

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

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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 page 1 of this form 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>.
5. The preferred method of payment from Gwinnett County Public Schools to suppliers is via Automated Clearing House (ACH). Review the Supplier ACH Enrollment page, complete the Supplier ACH Enrollment Form and include a letter on bank letterhead or a void check. Information provided on the Supplier ACH Enrollment Form is subject to additional verification.

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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

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**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

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**Purchasing Information**

**Does Supplier Accept Purchase Orders?**     Yes     No

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

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**Remittance Information** *(must match remittance address on invoice)*

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

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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*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.**

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**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 \_\_\_\_\_

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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

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***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 (NOTARY SEAL MUST BE CLEARLY VISIBLE):**

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ /20\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**NOTE: PLEASE INCLUDE A LEGIBLE 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 (NOTARY SEAL MUST BE CLEARLY VISIBLE):**

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 # \_\_\_\_\_



## **Supplier ACH Enrollment Form**

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**Gwinnett County Public Schools offers the option of receiving payments via Electronic Funds Transfer (EFT) to all Suppliers. Payments will be electronically deposited into the Supplier's designated bank account through ACH (Automated Clearing House). An ACH payment remittance advice will be delivered via email.**

**Signing up for Vendor ACH payments provides several benefits to Suppliers:**

- ACH payments are a quicker method of payment and eliminate the need for paper checks.
- ACH payments are credited to the designated account in 1-2 business days. Payment made by check can take 7-10 business days to be received through the postal service.
- Funds received via ACH payment are available immediately upon credit to the designated account.
- ACH payments cannot be lost in the mail or delayed due to a forwarding address.
- Payment notification and remittance advice for each ACH payment received via email.

**If you have any questions about the Supplier ACH payment program, please contact the GCPS Accounts Payable Team at 678-301-6222.**



## Supplier ACH Enrollment Form

- This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. (Note: this likely will not be the same information for receiving payment via wire transfer; Gwinnett County Public Schools is not offering a wire transfer option at this time.)
- Supplier must check with their financial institution to confirm funds have been deposited.
- Information provided on this form is subject to additional verification.
- Allow 14 business days to process initial enrollment requests or subsequent banking updates.

New Request                      Change Request

**SUPPLIER INFORMATION (REMIT ADDRESS)**

SUPPLIER NAME		TAXPAYER ID (Required)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

**FINANCIAL INSTITUTION INFORMATION – attach voided check or letter from bank (required for processing)**

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)	ACCOUNT NUMBER	
ACCOUNT TYPE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		

**Certification:**

- I certify that I am responsible for notifying Gwinnett County Public Schools of any changes to information previously provided.
- I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.
- I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize Gwinnett County Public Schools to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by Gwinnett County Public Schools. Gwinnett County Public Schools reserves the right to cancel or suspend this authorization at any time.

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Authorized Official Name                      Signature                      Title                      Date