

**LAFOURCHE PARISH SCHOOL BOARD
BUSINESS DEPARTMENT
NEW/UPDATE VENDOR**

REVISED 07/31/2023

EMPLOYEE **INDIVIDUAL(Include W-9)**

<u>For Office Use Only</u>	
<input type="checkbox"/> New Vendor # _____	
<input type="checkbox"/> Updated Vendor	
Assigned By: _____	Date: _____

Section 6109 of the Internal Revenue Code requires that the Lafourche Parish School Board has a Taxpayer Identification Number (TIN) or a Social Security Number on file for all companies or individuals to whom the board pays money. Failure to supply your Federal Tax Identification Number could result in the withholding of 31% of any future payments made to you, if the payments are deemed reportable to the IRS under the 1099-Miscellaneous Income reporting code. The Social Security Number and name must match IRS or SSA records. If your company is using a Social Security Number, then we must have the name that matches that number.

W-9 Attached

Is 1099-Miscellaneous Income reporting required for your services? YES NO

Who should receive a 1099-M? Any individual who is not an employee, or companies that are sole proprietors, partnerships or LLCs. C corporations, S corporations and LLCs that are taxed as C or S corporations do not require a 1099-M.

What qualifies as 1099-M income?

Some examples include services performed by someone who is not an employee, prizes and awards, other income payments, payments to an attorney, rent, royalties, cash payments for fish and any fishing boat proceeds.

If you need further information, please go to www.irs.gov.

Please fill out the form below and return by fax to the Business Department Secretary at (985) 387-6627, e-mail to AccountsReceivable@mylpsd.com, or mail to Lafourche Parish School Board, P.O. Box 879, Thibodaux, LA 70302. Attention: Accounts Receivable.

Thank you for your cooperation.

All information must be complete and will be kept confidential.

Social Security Number: _____ - _____ - _____

Employee Identification Number: _____

The Legal Name of the Individual:
(Including Middle Initial) _____

Mailing Address:

Telephone Number: (_____) - _____ - _____

E-Mail Address:
(Employee's use MYLPSD email address) _____

Requested By:
(Please Print Your Legal Name)

Title

Date