

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

**Minority Education Initiative**

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

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

**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.

☐ Other (see instructions) ►

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

P.O. Box 366392

6 City, state, and ZIP code

Atlanta, GA 30336

Requester's name and address (optional)

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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

4 6 - 2 2 1 8 6 5 1

## 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 ►

5/29/19

## 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](http://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 MANAGEMENT FORM (TeamWorks)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

### SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EMP ID NUMBER: 46-2218651

VENDOR NAME: Minority Education Initiative

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

ADDRESS: P.O. Box 366392

CITY: Atlanta STATE: GA ZIP CODE: 30336 COUNTRY: USA

PHONE NUMBER: 404-808-6104 FAX NUMBER: N/A

CONTACT EMAIL: info@stemwars.org

PYMT REMIT EMAIL: info@stemwars.org LOC # \_\_\_\_\_

PYMT REMIT EMAIL: \_\_\_\_\_ LOC # \_\_\_\_\_

### SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

☐ Check here if this account can only be used for a SPECIFIC purpose \_\_\_\_\_  
(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

William T. Curry

(Vendor Printed Name)

(Vendor Signature)

5-29-19

(Date)

### SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Vendor                  | <input type="checkbox"/> E-Payable                          | <input type="checkbox"/> 1099 Code _____                      |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address                        | <input type="checkbox"/> FEI/TIN Change**                     |
| <input type="checkbox"/> Name Change**               | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Bank Account Add            | <input type="checkbox"/> Bank Account Change                | <input type="checkbox"/> Bank Account Delete                  |

Documentation for Vendor Name/TIN changes must include at least one of the following: IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change OR a newly completed W-9 form provided by the vendor.

#### SIC CODES (CHECK ALL THAT APPLY)

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business    | <input type="checkbox"/> Women Owned                 | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American   |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic-Latino              | <input type="checkbox"/> Native American  | <input type="checkbox"/> Pacific Islander |

### SECTION 4 – ADDITIONAL COMMENTS

### SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

By my signature, I certify that all reasonable effort has been made to submit information that is accurate, true, and is associated with the vendor name and Tax ID listed above.

Requestor Name: \_\_\_\_\_ Agency BU#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_