

Gwinnett County Public Schools
W-9 Substitute – Supplier Information Form

This form is used to establish or update supplier information and is to be completed in lieu of the Federal W-9 form. International suppliers should complete and submit the appropriate Federal W-8 form.

1. Completion of this form does not authorize the supplier to provide goods or services to Gwinnett County Public Schools until the supplier is approved by the Division of Business and Finance.
 2. The information collected in this packet will allow us to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business, and the DUNS number on file with SAM (System for Award Management).
 - For more information on how to obtain a Tax Identification Number (TIN), please visit: <https://www.irs.gov/>.
 - For more information on how to obtain a DUNS number, please visit: <https://dandb.com/>.
 3. Applicable documents regarding the Georgia Security and Immigration Compliance Act must be submitted by suppliers who are providing a physical performance of service.
 - For more information on the Georgia Security and Immigration Compliance Act, please visit the Frequently Asked Questions page of the Georgia Department of Audits and Accounts website: <http://www.audits.ga.gov>.
 - For more information on E-Verify, please visit: <http://www.uscis.gov/e-verify>.
 4. Suppliers handling, maintaining or performing activities on behalf of GCPS pertaining to criminal history records must complete the Outsourcing Noncriminal Justice Administrative Function Agreement page.
 - For more information on Security and Management Control Outsourcing Standard for Non-Channelers, please visit: <http://publish.gwinnett.k12.ga.us/gcps/home/public/about/business-and-finance/p-and-p/content/osnc>
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Please return completed pages of the GCPS W-9 Substitute – Supplier Information Form to:

GCPS Employee Name: _____

Phone Number: _____

GCPS Email: _____

School/Department: _____

Anticipated Spend \$: _____

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Business Classification (Required - check one)

- Construction Consultant/Speaker Professional Services (type _____)
- Equipment/Product (type _____) Software/Applications Refund/Reimbursement

Primary Information

Legal Name _____ DBA Name – *check will be made payable to* _____

Full Address (PO Box or street, city, state, 9-digit zip) _____

Phone # _____ Fax # _____

Other Data:

- Gwinnett County Firm
 Women/Minority Owned

Purchasing Information

Does Supplier Accept Purchase Orders? Yes No

E-Mail Address for PO Delivery _____
(All PO's are delivered electronically - email address required)

Remittance Information

Full Address (PO Box or street, city, state, 9-digit zip) _____

Phone # _____ E-Mail Address _____

GCPS School/Department Use Only

Supplier # _____

New Supplier Supplier Update Effective Date: _____

Date to Purchasing _____ → Purchasing Reviewed _____ Date _____

Date to TIN Matching _____ → TIN Matching Completed _____ Date _____

Date to FST _____ → Supplier Created/Updated _____ Date _____

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SUPPLEMENTAL INFORMATION – REQUIRED FOR ALL SUPPLIERS

**The information below is requested under U.S. Tax Laws.
Failure to provide this information may prevent you from being able to do business with Gwinnett County Public Schools,
and will result in payments being withheld until supplier information is provided and confirmed.**

Federal Tax Classification (Required)

- Individual/sole proprietor Partnership C Corporation S Corporation Trust/estate Government
 LLC – enter tax classification (C=Corporation, S=S corporation, P=Partnership) ▶ _____ Other _____

U.S. Taxpayer Identification Number (select one):

- Employer Identification Number (EIN)
 Social Security Number (SSN)

Tax ID Number: _____

Work Status (please check Yes or No):

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you currently an employee of Gwinnett County Public Schools (GCPS)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently receiving retirement benefits from any State of Georgia retirement system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you offer services exclusively to GCPS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does GCPS set your work hours and schedule of work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does GCPS provide all of your equipment, supplies and materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DUNS Number: Please provide DUNS Number if applicable. The DUNS Number will be verified with SAM (System for Award Management) to confirm that the supplier has not been suspended or debarred.

DUNS Number: _____

Registered in System for Award Management (SAM) Yes No

CERTIFICATIONS

Under penalties of perjury, I certify by signing below 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
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 notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).
4. My firm is not currently debarred, suspended or proposed for debarment by any federal entity and I agree to notify Gwinnett County Public Schools Division of Business and Finance of any change in status.

Signature: _____

Date: _____

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AFFIDAVIT OF NO EMPLOYEES

Must be completed if supplier is providing a physical performance of service and has NO employees.

The undersigned, in connection with a proposed contract or subcontract with Gwinnett County Public Schools for the physical performance of service in the State of Georgia, hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver's license, issued by a state that verifies lawful immigration status prior to issuance, is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract then before hiring any employee, I will:
 - (i.) Immediately notify the Gwinnett County Public Schools in writing; and
 - (ii.) register with, participate in an use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91, and as amended: and
 - (iii.) Provide Gwinnett County Public Schools with all affidavits required by O.C.G.A. § 13-10-90 *et seq.* and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08.

Company Name/Name of Sole Proprietor: _____

Signature: _____ Date: _____

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____/20__

Notary Public Signature: _____

My Commission Expires: _____

NOTE: PLEASE INCLUDE COPY OF DRIVER'S LICENSE

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Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

Must be completed if supplier is providing a physical performance of service and has one or more employees.

By executing this affidavit, the undersigned contractor 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 on behalf of Gwinnett County Public Schools 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 will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and dates of authorization are as follows:

E-Verify Company ID Number: _____
(4-8 numerical characters)

Date of Authorization: _____

Name of Contractor: _____

Name of Project: _____

Name of Public Employer: **Gwinnett County Public Schools**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state).

Signature: _____ Title: _____

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ /20__

Notary Public Signature: _____

My Commission Expires: _____

For more information on E-Verify, please visit: <http://www.uscis.gov/e-verify>. Click the E-Verify Home Page on the far right under Tools > E-Verify: Ensure Eligibility of your Workforce.

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Outsourcing Noncriminal Justice Administrative Function Agreement

Must be completed if supplier handles, maintains or performs activities or functions on behalf of GCPS pertaining to criminal history record information.

This agreement is entered into between Gwinnett County Public Schools (“Authorized Recipient”) and _____ (“Contractor”), under the terms of which the Authorized Recipient is outsourcing the performance of noncriminal justice administrative functions involving the handling of criminal history record information (“CHRI”) pursuant to Title 28, Code of Federal Regulations, Part 906 and the Security and Management Control Outsourcing Standard for Non-Channelers (“Outsourcing Standard”). The most current version of the Outsourcing Standard is incorporated by reference into this agreement and appended hereto.

The Authorized Recipient’s authority to submit fingerprints for noncriminal justice purposes and obtain the results of the fingerprint search, which may contain CHRI, falls under O.C.G.A. § 20-2-211.1 and Public Law 92-544. These laws authorize fingerprint-based background checks of employees of Authorized Recipient.

Please describe the specific noncriminal justice administrative function to be performed by the Contractor that involves access to CHRI on behalf of the Authorized Recipient:

Contractor hereby agrees to comply with the Outsourcing Standard requirements and other applicable legal authorities to ensure adequate privacy and security of personally identifiable information (“PII”), CHRI, and criminal history record check results related to this agreement and to ensure that all such data is returned to the Authorized Recipient as soon as no longer needed for the performance of contractual duties.

Signature of Authorized Office/Agent

Date

Company Address (PO Box or street, city, state, 9-digit zip)

GCPS School/Department Use Only

Supplier # _____