Substitute W-9	**LITTLETON PUBLIC SCHOOLS**	Give form to the requester. Do not send to the IRS.

5776 S. CROCKER ST.
LITTLETON, CO 80120-2012
FAX NO. 303-347-3460 / E-MAIL: pcornforth@lps.k12.co.us

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
** ALL SECTIONS MUST BE COMPLETED BEFORE WE CAN AUTHORIZE VENDOR STATUS WITH LPS **

VENDOR INFORMATION

Tax Identification Number: **EIN** [ ] **OR** ... **SSN** [ ]

VENDOR NAME (PAY TO / DBA)	
LEGAL NAME (as shown on Federal tax return)	
INVOICE TERMS	NET _____ DAYS **OR** ◯ DUE UPON RECEIPT OF INVOICE
PHONE NUMBER	
FAX NUMBER	
REP NAME and/or CONTACT E-MAIL	

VENDOR BUSINESS LOCATIONS (Complete columns B & C *only if different* from column A)

LOCATION	(A) ADDRESS / 1099 REQUIRED ☐	(B) ORDERING ADDRESS	(C) REMIT ADDRESS
Street Address			
PO Box			
City			
State, Zip Code			

BUSINESS TYPE (CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION)

☐ Individual / Sole Proprietor   ☐ Individual LLC   ☐ C Corporation   ☐ S Corporation   ☐ Partnership

☐ Limited liability company / Enter the tax classification (C=Corporation, S=Corporation, P=Partnership) _____

☐ Other … Governmental / Public Entity / 501C3 … _____

** If you are a sole proprietor & will be providing a service on LPS property, please complete a LPS Independent Contractor Agreement and provide proof of liability insurance documentation in addition to this W-9 per instructions on ICA **

PERA STATUS

Do you, or any officers of your company or organization, receive a monthly retirement benefit payment from Colorado PERA?
☐ Yes   ☐ No

** **Note: If you or any officers of your company or organization are not currently receiving monthly Colorado PERA retirement benefits, but do begin receiving these benefits after filing this W-9, an updated W-9 must be filed immediately.**

CONFLICT OF INTEREST

Is any immediate family member currently employed by LPS?   ☐ Yes   ☐ No

If yes, list name: _____   Relationship: _____

CERTIFICATION

Under penalties of perjury, I certify the Tax ID Number and all other information provided on this W-9 form is correct to the best of my knowledge.

SIGN HERE | Signature of U.S. Person: _____   Date: _____

Revised 8/10/18