

HILLSBORO CITY SCHOOL DISTRICT
 338 West Main Street, Hillsboro, OH 45133
 Phone: (937) 393-3475 Fax: (937) 393-5841
OHIO VENDOR FORM

Business Name	Federal Tax I.D. #
Address (number, street & apt. or suite no.)	
City, State, and ZIP code	Telephone

Please answer the following questions:

- Are you an individual contractor?** ___ Yes ___ No
 (An individual is one who provides services to our District under a contract as an independent contractor.)
- Are you the sole shareholder of a corporation?** ___ Yes ___ No
- Are you the sole member of a limited liability company?** ___ Yes ___ No

If you answered "yes" to any of the questions above, please complete the following information, required per Ohio Revised Code, section 3121.89:

Owner's Name & Home Address (number, street & apt. or suite no.)	
City, State, and ZIP code	Telephone
Social Security Number	Date of Birth

Is the company non-profit? ___ Yes ___ No

Certification:

Under penalties of perjury, I hereby certify that the information provided above is correct.

 Signature Position Date

Note: No check will be issued in payment of goods or services until this completed form and/or an invoice containing the requested information is received in the Treasurer's Office of the Hillsboro City School District, located at the above address.

FOR OFFICE USE ONLY:
 Initial P.O. date: _____ Initial date reported to ODJFS: _____