

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <div style="font-size: 1.2em; font-family: cursive;">Food Handler Solutions</div>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>P</u> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions. <div style="font-size: 1.2em; font-family: cursive;">1278 Glenncryc #530</div>	Requester's name and address (optional)
6 City, state, and ZIP code <div style="font-size: 1.2em; font-family: cursive;">Laguna Beach, CA 92651</div>	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
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OR											
Employer identification number											
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4	7	-	4	5	3	1	2	4	9		

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. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>8-10-21</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Vendor Information Form

All vendors/contractors doing business with CCPS shall complete this form to ensure accurate and current information. All vendors/contractors shall note that all CCPS purchases require either a district issued purchase order or purchasing card (p-card) utilized prior to the shipment or performance of services. No CCPS employee is authorized to place an order for merchandise or services without a purchase order / P-card prior to order placement. CCPS is not obligated to pay for any goods or services that have not been properly authorized prior to order. The timeline for payment is governed by the Florida Prompt Payment Act (FS 218.70).

This form, a W-9* and a CCPS Debarment Form MUST be completed in full and manually signed where applicable. All documents, when completed, shall be e-mailed to: purchasing@collierschools.com

**Please note if a social security number is submitted as a Tax Identification Number (TIN), CCPS is required by Florida Statutes (FS), Chapter 119.071(5)(a) to inform you that it will be used for the sole purpose of filing an information return with the IRS to report income paid to you.*

Vendor Mailing Information:

Name: School Food Handler	Phone: 888 455 6411
Address: 1278 Glennerye #530	E-Mail: West@SchoolFoodHandler.com
City / State / Zip: Laguna Beach, CA 92651	E-Verify # (required 1/1/21):

Vendor Remit To (if different than above):

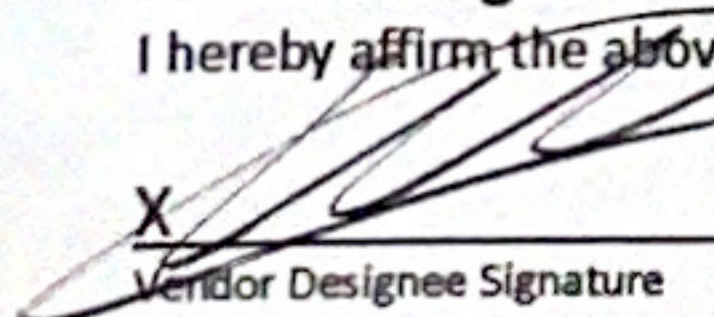
Name:
Address:
City / State / Zip:

Vendor Affirmations (Vendor must notify CCPS accordingly for any updates or changes):

<i>Please check YES or NO to the following questions:</i>	YES	NO
Will payments to you from CCPS be for medical or health care services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you incorporated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will any payments to you from CCPS be for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you a provider of legal services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you an employee of CCPS (either regular or substitute)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is any employee of CCPS an owner (5% or more) proprietor, partner, director, or officer of this business? If yes, Employee name: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is any owner (5% or more) proprietor, partner, director, or officer of this business the spouse or child of any employee of CCPS? If yes, Employee name: _____ Location: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Acknowledgement:

I hereby affirm the above information is accurate and correct to the best of my knowledge:

X 
 Vendor Designee Signature
West Christian / CEO
 Printed Name / Title

8-10-21
Date

PURCHASING DEPARTMENT USE ONLY	
Vendor #:	Entry Date:
Entered By (Initials):	