

Madison Metropolitan School District
 Purchasing Services
 4711 Pflaum Road
 Madison WI 53718-6765

**VENDOR/CONTRACTOR PROFILE
 FORM
 (Substitute W9)**

INSTRUCTIONS: Enter information below captions and return to the address in the upper left corner.

LEGAL NAME - REQUIRED - (As recorded with the IRS)

Business Name (DBA)

GENERAL ADDRESS:			REMIT TO ADDRESS, IF DIFFERENT:		
STREET ADDRESS:			STREET ADDRESS:		
P.O. BOX:			P.O. BOX:		
CITY	STATE (2 DIGIT)	ZIP (9 DIGIT)	CITY	STATE (2 DIGIT)	ZIP (9 DIGIT)
CONTACT NAME:			CONTACT NAME:		
POSITION:			POSITION:		
TELEPHONE NUMBER:	FAX NUMBER:		TELEPHONE NUMBER:	FAX NUMBER:	
E-MAIL ADDRESS:			E-MAIL ADDRESS:		
MINIMUM ORDER AMOUNT:			BILLING TERMS:		
WEB SITE URL:					

W9 TAX INFORMATION

The Internal Revenue Service (IRS) Codes require us to have the Taxpayer's Identification Number (TIN) on file for all individuals and businesses receiving payments. There are substantial IRS penalties if we do not comply. Furthermore, under Federal Income tax law, you are subject to certain penalties if you do not provide us with your correct social security number (SSN) or other TIN. Provide your SSN or Federal Employee Identification Number (FEIN) but not both:

Exempt from backup withholding? Yes No

SSN: _____ - _____ - _____ **OR** FEIN: _____ - _____ - _____

BUSINESS INFORMATION

Business Classification - Check all that apply.

Ownership: Sole Proprietorship Partnership Corporation Association
 Governmental Entity Employee Non-Profit Other (specify): _____

Size of Business: Small Business Not a Small Business

Historically Underutilized Business Status - 51% or more of the business is owned by:
 African American Hispanic American Native American Asian American Woman

AFFIDAVIT

I certify that the number on this form is my correct taxpayer identification number and that the information is a full, true, and complete statement of facts.

AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TITLE

COMMODITY CODES

<p>Select from the on-line NIGP Commodity Code Directory those commodities and services which accurately describe what your firm provides. The Directory may be found at the District's web site: www.madison.k12.wi.us/doingbusiness/ or the State of Wisconsin Bureau of Procurement's site: http://vendornet.state.wi.us/.</p>	<p>NOTE: It is important that you evaluate all commodity codes and select only those which most accurately describe the commodities and services your firm provides. Three-digit classes 005 through 898 list commodities, while all 900 series classes are services.</p> <p>For example a kiln is a commodity (175-36), while kiln maintenance and repair is a service (936-72).</p>
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<p>Enter the corresponding 5-digit Class/Subclass (C/SC) Codes. Indicate preceding zeros (3-digit Class plus 2-digit Subclass) in the space provided below. Attach an extra sheet if needed.</p>	<p><u>Do not send brochures or product catalogs with this form.</u></p>
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C/SC CODE	C/SC CODE	C/SC CODE	C/SC CODE	C/SC CODE	C/SC CODE
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

HISTORICALLY UNDERUTILIZED BUSINESS CERTIFICATION

The Madison Metropolitan School District's Historically Underutilized Business (HUB) Program requires any vendor wishing to be classified as a HUB vendor to provide evidence of current certification as a minority-owned business enterprise (MBE), woman-owned business enterprise (WBE), or a disadvantaged business enterprise (DBE) from an agency or organization which provides such certification. It is incumbent upon the vendor to provide the District with certifications of renewal on an annual basis.

The District does not conduct its own HUB certification program. The District does accept certifications from other entities with established programs, although these entities do not conduct MBE, WBE, or DBE certifications on behalf of the District nor do they provide referrals. Technical assistance is available by calling Amos Anderson at (608) 663-1530.

Is your business currently certified as minority-owned, woman-owned, or disadvantaged business enterprise with any governmental agency, such as the following?

<input type="checkbox"/> State of Wisconsin Department of Commerce	<input type="checkbox"/> City of Madison, WI
<input type="checkbox"/> State of Wisconsin Department of Transportation	<input type="checkbox"/> Dane County, WI
<input type="checkbox"/> Wisconsin Minority Supplier Development Council	
<input type="checkbox"/> Other (specify): _____	

If you are currently certified by any of the above, please attached a copy of your certificate or other evidence of acceptance.