

**OFFICIAL W- 9 FORM**  
Taxpayer Identification Number Request

Name of School: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Requested by: \_\_\_\_\_

(Employee and Title)

**INSTRUCTIONS: COMPLETE ALL INFORMATION ON THIS FORM**

Sign date and return to **KERN HIGH SCHOOL DISTRICT - Fax #: 661-396-2933**  
**Attn: Business Office, 5801 Sundale Ave., Bakersfield, CA 93309**

**VENDOR NAME AND ADDRESS**

Legal Business Name (as shown on income tax return)	DBA
NAME: Individuals or Sole Proprietor – Enter full name as on SS Card  _____	Phone #:  Fax
#: _____	Remit Address (if different):
Mailing Address:	City, State, Zip Code:
City, State, Zip Code:	City, State, Zip Code:

**PAYEE ENTITY TYPE – PLEASE CHECK APPROPRIATE BOX**

<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Corporation	SOCIAL SECURITY # (required for SOLE PROP & INDIV.): [ ][ ] [ ][ ] --- [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]
<input type="checkbox"/> Partnership / LLP	<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Medical (including dentistry, podiatry, optometry, etc.)		FEDERAL EMPLOYER ID#: [ ][ ] [ ][ ] --- [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]
<input type="checkbox"/> Legal (Attorney & Attorney Services)	<input type="checkbox"/> Trust / Estate	
<input type="checkbox"/> Other / Government?	<input type="checkbox"/> Exempt Organization (Non-Profit Payee code, if any): _____	
<input type="checkbox"/> Limited Liability Company. Enter the tax classification (C= Corporate, S=S Corporation, P=Partnership)		

**PAYMENT TYPE**

<input type="checkbox"/> Services and or Labor	<input type="checkbox"/> Rental	<input type="checkbox"/> Sports Official	<input type="checkbox"/> Other
<input type="checkbox"/> Medical or Legal Services	<input type="checkbox"/> Equipment / Supplies / Goods	<input type="checkbox"/> Presenter / Entertainer	

**VENDOR RESIDENCY STATUS (Non California Vendor must select at least one box)**

California resident or is qualified through the California Secretary of State to do business in California, or maintain a permanent place of business in California at \_\_\_\_\_. California Corp #:

\_\_\_\_\_

California nonresident (see page 2) Payments to nonresidents for services rendered in California may be subject to State income tax withholding of 7%.

**MUST check payment type:**

Services performed in California 7% withholding required

Provides only goods or materials (no withholding required)

No services performed in California

Copy of Franchise Tax Board waiver of State withholding attached

**CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income.
3. I am a U.S. citizen or other U.S. person

Name (type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address for PO's: \_\_\_\_\_

Website URL: \_\_\_\_\_

KHSD USE ONLY: Eligible for 1099:  YES  NO Eligible for Non-Resident:  YES  NO Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FOR VENDOR CONSIDERATION: DOCUMENT MUST BE COMPLETE AND LEGIBLE\*\***