

## CANUTILLO INDEPENDENT SCHOOL DISTRICT VENDOR CHANGE REQUEST

Email request to purchasing: <a href="mailto:purchasing@canutillo-isd.org">purchasing@canutillo-isd.org</a>
Vendor MUST submit new W-9 and new CIQ forms with this request

	me Change Request
Taxpayer Identification Number (EIN SSN):	
D&B Duns Number: (If listed with Dun & Bradstr	reet)
Vendor Website Address	
Requesting Department or Campus	
"C" Corporation [ "S" Corporation [	Sole Proprietor Partnership LLC
New Address Information: Must complete a	all fields below:
City:State:	Zip:
Phone Number:Fax N	Number:
Account Rep:	Title:
Email:	
Order From/ Remit To Address:  City: State:	
5440	
Phone Number:Fax 1	Number:
A/R Contact:	Title:
Email:	
Does Order from Address need to be change Does Remit to Address need to be changed?  THE FOLLOWING MUST BE COMPLETED	
Authorized Requestors Name:	
Position/Title:	
Representatives Telephone	
Representatives email:	
Signature Required:	Date:
-	

Form (Rev. December 2014)
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.

	1 Na	ame (as shown on your income tax return). Name is required on this line; do not leave this line	blank.										
ge 2.	2 Business name/disregarded entity name, if different from above												
/pe ions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶						Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):     Exempt payee code (if any)						
Print or type Specific Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.					- 1	Exemption from FATCA reporting code (if any)						
풀듯		Other (see instructions) ▶				(Ap	plies to a	ccounts	mainta	ined outsi	de the L	I.S.)	
pecific	5 Ac	ddress (number, street, and apt. or suite no.)	Reque	ester's	name	e and	addres	s (opt	ional	)			
See <b>S</b>	6 Ci	ity, state, and ZIP code											
	7 Li:	st account number(s) here (optional)											
Par		Taxpayer Identification Number (TIN)				-							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid  Social						ecurity number							
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other													
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>						ı	-				ļ	li	
TIN on page 3.													
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for					Employer identification number								
guide	ines d	on whose number to enter.	. •			-[							
Par		Certification			<u> </u>	L						Ь_	
Unde	pena	alties of perjury, I certify that:	·										
1. Th	e num	nber shown on this form is my correct taxpayer identification number (or I am waiti	ng for a num	ber to	o be	issue	ed to n	ne): a	nd				
2. I aı Se	n not	subject to backup withholding because: (a) I am exempt from backup withholding (IRS) that I am subject to backup withholding as a result of a failure to report all inter subject to backup withholding; and	ı. or (b) I hav	e not	beer	noti	fied b	v the	Inter	mal Re ed me	evenu that	e I am	
3. I a	n a U	l.S. citizen or other U.S. person (defined below); and											
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA re	porting is co	orrect.									
Certif becau interes genera instruc	ications ica	on instructions. You must cross out item 2 above if you have been notified by the bu have failed to report all interest and dividends on your tax return. For real estate d, acquisition or abandonment of secured property, cancellation of debt, contribute payments other than interest and dividends, you are not required to sign the certification of page 3.	IRS that you transactions to an in	are c s, item	curren n 2 d	oes r	ot ap	ply. F	or m	ortga	ge Nand	4	
Sign Here		Signature of U.S. person ▶	Date ►										
Gen	era	I Instructions • Form 1098 (ho	me mortgage	interes	t), 10	98-E	(studer	nt Ioan	inter	est), 10	)98-T		

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such

as legislation enacted after we release it) is at www.irs.gov/fw9.

## **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 (nome 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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

## **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY						
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).							
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.							
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.							
Name of vendor who has a business relationship with local governmental entity.							
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines	quires that you file an updated s day after the date on which						
you became aware that the originally filed questionnaire was incomplete or inaccurate.)	·						
Name of local government officer about whom the information is being disclosed.	-						
Name of Officer							
Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.  A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?  Yes  No  B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?  Yes  No							
Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.  6							
Check this box if the vendor has given the local government officer or a family member of as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(a)(a)(b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	of the officer one or more gifts 03(a-1).						
Signature of vendor doing business with the governmental entity	ate						