



Olathe Public Schools

Unified School District #233
 14160 Black Bob Road
 P.O. Box 2000
 Olathe, KS 66063-2000

VENDOR REGISTRATION FORM

This registration form must be completed by any person or company requesting payment from Olathe Public Schools. Goods and/or services must not be provided prior to the issuance of a valid purchase order.

| | | | | | | | | | | | | | | |
|---|---|---|--|---|---------------------------------------|--|--|--|---------------------------------------|--------------------------------|--|--|--|--|
| Vendor Information | Name (as shown on your income tax return) | | | | | | | | | | | | | |
| | Business Name/disregarded entity name (if different from above) | | | | | | | | | | | | | |
| Check appropriate box for federal tax classification (required): <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Individual/sole proprietor</td> <td style="width: 33%;"><input type="checkbox"/> Partnership</td> <td style="width: 33%;"><input type="checkbox"/> Exempt Payee</td> </tr> <tr> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Trust/Estate</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Limited Liability Company: Enter LLC tax classification (C=C Corp, S=S Corp, P=Partnership) <input style="width: 40px; height: 20px;" type="text"/> </td> </tr> </table> | | | <input type="checkbox"/> Individual/sole proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Exempt Payee | <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation | | <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Other | | <input type="checkbox"/> Limited Liability Company: Enter LLC tax classification (C=C Corp, S=S Corp, P=Partnership) <input style="width: 40px; height: 20px;" type="text"/> | | |
| <input type="checkbox"/> Individual/sole proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Exempt Payee | | | | | | | | | | | | |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation | | | | | | | | | | | | | |
| <input type="checkbox"/> Trust/Estate | <input type="checkbox"/> Other | | | | | | | | | | | | | |
| <input type="checkbox"/> Limited Liability Company: Enter LLC tax classification (C=C Corp, S=S Corp, P=Partnership) <input style="width: 40px; height: 20px;" type="text"/> | | | | | | | | | | | | | | |
| Please check if you provide either of the following services: <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Legal Services</td> <td style="width: 50%;"><input type="checkbox"/> Medical/Health Care Services</td> </tr> </table> | | | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medical/Health Care Services | | | | | | | | | | |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medical/Health Care Services | | | | | | | | | | | | | |
| Address (number, street, and apt/ste number) | | | | | | | | | | | | | | |
| City, State, and Zip Code | | | | | | | | | | | | | | |
| Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). | SOCIAL SECURITY NUMBER | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | | | | | | |
| | EMPLOYER IDENTIFICATION NUMBER | <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> | | | | | | | | | | | | |
| Vendor Questionnaire | | | | | | | | | | | | | | |
| 1. Under what former name(s) has your business operated under during the past seven (7) years? | | | | | | | | | | | | | | |
| 2. Are you or any principal or partner of this business a current employee of Olathe Public Schools or a relative of any employee or Olathe Public Schools Board of Education member? <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> YES (If YES, please specify relationship _____)</td> <td style="width: 50%;"><input type="checkbox"/> NO</td> </tr> </table> | | | <input type="checkbox"/> YES (If YES, please specify relationship _____) | <input type="checkbox"/> NO | | | | | | | | | | |
| <input type="checkbox"/> YES (If YES, please specify relationship _____) | <input type="checkbox"/> NO | | | | | | | | | | | | | |
| 3. Would your performance of service to Olathe Public Schools violate any agreements you have with or representations you have made to either the State of Kansas or the Kansas Public Employees Retirement System (KPERs)? <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> YES (If YES, please specify _____)</td> <td style="width: 50%;"><input type="checkbox"/> NO</td> </tr> </table> | | | <input type="checkbox"/> YES (If YES, please specify _____) | <input type="checkbox"/> NO | | | | | | | | | | |
| <input type="checkbox"/> YES (If YES, please specify _____) | <input type="checkbox"/> NO | | | | | | | | | | | | | |
| 4. Does your business accept purchase orders? <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> YES</td> <td style="width: 50%;"><input type="checkbox"/> NO</td> </tr> </table> | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | | | | | | |
| Purchase Order Contact Information | | Remittance Information | | | | | | | | | | | | |
| Contact Name for Orders | Phone # | Name to be printed on check | | | | | | | | | | | | |
| Mailing Address | | Remittance Mailing Address | | | | | | | | | | | | |
| City, State, and Zip Code | Fax # | City, State, and Zip Code | | | | | | | | | | | | |
| Email address to send purchase order | | Accounts Receivable Contact Name & email address | | | | | | | | | | | | |
| Certification, Compliance and Agreement | | | | | | | | | | | | | | |
| Under penalties of perjury, I certify that the above information is correct and that: <ol style="list-style-type: none"> 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 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, and I am a U.S. citizen or other U.S. person. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. | | | | | | | | | | | | | | |
| GOODS AND/OR SERVICES MUST NOT BE PROVIDED PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER | | | | | | | | | | | | | | |
| Printed Name of US person and vendor representative | | Title | | | | | | | | | | | | |
| Signature (Must be authorized to sign IRS Form W-9) | | Date | | | | | | | | | | | | |
| You are responsible for notifying Olathe Public Schools about changes in the above information. | | | | | | | | | | | | | | |

Return this form to:

Olathe Public Schools Purchasing Department
 purchasing @olatheschools.org

Phone: (913)780-7000
 Fax: (913) 780-8006