



Buena Regional School District

REQUEST FOR TAXPAYER ID NUMBER AND CERTIFICATION – SUBSTITUTE FOR FORM W-9

Pursuant to Section 6109 of the Internal Revenue Code, you must furnish your Taxpayer Identification Number (TIN) to Buena Regional School District. If this number is not provided, you may be subject to a 28% tax on each payment. You must provide your TIN whether or not you are required to file a tax return. To avoid the 28% withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Buena

OWNER'S NAME

Note: If you are a sole proprietor the above line must be completed with your name, as shown on your SOCIAL SECURITY CARD.

LEGAL BUSINESS NAME

Note: If you are a sole proprietor your legal business name should be your "doing business as" or "trading as" name.

Street Address	City	State	Zip	Phone																											
<table border="1"><thead><tr><th>Business Type: (Check one)</th><th>Business Activity: (Check one)</th><th>Business Category: (Check all that apply)</th></tr></thead><tbody><tr><td>☐ Corporation</td><td>☐ Services Only</td><td>☐ African-American Owned</td></tr><tr><td>☐ Government Agency</td><td>☐ Legal Services</td><td>☐ Eskimo Owned</td></tr><tr><td>☐ Partnership</td><td>☐ Merchandise (goods) only</td><td>☐ Asian-American Owned</td></tr><tr><td>☐ Trust or Estate</td><td>☐ Medical/Health Care</td><td>☐ Hispanic Owned</td></tr><tr><td>☐ Sole Proprietorship/ Individual</td><td>☐ Merchandise & Services</td><td>☐ American Indian Owned</td></tr><tr><td>☐ Tax Exempt or Non-Profit Organization</td><td>☐ Real Estate Rental/Lease</td><td>☐ Small Business</td></tr><tr><td></td><td></td><td>☐ Aleut Owned</td></tr><tr><td></td><td></td><td>☐ Woman Owned</td></tr></tbody></table>					Business Type: (Check one)	Business Activity: (Check one)	Business Category: (Check all that apply)	☐ Corporation	☐ Services Only	☐ African-American Owned	☐ Government Agency	☐ Legal Services	☐ Eskimo Owned	☐ Partnership	☐ Merchandise (goods) only	☐ Asian-American Owned	☐ Trust or Estate	☐ Medical/Health Care	☐ Hispanic Owned	☐ Sole Proprietorship/ Individual	☐ Merchandise & Services	☐ American Indian Owned	☐ Tax Exempt or Non-Profit Organization	☐ Real Estate Rental/Lease	☐ Small Business			☐ Aleut Owned			☐ Woman Owned
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Check if applicable:

☐ A Division of (Same Federal Tax ID as Parent)	☐ A Wholly-Owned Subsidiary of (Different Federal Tax ID than Parent)	☐ Non-U.S. Supplier (Primarily of Foreign Origin)
_____ (Parent Company)	_____ (Parent Company)	_____ (Country)

CERTIFICATION: Under penalties of perjury, I certify that:

- The legal name and number shown on this confirmation letter is my correct legal name and taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to back up withholding.

Federal Tax Identification Number	Or	Social Security Number
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NOTE: If you are a sole proprietor you may use either your SSN or FIN, as your Taxpayer Identification Number. If you are a corporation, partnership, government entity, trust or estate, tax exempt or non-profit organization you must provide a FIN as your Taxpayer Identification Number.

AUTHORIZED SIGNATURE	PHONE	FAX
PRINTED NAME	TITLE	DATE

Buena Regional School District
PO Box 309
Buena, NJ 08310
Phone: 856-697-0800 X-8103 Fax: 856-697-4963