

**Reimbursements will only be issued to individuals with a signed W-9 on file.**

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 THIS INFORMATION IS REQUIRED BY THE IRS FOR ALL NON-PAYROLL CHECK RECIPIENTS  
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**Parent Name and Address:**

This form must be completed and returned to us within 30 days.

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**IMPORTANT TAX INFORMATION**

The Tax Equity and Fiscal Responsibility Act of 1982 established an IRS requirement for reporting payments for services provided. Form 1099 must be issued yearly to report these payments. Under the Federal Income Tax Law, you are subject to certain penalties as well as withholding of tax at a 31% rate if you have not provided us with your correct Social Security Number or other Taxpayer Identification Number.

If you are an individual, your Taxpayer Identification Number is your Social Security Number. If you have not provided us with your correct Taxpayer Identification Number, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding effective January 1, 1984.

Backup withholding is different from the 10% withholding on interest and dividends that was repealed in 1983. If backup withholding applies, a payer is required to withhold 31% of interest, dividends, and other payments made to you. Backup withholding is not an additional tax. Rather, the tax liability of persons subject to backup withholding will be reduced by the amount of tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained.

Below is printed a Certification Form indicating the Vendor's name as it appears on file for a specified account. Please complete the form indicating a Tax Identification Number or Social Security Number. Sign the form and return it IMMEDIATELY to the Kenai Peninsula Borough School District, 148 N. Binkley Soldotna, AK 99669.

Tax ID. Number: \_\_\_\_\_ -OR- Social Security No.: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Corporation      Non-Profit Organization      Financial Institution  
 Partnership      Sole Proprietor (Individual)      **Other (Explain)**  
 Employee     **Connections**

I certify that the information provided on this form is true, correct, and complete.

\_\_\_\_\_

Signature    Date

FUTURE PAYMENTS TO YOU WILL BE SUBJECT TO A 31% WITHHOLDING UNLESS THIS FORM, PROPERLY COMPLETED, IS RETURNED TO THE KENAI PENINSULA BOROUGH SCHOOL DISTRICT, ACCOUNTS PAYABLE WITHIN 60 DAYS OF THIS NOTICE.