



Laredo Independent School District
Vendor Packet Game Officials (Referee)

Past Employment

- I. Have you ever been employed as a full or part time employee at Laredo Independent School District?
If yes, please list the following: Yes \_\_\_\_\_ No \_\_\_\_\_
a. First day of employment: \_\_\_\_\_
b. Last day of employment: \_\_\_\_\_
c. Job Title you last held: \_\_\_\_\_
d. Name of your last supervisor: \_\_\_\_\_

Debarment

- II. Federal Law (A-102 Common Rule and OMB Circular A-110 prohibits non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred of whose principals are suspended or debarred. Covered transactions include procurement contracts for goods or services equal to or in excess of \$25,000 and all non-procurement transactions (e.g. sub-awards to sub-recipients). I certify I am not debarred form providing Federal contracts.

Back Ground Check

- III. I certify that I am an independent contractor who have continuing duties related to the service to be performed at Laredo Independent School District campus and who also have direct contact with students have undergone the required criminal history background check or national criminal history record information review which include fingerprints and photographs and that no prohibited contact as described herein was revealed. Proof of background check may be obtained from chapter.

(Name of Officials Chapter)

TRS Status

- IV. Did you retire with the Teachers Retirement System of Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

I am aware that I will be responsible for any surcharges made by the Teachers Retirement Systems of Texas. Surcharges will be based on TRS regulations and guidelines.

I certify items I-IV of this document are true to the best of my knowledge.

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

Print Individual Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# 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.	
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 <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<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	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
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										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶

## 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.



## LISD DIRECT DEPOSIT SETUP/CHANGE FORM

Direct Deposit is a fast, easy way to receive payments. We highly encourage our vendors to sign up. Using Direct Deposit means funds will be available in your account within two business days from payment date. Please follow the directions below to take advantage of this more effective and efficient payment opportunity.

**A. Bank Name:**

**B. Type of Account:** Checking  Savings

**C. ABA Routing Number (9 digits):**

**D. Bank Account Number:**

**E. Vendor Name:**

**F. LISD Vendor Number (to be completed by LISD Mgmt):**

**G. Tax ID/SSN Number:**

**H. Vendor Mailing Address:**

**I. Vendor Phone Number:**

**J. Accounts Receivable Email Address:**

(Note: Email address required to receive detailed deposit notifications.)

**K. Accounts Receivable Contact Phone:**

**L. Printed Name of Authorized Vendor Representative:** \_\_\_\_\_

**M. Signature of Authorized Vendor Representative:-**

*\*By signing above you agree to the following terms/conditions:*

- We understand that ALL payments will remit via ACH to the bank account listed above.
- We will notify LISD of any change to account info 10 days prior to change in order to avoid returned payments or delay in payments.

**N. Date Signed by Authorized Vendor Representative:**

The following backup *MUST* be submitted with this form and *MUST* include: the name on the account, the account number, and the ABA routing number.

- Checking account - attach a voided check or a letter from the bank
- Savings account - attach a pre-printed deposit slip and the 1st page of a recent bank statement (only if "name" on the account is not on the deposit slip)

The completed form can be sent via email to [hmmejia@laredoisd.org](mailto:hmmejia@laredoisd.org).