



**Chillicothe City Schools**  
 425 Yoctangee PKWY  
 Chillicothe, OH 45601  
 EIN 31-6400384

VENDOR # \_\_\_\_\_

**VENDOR REQUEST FORM**

This is being sent to you as part of an effort to comply with the Tax Reform Act of 1984 and comply with our internal audit procedures, which requires that we have the following information on file for anyone receiving a check from the Chillicothe City Schools. Furnishing the requested information will prevent certain payments from being subject to the 30% backup withholding as set forth by the Internal Revenue Code. A 1099 tax form will be issued to the IRS for qualifying disbursements totaling over \$600 within a one-year period. Failure to provide your correct taxpayer ID or SS# may result in a \$50 penalty imposed by the IRS

**NEW VENDOR** **Requisitioner Name** \_\_\_\_\_

**CHANGES TO A CURRENT VENDOR** **Date Requested** \_\_\_\_\_

**COMPANY**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **EXT.** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_ - \_\_\_\_\_

**Check appropriate box for federal tax classification:**  Individual /Sole Proprietor  C Corporation  S Corporation  
 Partnership  Trust/Estate

Limited liability company. Enter tax classification (C=C corporation, S=S corporation, P= Partnership)

Other \_\_\_\_\_

Exemptions Exempt payee code(if any) \_\_ Exemption from FATCA reporting code (if any)

**Purchase Order Address** **Payment Address (if different)**

\_\_\_\_\_  
 \_\_\_\_\_

**INDIVIDUAL/regular number**  **INDIVIDUAL/ contract number**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **EXT.** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Remittance Address:** \_\_\_\_\_

\_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**NOTE:** *No payments will be issued until this form is returned or faxed to:*  
 Chillicothe City Schools, Attn: Nick Overly, 425 Yoctangee PKWY, Chillicothe, OH 45601 Fax  
 Number 740-779-5372.