

NORTH EAST INDEPENDENT SCHOOL DISTRICT VENDOR INQUIRY

NORTH EAST INDEPENDENT SCHOOL DISTRICT Office of Accounting Services 8961 Tesoro Dr., Suite 201 San Antonio, Texas 78217 Telephone: (210) 407-0520 ♦ Facsimile (210) 804-7122			
BUSINESS NAME AS REPORTED TO I R S:		INDIVIDUAL/SOLE PROPRIETOR'S NAME:	
(As a business, must be the name used on form SS-4 when applied for an EIN)		(As an individual/sole proprietor, must be the legal name as shown on your	
		social security card)	
EMPLOYER IDENTIFICATION NUMBER (EIN):		INDIVIDUAL /SOLE PROPRIETOR'S SOC SEC NUMBER	
DO YOU ACCEPT PURCHASE ORDERS? Y N			
PLEASE SELECT "Y" OR "N" TO ALL THAT APPLY TO YOU AND YOUR BUSINESS:			
INCORPORATED Y N		INDIVIDUAL/SOLE PROPRIETOR Y N	
DATE OF INCORPORATION		IS YOUR BUSINESS CERTIFIED AS A HUB VENDOR? Y N	
PARTNERSHIP Y N			
DATE OF PARTNERSHIP		EXEMPT - EXPLAIN	
Provider of Medical Services Y N			
Provider of Legal Fees Y N			
ORDER FROM ADDRESS:			
P.O. Box		Contact Person	
Street Address		Phone	()
City, State		Fax	()
Zip		E-Mail Address :	
REMIT TO INFORMATION:			
Make Check Payable to:		Contact Person	
P.O. Box		Phone	()
Street Address		Fax	()
City, State, Zip		E-Mail Address:	
Discounts Offered		NEISD PAYMENT TERMS 30 DAYS	
I R S REGULATIONS FOR 1099 REPORTING			
Section 6109 of IRS regulations requires you to give your correct TIN to persons who must file information returns with the IRS to report income paid to you. You must provide your TIN whether or not you are required to file a tax return. If you fail to furnish your correct TIN to NEISD, you are subject to a penalty IRS of \$50 for each such failure unless your failure is due to reasonable cause and not due to willful neglect. If you make a false statement with no reasonable basis that results in backup withholding, you are subject to a \$500 civil penalty and possible criminal penalties including imprisonment. If NEISD discloses or uses TIN's in violation of Federal law, the District may be subject to civil and criminal penalties.			
CERTIFICATION: I certify that the information provided is accurate. I understand that it is my responsiblty to notify NEISD of any changes in variation of name, EIN, change of address, change of ownership or any other variation that may result in incorrect information in your account for 1099 reporting.			
SIGNATURE: _____ DATE: _____			
(SIGNATURE MUST BE OF MANAGEMENT OR TAX ACCOUNTANT)			
PRINT NAME: _____ TITLE: _____			
IF YOU HAVE QUESTIONS REGARDING THIS FORM PLEASE CONTACT			
Sandra Calvo (210) 407-0521 ♦ scalvo@neisd.net			

VENDOR # _____