

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

**REVISED 05/18/2021**

**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](http://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 [atabor@mylpsd.com](mailto:atabor@mylpsd.com) , or mail to Lafourche Parish School Board, P.O. Box 879, Thibodaux, LA 70302.  
Attention: Amy M. Tabor.

**All information must be completed in its entirety.** 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: \_\_\_\_\_

\_\_\_\_\_  
**Requested By:**  
(Please Print Your Legal Name)

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**