

*This solicitation document is N T#TQ*

*Any alterations to this document made by the proposer may be grounds for rejection of proposals, cancellation of any subsequent award, or any other legal remedies available to the Sumner County Board of Education.*







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Request for Taxpayer

Give Form to the \_\_\_\_\_ Form **W-9**

1- Name (as shown on the account)

2- Address (street, city, state, and ZIP code)

3- City, state, and ZIP code

4- Taxpayer Identification Number (TIN)

5- Social Security Number (SSN)

6- City, state, and ZIP code

7- EAT account number(s) here (optional)

8- Taxpayer Identification Number (TIN)

9- Social Security Number (SSN)

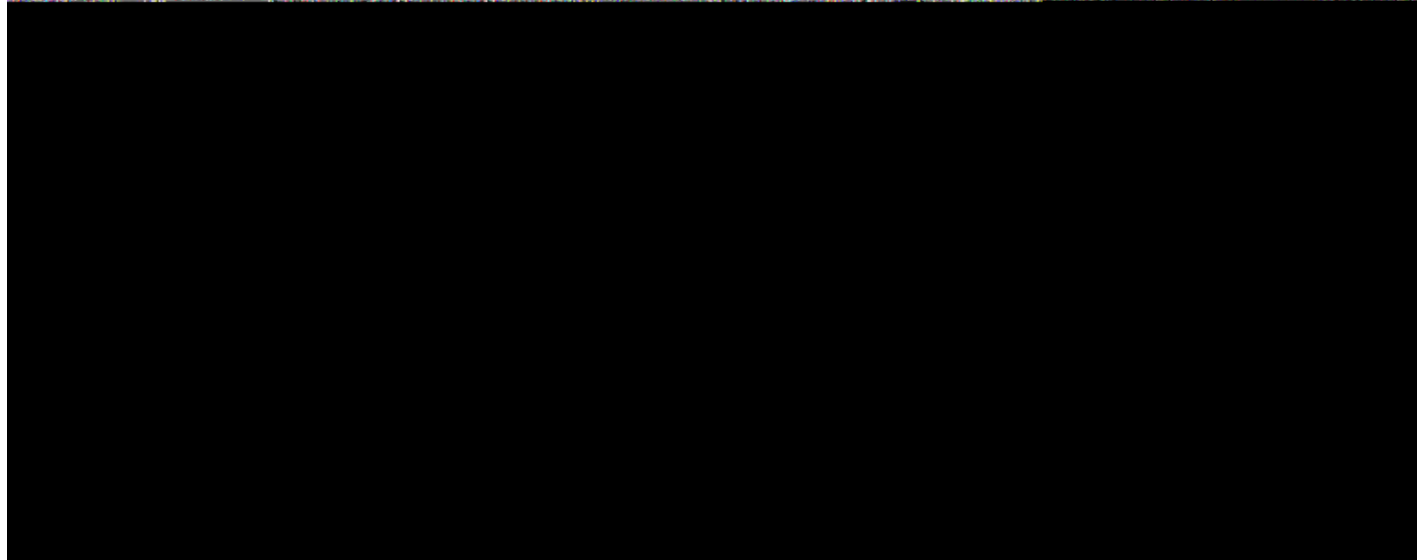
10- Taxpayer Identification Number (TIN)

11- Social Security Number (SSN)

**Part II** Certification

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and I am aware that this information is being furnished to the Internal Revenue Service for its use in determining the taxpayer's liability for federal income tax.

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



<i>or Social Security Number</i>	

*NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor.*







