

FAX TO (972) 925-3368



Dallas Independent School District

*Indicates required fields

OFFICE USE ONLY

Vendor # _____

Date: _____

* _____ If None _____
Federal Employer Identification Number Social Security Number

* Business Name: _____
This name will appear on purchase orders and checks issued to your company.

* Mailing Address: _____
Address where purchase orders and all other correspondence should be sent.

* City: _____ State: _____ Zip Code: _____

* Telephone: () - _____ Fax: () - _____

Remittance Address: _____
Address where payments should be sent. If same as mailing address, leave blank.

City: _____ State: _____ Zip Code: _____

Telephone: () - _____ Fax: () - _____

Contact Information:

Name: _____ Title: _____

Email: _____ @ _____ Phone: () - _____

Product Categories (see the attached category list)

Athletic Official

ACH Payment –Electronic Direct Payments

A voided check must be attached

Name on bank account _____

ABA Routing # _____

Account Number _____

Contact person regarding ACH payments _____

Contact Phone _____

Minority/Women Business Enterprise	
<u>Certification</u>	<u>Ethnicity/Gender</u>
Enter certification number and attach a copy of the certification.	Check all that apply.
NCTRCA _____	African American <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
SCTRCA _____	Hispanic <input type="checkbox"/> Female <input type="checkbox"/>
HUB _____	Native American <input type="checkbox"/> Female <input type="checkbox"/>
SBA (8A or SDB) _____	Trade <input type="checkbox"/> Female <input type="checkbox"/>
D/FW MBC _____	Married <input type="checkbox"/> Female <input type="checkbox"/>
National MSDC _____	White <input type="checkbox"/> Female <input type="checkbox"/>
Women's Bus. Council _____	<u>Chamber Membership</u>
City of Austin _____	Black Chamber _____
City of Houston _____	Hispanic Chamber _____
Corpus Christi _____	Native American Chamber _____
TX DOT _____	Asian Chamber _____
Other Certification: _____	Other Chamber _____

DISREGARD

AFFIDAVIT

By signing this form, the supplier certifies that to the best of their knowledge no company employee, either full or part time, owner, official, stockholder, subcontractor, or members of their immediate family, are members of the Board of Trustees or an employee of the Dallas Independent School District. The vendor further agrees, if requested, to provide to the District, a listing of the names of the owners, officers, key employees, major stockholders, any partners of the company, any subcontractors and a financial statement.

Texas Education Code, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

The district may terminate a contract with a supplier if the district obtains information that a person or owner or operator of the business entity has been convicted of a felony or a misdemeanor offense involving moral turpitude that the supplier did not disclose at the time of application. A supplier will be discharged if disbarred by a local, state, or federal agency.

I do solemnly declare and affirm that the contents of this document are true. If applicable, I declare and affirm that I have included information to identify my firm as a current Minority Business Enterprise (MBE) or Woman Business Enterprise (WBE).

I understand that any material misrepresentation will be grounds for denial or revocation of registration as an active vendor with the Dallas Independent School District. I agree to immediately notify the Dallas Independent School District's Vendor Database Manager or Purchasing Office of any changes in the information I have provided herewith.

Under penalties of perjury, I further certify that:

1. The above information is true and correct.
2. No information pertinent to my application as a vendor has been omitted.
3. My firm **is / is not** owned nor operated by anyone who has been convicted of a felony.

Dated this _____ **day of** _____ **20** _____

Company: _____

Signature _____ **Title** _____

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number										
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or										
Employer identification number										
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Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.