

CONTRACT FOR SERVICES AGREEMENT
WEST VALLEY SCHOOL DISTRICT NO. 208

CONSULTANT: _____

ADDRESS: _____

PHONE #: _____

SERVICES TO BE PROVIDED: _____

DATES OF SERVICES: _____

FEE/CONSULTING AMOUNT: \$ _____

TERMS AND CONDITIONS:

- 1) Consultants are considered a contractor and are not employed by the District.
- 2) The fee/consulting amount is to be a flat rate agreed upon in advance and approved by the Director/Principal and the Superintendent. Expenses such as supplies, mileage, meals and lodging must be included in the flat rate fee.
- 3) The Consultant will submit an invoice for payment after the work/services have been performed.
- 4) Amounts over \$600.00 will be reported to the Internal Revenue Service. To ensure correct reporting to the IRS, we require a copy of the Consultant's driver's license and social security card/Employer Identification Number (EIN).
- 3) A consultant is not covered by industrial insurance in case of accident, nor receives any employee benefits of the District.
- 6) A completed Contract for Service Agreement, invoice, and IRS Form W-9 must be received by the District's Payable Department for payment.

The Consultant assures the West Valley School District #208 they will comply with all state and federal guidelines and/or regulations. All applicants seeking employment opportunities and all contracts for goods and services will be considered and will not be discriminated against on the basis of race, color, national origin, gender, or disability. This is in accordance with Title VI of the 1964 Civil Rights Act; Section 504 of the Rehabilitation Act, 1973, as amended; Americans with Disabilities Act, July 26, 1990, P.L. 101-336; and Title IX/Chapter 28 A.640RCW of the Education Amendments of 1972, as amended.

I certify I have read and agree with the terms of the agreement.

X _____
Signature of Consultant/Contractor Date

X _____
Signature of Director/Principal Budget Code

X _____
Superintendent Date

**West Valley School District # 208
8902 Zier Road
Yakima Wa 98908**

**CONTRACT FOR SERVICES
CLAIM FORM**

Return this form to ACCOUNTS PAYABLE DEPT.

DATE:

NAME OF CONSULTANT:

FEDERAL TAX I.D.#:

ADDRESS:

CITY, STATE, ZIP

AMOUNT OF CLAIM: \$

BUDGET CODE: _____
PPSS AA OBB1 LLL 4444

Describe services rendered:

CERTIFICATION:

**I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT CLAIM FOR SERVICES
RENDERED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT
THEREOF.**

SIGNATURE OF CONSULTANT

PRINCIPAL/DIRECTOR'S AUTHORIZATION: _____

DATE: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6	City, state, and ZIP code	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																																			
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="3"> </td></tr> <tr><td colspan="9" style="text-align: center;">or</td></tr> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3"> </td><td style="text-align: center;">-</td><td colspan="6"> </td></tr> </table>	Social security number																					-				-				or									Employer identification number																					-						
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Part II Certification	
Under penalties of perjury, I certify 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; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
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 and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person _____ Date _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they