

NEW VENDOR PACKET

*PAYMENT WILL NOT BE MADE UNTIL FORMS ARE COMPLETE.

Are you providing a service or a product?

A) Product: complete the W-9 and disregard the remainder of the packet

B) Service: complete steps 1 – 5

1. W-9

It must be signed and dated. Check will be made payable to the name in box 1, unless there is an entry in box 2.

In Part 1, enter either Social security number or EIN. Do NOT supply both.

*A new W-9 is required to update name or address

2. Do you have worker's compensation insurance?

- No, complete Request for Contracted Service Workers Compensation Certificate of Insurance
- Yes, provide current insurance certificate

3. Do you have an E-verify Number?

- Yes, complete Contractor/Vendor Affidavit under O.C.G.A.13-10-91(b)(1)
- No, complete Exemption Affidavit under O.C.G.A 13-10-91 and provide copy of driver's license

4. Are you a TRS/ERS/PSERS retiree?

- No, mark no, sign and date the TRS form
- Yes, mark yes and complete the form. Working without prior approval from TRS can impact your retirement benefit. It has taken weeks to get approval after submitting the form to TRS. In the case of working when needed, you will need to project the amount of money that will be paid. The dates have to be specific and the details have to include a complete description of what you are doing.
- Unacceptable description: Translating
- Acceptable description: Translating documents from English to Spanish

5. Do you create your own invoice?

- Yes, submit invoices for payment when work is complete
- No, you can use Request for Payment to Providers of Contracted Service

Request for Taxpayer Identification Number and Certification

▶ Go to 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 one of the following seven boxes. <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 E: cert instr Exer Exer cod (App)
	5 Address (number, street, and apt. or suite no.) See instructions. _____	Requester's name and ac _____
	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								
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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)
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 determined 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 most acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for more details.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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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

- Form 1099-DIV (dividends, including those from mutual funds)
- Form 1099-MISC (various types of income proceeds)
- Form 1099-B (stock or mutual fund sales proceeds)



REQUEST FOR CONTRACTED SERVICES

WORKERS COMPENSATION CERTIFICATE OF INSURANCE

1. If the service provider is a current or former employee (incl. hourly & substitutes) **STOP** and contact the central office payroll department.
2. Partially completed forms will not be accepted and will delay payment.

THIS SECTION TO BE COMPLETED BY JCSS EMPLOYEE REQUESTING THE SERVICE

Today's Date: _____ School/Dept.: _____

Type of Service: _____ JCSS Employee Requesting Service: _____

Is the service performed on-site or off? _____

For individuals and businesses that provide a service, this form is **required** for the School System's workers comp audits. **If the provider of the service has Workers Compensation Insurance, attach a copy of their insurance certificate.** The certificate must cover the dates of the service. Forward completed contract service package to your bookkeeper.

Bookkeeper to submit completed payment packet to central office accounts payable department:

- | | |
|---|------------------------------|
| 1. Invoice or Request for Payment form | 5. W-9 |
| 2. Request for Workers' Compensation form | 6. E-Verify Affidavit |
| 3. If insured, a copy of the insurance certificate. | 7. Copy of driver's license. |
| 4. Time sheet, if required. | |

THIS SECTION TO BE COMPLETED BY SERVICE PROVIDER

Name as used for tax-filing: _____

Business name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Tax ID number as used for tax-filing, EIN *or* Social Security number:

EIN# _____ ***OR*** SSN#: _____

Signature: _____ Date: _____

Do you have workers compensation insurance? Yes ___ OR No ___

One of the following must be completed before services are procured: 1) If you have workers compensation insurance, please provide a copy of the insurance certificate for our files; 2) If you do not have workers' compensation insurance, please read and sign the following liability release statement:

"Per O.C.G.A. 34-9-2, I do not employ more than three persons and therefore, do not carry Georgia Workers Compensation insurance. I understand I am an independent contractor and am, knowingly and willingly, waiving any rights to file a claim against the Jackson County School System's workers compensation insurance policy if I am injured while performing services for the System."

Signature: _____

Date: _____

JACKSON COUNTY SCHOOL SYSTEM
Exemption Affidavit under O.C.G.A. § 13-10-91

I attest that I am exempt from providing an "Affidavit of Compliance" to the Jackson County School System pursuant to O.C.G.A. § 13-10-91, as amended, for one of the following reasons:

_____ I am a sole proprietor with no employees, subcontractors or sub-subcontractors and I will not use employees, subcontractors or sub-subcontractors for any work performed for the Jackson County School System. **

_____ My company/firm will render services to the Jackson County School System, however, my company/firm has ten (10) or fewer full-time employees. **

** In order to be exempt from compliance under either of the above choices, in addition to this affidavit, you must provide a copy of your State of Georgia driver's license. (Please see the attached list of alternate states that a driver's license can be accepted in lieu of a State of Georgia driver's license.)

_____ Myself or my business is a State of Georgia licensed entity under O.C.G.A Title 26 or Title 43.

Name of Contractor/Vendor

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

JACKSON COUNTY SCHOOL SYSTEM
Contractor/Vendor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor/vendor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services for the Jackson County School System has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor/vendor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor/vendor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor/vendor with the information required by O.C.G.A. § 13-10-91(b). Contractor/Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (4 to 6 digit)

Date of Authorization

Name of Contractor/Vendor

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:



Dr. April Howard, Superintendent
Mrs. Lynne Massey-Wheeler, Chairperson
1660 Winder Highway
Jefferson, Georgia 30549
Phone (706) 367-5151 Fax (706)367-9457

- Are you are TRS, ERS, or PSERS retiree?
- No – mark no, sign and date form
 - Yes – please complete below the line
-

Name _____

Social security number _____

Address _____

Phone Number _____

Service period beginning date _____

Service period ending date _____

Briefly describe service

Total amount to be paid _____

Retiree Signature _____ Date _____

Supervisor's Signature _____ Date _____

CFO Signature _____ Date _____

REQUEST FOR PAYMENT TO PROVIDERS OF CONTRACTED SERVICES

Jackson County Board of Education

This form is for payment by Accounts Payable, to non-employees only.
(Employees who provide services are paid through payroll.)

Name			Today's Date		
Street Address			Social Security Number / Business Tax I.D.		
City	State	Zip	Phone Number		
Contract/Service period (from - to dates)			Contract Number (if applicable)		

Briefly describe service: _____

*****Please indicate if you are an active retiree under the Teachers Retirement System of Georgia*****

YES

NO

\$ _____
Hourly rate of pay X Number of Hours
(if applicable)

\$ _____
Total Amount of Payment, not to exceed

Administrator's Approval/ Date

Contractor Signature/Date

Chief Financial Officer Signature/Date

Expenditure Account Number: _____

- Information must be complete and legible to avoid delay in payment.
- To the *original* request for payment, attach the *required* forms for audit:
 - o W-9: the IRS current version must be complete and legible (see instructions for W-9s)
 - o Request for Workers' Compensation Certificate of Insurance (see instructions)
 - *If insured, a *current* insurance certificate, for the date of service, is required.
 - o Time sheet, if required for service, verified by administrator.
- Forward to your school/program bookkeeper, the *original* Request for Payment, forms, time sheets or "original" invoices as backup.
- The administrator is to review, sign, & assign the budget number.
- Bookkeeper to review for completion and legibility, retain copies, and forward the *originals* to the approving administrator or accounts payable.