

**Virginia Early Childhood Foundation (VECF) RECOGNIZES
Form W-9 Completion Support**

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	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 <i>Purpose of Form</i> , below.		
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 Using name(s) including disregarded entity name(s) if different from above.	SAMPLE ONLY DO NOT USE	
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) _____ (Applies to accounts maintained outside the United States.)	
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 _____		
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6 City, state, and zip code	SAMPLE ONLY DO NOT USE	
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.		
	Social security number _____ or Employer identification number _____	SAMPLE ONLY DO NOT USE
Part II Certification		

The form pictured above is a **SAMPLE**. Please download and complete the full IRS W-9 Form for submission.

OVERVIEW

What is the Purpose of an IRS W-9 Form? Form W-9—Request for Taxpayer Identification Number and Certification—is a commonly used IRS form. True to its name, individuals and entities use the form to provide their taxpayer identification number to entities that will pay them income during the tax year. **Please review the form and instructions carefully; form errors may delay payment processing.**

THERE ARE 3 SECTIONS TO COMPLETE BEFORE RETURNING THE FORM TO VECF

First Section – Boxes 1 through 7:

Most **EDUCATORS** will complete this form as an individual and not as a business. As an individual, you will complete boxes 1, 3, 5, and 6. **Boxes 2 and 7 are not necessary.**

- Box 1 – Enter your **full legal name**
- Box 3a – Check the box for **"Individual/sole proprietor or single-member LLC"**
- Box 5 – Enter your **street address including apartment/suite/floor number, if appropriate**
- Box 6 – Enter your **city, state, and zip code** for your address

NOTE, if you are completing the Opt-in & W9 Process through VECF's secured online platform, ALL ADDRESS INFORMATION will need to be input into SEPARATE text boxes as provided in that platform.

Second Section – Part I Taxpayer Identification Number (TIN):

As an individual, please complete the **Social Security Number** boxes.
The Employer Identification Number will remain BLANK unless YOU are a business.

Third Section – Part II Certification:

This part is not shown in the above picture to save space but only requires your signature and the date you are completing the form.

If you **ARE NOT** completing the Opt-In & W9 Process through VECF's **secured online platform**, **MAIL** a completed **SIGNED** and **DATED** Form W-9 to VECF to: **1703 North Parham Rd, Suite 110 Richmond, VA 23229.**

Coversheet and instructions for mailing in a signed W9

MAILED FORMS MUST INCLUDE IN THE MAILING ENVELOPE THE COVER SHEET OR A SEPARATE SHEET OF PAPER THAT IDENTIFIES THE SITE NAME & ADDRESS WHERE YOU ARE EMPLOYED AND PARTICIPATING IN VQB5.

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1. **Print a copy of the IRS Form W9** found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
2. Complete, **sign and date** the form.
3. **Print and complete this coversheet** and **include in the envelope** addressed to VECF:
 VECF - RecognizeB5
 1703 North Parham Rd,
 Suite 110
 Richmond, VA 23229

Teacher(s) Name(s)	
VQB5 Childcare Site Name	
VQB5 Childcare Site Address	