

# PASADENA INDEPENDENT SCHOOL DISTRICT

## FINE ARTS DEPARTMENT

### STATEMENT OF EXPENSES Clinicians/Consultants/Adjudicators/Accompanists

Occasion \_\_\_\_\_ Date \_\_\_\_\_

Honorarium/Fee..... \$ \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Home Address \_\_\_\_\_ Hm Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.I.S.D. Employee Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security # \_\_\_\_\_

**The following pertains only to Non-District Employees**

1. The Consultant is engaged as an independent contractor and will responsible for any Federal or State taxes applicable to this payment
2. The Consultant will not be eligible for any Federal Social Security, State Workmen's Compensation, unemployment insurance or Public Public Employees Retirement System benefits from this contract payment, except as a self-employed individual.
3. The District will report the total amount of all payment to the Consultant, including any expenses, in accordance with Federal Internal Revenue Service.
4. This agreement is governed under the laws of the State of Texas, Harris County, US. All rights are reserved by the district as allowed under the UCC as codified by Texas Commercial Code.

Form <b>W-9</b> (Rev. January 2003) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	Give form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name _____	
	Business name, if different from above _____	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) _____	
	City, state, and ZIP code _____	
	List account number(s) here (optional) _____	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

**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 on page 4.)

Sign Here \_\_\_\_\_ Signature of U.S. person ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Authorized by: Fine Arts Director: \_\_\_\_\_ Director Signature/School: \_\_\_\_\_