# Gloucester City Board of Education

### 520 Cumberland Street

Gloucester City, New Jersey 08030 Phone: (856) 456-7000 Fax: (856) 456-3169

#### Dear Valued Vendor:

Please provide the following documentation to the Gloucester City School District which is required by the district of all vendors in order to process requisitions or payments:

- Completed IRS Form W-9 Request for Taxpayer Identification Number
- NJ Business Registration Certificate

Your documentation may be provided by fax, mail or email:

Mail to: Gloucester City Board of Education

Attn.: Accounts Payable 520 Cumberland Street Gloucester City, NJ 08030

Fax to: 856-456-3169

Email: tshore@gcsd.k12.nj.us

If you have any questions, please contact Accounts Payable at 856-456-7000 ext. 2162.

Thank you in advance for your prompt attention to this matter.

Sincerely,

#### GLOUCESTER CITY BOARD OF EDUCATION

Note: You may visit the Gloucester City School District website Business Office section for a blank IRS Form W-9 or for the web link to the NJ Business Registration Certificate on line registration and inquiry site where either a new or an existing BRC may be obtained.

District website: http://www.gcsd.k12.nj.us/

NJ Business Registration Certificate - online registration -http://www.state.nj.us/treasury/revenue/proofreg.shtml

### (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 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                |                     |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|---------------------------|-----------------|-----------------|-----|
| Print or type<br>See Specific Instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 Business na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | me/disregarded entity r                                                    | name, If different from a                                                                      | bove                |                                                                                                 | ···································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                  |                           |                 |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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 single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.  Other (see instructions) ►  5 Address (number, street, and apt. or suite no.) |                                                                            |                                                                                                |                     |                                                                                                 | The second of th |                     |                  |                           |                 |                 | ing |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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 backup withholding. For individuals, this is generally your social security number (SSN). Howe resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For entities, it is your employer identification number (EIN). If you do not have a number, see <i>How TIN</i> on page 3.  Note. If the account is in more than one name, see the instructions for line 1 and the chart on guidelines on whose number to enter.  Part II Certification |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                |                     | er (SSN), However, fon page 3, For other<br>on page 3, For other<br>onber, see <i>How to ge</i> | for a et a or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                  |                           |                 |                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rtification                                                                |                                                                                                |                     |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
| 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 to me); and                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                |                     |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
| <ol> <li>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<br/>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<br/>no longer subject to backup withholding; and</li> </ol>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                |                     |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
| 3. La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | am a U.S. citiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | en or other U.S. pers                                                      | son (defined below); a                                                                         | and                 |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                |                     |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |                           |                 |                 |     |
| beca<br>intere<br>gene<br>instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | use you have<br>est paid, acqui<br>rally, payment<br>uctions on pag                                                                                                                                                                                                                                                                                                                                                                                                                                                             | failed to report all int<br>isition or abandonme<br>is other than interest | ross out item 2 above<br>terest and dividends<br>ent of secured proper<br>and dividends, you a | on your tax return, | For real estate trans<br>debt, contributions                                                    | sactions, it<br>to an indivi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | em 2 de<br>idual re | oes no<br>tireme | t apply, Fo<br>nt arrange | or mor<br>ement | tgage<br>(IRA), | and |
| Sigr<br>Her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | -                                                                                              |                     |                                                                                                 | ate ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                  |                           |                 |                 |     |
| Ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | neral Inst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tructions                                                                  |                                                                                                |                     | Form 1098 (home m<br>(tuition)                                                                  | ortgage inte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rest), 10           | 98-E (st         | udent loan                | interes         | it), 109        | 3-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 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.

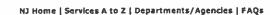
By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 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
- 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.

Governor Chris Christie • Lt. Governor Kim Guadagno

Search Revenue ▼

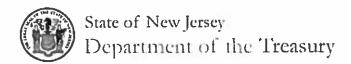




Translate this Page

Select Language | ▼

Disclaimer



Division of Revenue and Enterprise Services

#### **OBTAINING PROOF OF REGISTRATION**

If you plan on conducting business with the State or any New Jersey county, municipality, local board of education, charter school, county college, authority, or state college or university, you will be required to be registered with the New Jersey Division of Revenue. In addition, you may be required to submit as part of a public bid or prior to issuing a purchase order a copy of the "proof of registration certificate" to the contracting agency.



To register: Businesses including sole proprietors and general partnerships must complete Form NJ-REG and submit it to the Division of Revenue. The form can be filed online or by mailing a paper form to the Division. Online filing is strongly encouraged.

- Register online. Click the "online" link and then select "Register for Tax and Employer Purposes."
- Download the paper form and instructions
- Write to the Division at: Client Registration Bureau, PO Box 252, Trenton, NJ 08646-0252.

Note: If you operate a corporation, limited partnership, limited liability company or limited liability partnership and have a physical presence in this state, you must obtain legal authority to operate in the State of New Jersey before registering for tax and employer purposes. Generally, this is accomplished by filing an original business certificate with the Division of Revenue, such as a Certificate of Incorporation or Formation. For more information on this subject or call 609.292.9292.

Registering as an individual or as an unincorporated construction contractor: There is a simplified registration process for individuals doing business with any New Jersey government agency. If you have no tax or employer obligations, you may file Form NJ-REG-A which may be downloaded.

You may also use Form NJ-REG-A if you are an unincorporated construction contractor performing services (Chapter 85, P.L. 2006, defined under N.J.S.A. 54A:7-1.2) In NJ and need to register with the Division of Revenue.

To obtain a copy by mail, call 609.292.9292, or write to the Division of Revenue's Client Registration Bureau at PO Box 252, Trenton, NJ 08646-0252.

Questions about the registration process? Call 609.292.9292.

How do I receive the proof of registration certificate?



New Registrants. When completing Form NJ-REG, make sure you answer "Yes" to the contractor/sub-contractor question (Online - Item 17; Paper Form - Item 18). The Division of Revenue will mail the certificate to the mailing address you supply on your registration form.

Previously Registered Businesses. You may obtain a certificate online by using your ID number for this quick process. You may also submit a request by e-mail. Be sure to include the business identification number, and the business name and address in the text of your message. If you write to PO Box 252, Trenton, NJ 08646-0252, please allow 15 to 20 working days to receive your certificate. Alternately, you may visit the Division's Client Registration Bureau in person and request a certificate. The address is 33 West State St 5th FI, Trenton, NJ 08611. Service desk hours are 8:30am to 4pm, weekdays excluding holidays.

What information does the proof of registration contain? The certificate displays the following information: Business Name, Trade Name (if applicable), Business Address, Contractor Certification Number (state issued), Certification Issuance Date, and Effective Date (business start date in New Jersey as entered on Form NJ-REG).

- Getting Registered
- Registering for Tax Purposes

Last Updated: Monday, 11/30/15





Contact Us | Privacy Notice | Legal Statement | Accessibility Statement ( 3

