



CASTAIC UNION SCHOOL DISTRICT
 28131 Livingston Avenue
 Valencia, California 91355
 Phone: (661) 257- 4500 * Fax: (661) 257-5737

TAXPAYER IDENTIFICATION FORM

We are required by law to obtain a tax identification number when making a reportable payment to you. Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. Failure to provide this information could result in a tax withholding of up to 30%, applicable state withholding and penalties.

W-9 Information Form	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION	Return this form to C.U.S.D. Do NOT send to the IRS
Business Name		
Name (as shown on your income tax return)		
Address (number, street , city, state, zip)		
Remit Address (if different from above)		
Phone #: _____ Fax #: _____		
(_____) _____		(_____) _____
PART I		
Please check appropriate lines below and enter your Taxpayer Identification Number (TIN) on the appropriate line. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).		
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership/LLC/LLP <input type="checkbox"/> Other _____		
IF YOU CHECKED INDIVIDUAL/SOLE PROPRIETOR, ENTER INDIVIDUAL'S NAME AND SOCIAL SECURITY NUMBER		
SSN: _____ - _____ - _____		
IF YOU CHECKED OTHER THAN INDIVIDUAL/SOLE PROPRIETOR, ENTER APPLICABLE FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CALIFORNIA CORPORATION NUMBER (IF APPLICABLE)		
TIN: _____ - _____		
I am a resident of, have a permanent place of business in or am subject to the laws of California at the address shown below and will file a California return. Please notify us if your status changes.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If no , you may be subject to a 7% State Income Tax withholding (California Revenue and Taxation Code 18662)		
Under penalties of perjury, I certify that the number shown on this form is my correct TIN and that all other requested information is correct.		
Print Name		
Sign Here		Date

C.U.S.D. use only

Vendor Name: _____	Vendor #: _____
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