provide (Check all the apply)		15. Is your business <u>Incorporated?</u>		16. Is your business filed as an LLC (Limited Liability Corporation)?		16a. What is your LLC formed as?		17. Business Type (LLC's must also fill out this section) - Box 1 in Section 1 must be filled in	
	<input type="checkbox"/> Services <input type="checkbox"/> Supplies		<input type="checkbox"/> Yes (skip to Section 3) <input type="checkbox"/> No (go to 16)		<input type="checkbox"/> Yes (go to 16a) <input type="checkbox"/> No (go to 17)		<input type="checkbox"/> Sole Proprietorship (go to 17) <input type="checkbox"/> Partnership (go to 17) <input type="checkbox"/> Corporation (skip to Section 3)		<input type="checkbox"/> Sole Proprietorship Enter Owners name _____ <input type="checkbox"/> Operated as a "DBA" Enter Name _____ <input type="checkbox"/> Partnership Enter name used on tax return _____	

VENDOR INFORMATION

Section 3	18. MAILING ADDRESS <i>Please check if same as above</i> <input type="checkbox"/>			19. PAYMENT REMITTANCE ADDRESS <i>Please check if same as above</i> <input type="checkbox"/>		
	Street			Street		
	City			City		
State		Zip Code	State		Zip Code	

RELATED PARTY DISCLOSURE

Section 4	To adhere to IRS and Audit Standards all related party transactions must be disclosed. Please describe any related party issues your organization may have with Jefferson County School District.					
	Description of related party issue:					
	<input type="checkbox"/> By checking this box you acknowledge that your company does not have any related party issues.					

SIGNATURE & PAYEE ACKNOWLEDGEMENT

Section 5	Under penalties of perjury, I hereby certify the payee's TIN is correct, the payee is not subject to backup withholding due to failure to report interest and dividend income, and that the payee is a U.S. person					
	SIGN HERE		Signature of U.S. Person → _____		_____	
				Signature		Date
	Printed Name _____ Title _____					

OFFICE USE ONLY

Section 6	<i>ACCOUNTS PAYABLE OFFICE ONLY</i>			<i>REQUESTER INFORMATION</i>		
	VENDOR NAME _____			Name of Requester _____		
	DATE ENTERD _____			Request Date _____		
	ENTERED BY _____			Requester Ext _____		
			Requester Dept. _____			