

**EAST ORANGE SCHOOL DISTRICT  
DIVISION OF BUSINESS SERVICES**  
199 Fourth Avenue  
East Orange, New Jersey 07017-1026  
Phone (862) 233-7300 Fax (973) 678-4987  
[www.eastorange.k12.nj.us](http://www.eastorange.k12.nj.us)

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**Board Members**

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**Superintendent of Schools**

Mr. AbdulSaleem Hasan  
abdulsaleem.hasan@eastorange.k12.nj.us

**School Business Administrator/Board Secretary**

Mrs. Christina Hunt

**VENDOR INFORMATION REQUEST FORM**

Vendor Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

The Internal Revenue Code requires recipients of certain payments to furnish taxpayer information. The law imposes a penalty for vendors who fail to furnish us with their taxpayer identification number. According to P.L. 2004 C. 57, all business organizations that do business with the school districts are required to be registered with the State of New Jersey.

Therefore, in order to comply with the law, please attach a copy of your New Jersey Business Registration Certificate to this completed form and mail or fax the entire package to the address or fax number indicated above.

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Taxpayer identification information requested

1. Above addressee is: (check one)

Corporation ( ) Partnership ( ) Individual ( ) Employee ( ) Other ( )

An East Orange School District employee seeking reimbursement of

Direct expenses ( ) Other ( ) Please specify: \_\_\_\_\_

2. Taxpayer Identification Number: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Social Security Number: (individuals only) \_\_\_\_\_

3. COMPLETE THE ATTACHED REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM W-9 AND RETURN SAME WITH THIS LETTER.

**MANDATORY 1099      YES ( )      NO ( )**

4. VENDOR CHECKS SHOULD BE MADE PAYABLE TO:

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE:\_\_\_ ZIP:\_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ EXT: \_\_\_\_\_

FAX: (    ) \_\_\_\_\_

CERTIFICATION: Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**THIS SECTION TO BE COMPLETED BY EAST ORANGE  
BOARD OF EDUCATION EMPLOYEES ONLY**

**Requester's Identification**

\_\_\_\_\_  
Name of Person/Department/School

\_\_\_\_\_  
Telephone/Intercom Number

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*School Business Administrator*

*Telephone (862) 233-7300  
Fax (973) 678-4987*