



DRIVER TRAINING SCHOOL APPLICATION AND CONTRACT INSTRUCTIONS  
FOR GEORGIA DRIVER'S EDUCATION GRANT SCHOLARSHIP PROGRAM

1. Complete the Driver Training School Application and Contract. It is recommended that driver training schools utilize the form provided to type the responses required. Incomplete and Illegible forms will be returned for modification and will not be processed. The Application and Contract must be signed in the presence of a Notary Public.
2. Complete the IRS Form W-9.
3. Complete the Vendor Management Form. Be sure to attach a copy of voided check as instructed in Section 2 of the Vendor Management Form. This form is required for Automated Clearing House (ACH) payments to be processed. Paper checks will not be issued as a form payment for this program.
4. Complete the E-verify Affidavit and sign in the presence of a Notary Public. For additional information regarding the State of Georgia's E-Verify requirements, see page 14 of this application packet.
5. Attach a copy of the Driver Training School's certificate from the Department of Drivers Services (of governing body if state agency).
6. Attach a copy of the Driver Training School's most recent Audit Report and Corrective Action Plan from the Department of Drivers Service.
7. Mail all the Driver Training School Application and Contract and all required supporting documentation to the address below.

Document Checklist

Driver Training School Application and Contract

IRS Form W-9

State of Georgia Vendor Management Form

Driver Training School Voided Check

E-Verify Affidavit

DDS Audit Report and Corrective Action Plan (if applicable).

Driver Training School Certificate

Mail all documents to:

**Georgia Driver's Education Commission**  
**7 Martin Luther King, Jr., Drive, SW**  
**Suite 643**  
**Atlanta, Georgia 30334**

Questions? Send an email to [gdec@gohs.ga.gov](mailto:gdec@gohs.ga.gov).

Georgia Driver's Education Commission  
7 Martin Luther King, Jr., Drive, SW  
Suite 643  
Atlanta, Georgia 30334  
(404) 565-2769 • [www.gahighwaysafety.org/gdec/](http://www.gahighwaysafety.org/gdec/)

**DRIVER TRAINING SCHOOL APPLICATION AND CONTRACT**

**TO PARTICIPATE IN THE GEORGIA DRIVER'S EDUCATION GRANT SCHOLARSHIP PROGRAM**

**SECTION 1: DRIVER TRAINING SCHOOL INFORMATION.**

\_\_\_\_\_  
Full Legal Name of Driver Training School

\_\_\_\_\_  
Trade Name/DBA, if applicable

Type of Driver Training School (select one):

- |  |  |
|--|--|
| <input type="checkbox"/> College or University | <input type="checkbox"/> Privately Owned/Commercial Driving School |
| <input type="checkbox"/> High School           | <input type="checkbox"/> State Agency                              |

Mailing Address

Physical Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Web Address

\_\_\_\_\_

County

\_\_\_\_\_

Phone

**SECTION 2: CONTACT INFORMATION.**

\_\_\_\_\_

Owner

\_\_\_\_\_

Director or Secondary Contact

\_\_\_\_\_

Email Address

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Phone

**SECTION 3: BUSINESS INFORMATION.**

\_\_\_\_\_  
 DDS Driver Training School Certification Number

\_\_\_\_\_  
 Number of years in business

**Hours of Operation:**

Driver Training Schools participating as providers in the grant scholarship program shall maintain business hours of at least fifteen (15) hours per week, eight (8) of which must fall within the Georgia Driver’s Education Commission’s (the “Commission”) normal business hours. An employee of the Driver Training School must be available during those 8 hours to furnish information, records, and/or documents whenever requested by staff of the Commission. Driver Training School may close for a lunch hour at a set time upon notice to the Commission of the scheduled lunch hour. Driver Training School shall be responsible for notifying the Commission of all open business hours as well as those times when the school’s office will be scheduled closed for lunch, vacation, or any other scheduled closing. Notifications should be sent by electronic mail to [gdec@gohs.ga.gov](mailto:gdec@gohs.ga.gov).

Regularly scheduled hours of operation below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Open							
Time Close							
Lunch Hour							

Regularly scheduled closings below, with reasons for such closings:

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**Fees:**

Driver Training Schools participating as providers in the grant scholarship program understand and agree that request for reimbursement of the driver’s training submitted to the Commission shall be the same cost or less than that cost charged to the general public for driver’s education for a 30/6 driver’s education course. Driver Training Schools agree that the request for reimbursement to the training school by the Commission based upon a scholarship grant certificate to a student for the 30/6 course will not exceed \$500.00. In the event that the student withdraws from the course or fails to timely complete the driver’s education course, Driver Training School may still request reimbursement from the Commission for instruction given to said student at the rates of up to \$4.00 per hour of classroom education and up to \$62.50 per hour of behind the wheel training. Driver Training Schools acknowledge and agree that any reimbursement must be requested after the student has either successfully completed the 30/6 course or after the student has failed or withdrawn the course. The total sum of the hourly rate for classroom instruction and behind the wheel instruction for partial course completions

may not exceed the fee for thirty (30) hours of classroom training and six (6) hours of behind the wheel training.

Driver Training School's requests for reimbursement will be as follows:

\$ \_\_\_\_\_ For 30 hours of classroom training and 6 hours behind the wheel training.

\$ \_\_\_\_\_ Hourly rate for classroom instruction for students who have failed or withdrawn.

\$ \_\_\_\_\_ Hourly rate for behind the wheel instruction for students who have failed or withdrawn.

**SECTION 4: DRIVER TRAINING SCHOOL REQUIREMENTS.**

Driver Training School agrees that it will meet or exceed the following requirements as established and set forth by the Commission and this Contract:

1. Provider eligibility is open to the following types of providers:
  - a. Public and private high schools that are licensed by the Georgia Department of Driver Services; or
  - b. Private driving schools (commercial for profit, and not for profit) that are licensed by the Georgia Department of Drivers Services and that have been licensed for a minimum of two years; or
  - c. Technical Colleges, Colleges, Universities and State Agencies that are authorized to provide driver's education by their governing bodies and that meet the minimum standards for drivers training and driver's education set forth by said governing body.
2. All Driver Training Schools must agree to abide by the State of Georgia vendor requirements including the submission of a Form W-9, Vendor Management Form, E-Verify documents and agree to receive reimbursement via Automated Clearing House (ACH) transfer. Driver Training School must also agree to submit reimbursement requests using the grant scholarship payment portal designated by the Commission.
3. Privately owned driver training schools must be in compliance with the Georgia Department of Revenue.
4. Government-owned driver training schools must be in compliance with all Georgia Department of Audit and Accounts regulations.
5. Public and private high schools and private driving schools must be in good standing with the Georgia Department of Driver Services (DDS) and not have received a moderate or severe risk assessment within the previous year from DDS. Additionally, public and private high schools must submit a copy of the most recent audit report conducted by DDS and a corrective action plan if one was issued.
6. Technical Colleges, Colleges and Universities, and State Agencies who participate in the scholarship program must be in good standing with their governing body and the Commission and agree to general oversight including, but not limited to, the enforcement of driver's education standards adopted by the governing body and annual program reviews or audits.
7. Driver Training School agrees to auditing and general oversight as requested and required by the Commission.
8. Driver Training School agrees that reimbursement requests will only be submitted for instruction of a student for a standard 30/6 driver's education course (a course in which the student receives a minimum of 30 hours of classroom instruction and 6 hours of behind the wheel instruction).

9. Driver Training School agrees that the reimbursement request from the Commission based upon a scholarship grant to a student applicant for a 30/6 course will not exceed \$500.00.
10. Driver Training School agrees that requests for reimbursement of the grant scholarship submitted to the Commission will be the same cost or less than the cost charged to the general public for driver's education for a 30/6 driver's education course.
11. Driver Training School agrees to submit an OCRA Certificate to the Commission within 30 days after completion of the course by the student grantee as proof that the course was completed. Driver Training School agrees that reimbursement to the driver training school by the Commission for any scholarship grant certificate can only be made after proof has been provided to the Commission after completion of the course. In the event that the student completes, but fails the driver's education course, in order to request reimbursement from the Commission, Driver Training School must submit a copy of the Student Log detailing the student's attendance in the course and a statement explaining the reason for the failure to the satisfaction of the Commission. In the event that the student grantee fails to timely complete the driver's education course or withdraws from the course, Driver Training School may submit for reimbursement from the Commission for any hours of instruction provided to the student for the 30/6 course, up to \$4.00 per hour of classroom education completed and up to \$62.50 per hour of behind the wheel training completed, but not to exceed \$491.00 total. Driving Training School must submit Student Logs detailing classroom hours provided and behind the wheel training completed in order to be compensated for instruction time provided to students who have withdrawn from the course or have failed to timely complete the driver's education course. Driver Training School acknowledges that the student's scholarship expires 180 days from the date of award and will in good faith assist student with completing the course within that timeframe.
12. Driver Training School agrees it will not demand of students any additional eligibility requirements beyond those set forth by the Commission.
13. Driver Training School agrees that any and all advertising or public reference of the Georgia Driver's Education Grant Scholarship program will comply with the advertising policy set forth by the Commission. Driver Training School will be notified of any changes in the policy in writing prior to the effective date.
14. Driver Training School agrees to notify the Commission by email ([gdec@gohs.ga.gov](mailto:gdec@gohs.ga.gov)) within five (5) business days of any motor vehicle collision involving a grant scholarship recipient occurring during the driver's education course resulting in injury or death. The notification must include the name(s) of the student(s) involved in the collision, the name of the law enforcement agency that issuing the traffic crash report, and the crash number on the traffic crash report.

#### **SECTION 5. SUPPORTING DOCUMENTATION.**

Driver Training School agrees that it will provide the following documents as supporting documentation with this application and that the documents are true and accurate representations of the documents requested.

1. IRS Form W-9.
2. State of Georgia Vendor Management Form (with voided check).
3. E-Verify Affidavit.
4. Driving Training School Certificate from DDS (or governing body if applicant is a state agency).
5. Most recent Audit Report and Corrective Action Plan from the DDS (if applicable).

**SECTION 6: DRIVER TRAINING SCHOOL REPRESENTATIONS AND WARRANTIES.**

The undersigned representative of the Driver Training School/provider applicant acknowledges, agrees, and contracts as follows:

1. I am a legal representative of \_\_\_\_\_, and am authorized to contract on behalf of \_\_\_\_\_; and
2. I agree that my applicant school meets the requirements set forth in Section 4 above; and
3. I am authorized to and will submit all reports and information as requested by the Commission and will allow the examination and audit of the books, records, financial statements, and any other relevant requested information or documentation of Driving Training School by the Commission. Additionally, I will comply with any requests for records by the Commission and any other local, state, or federal authority assisting with review of information; and
4. I hereby authorize the release to the Commission of any information necessary for the determination of my school's application to participate as a driver training school provider in the grant scholarship program administered by the Commission. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information; and
5. I understand that to knowingly make a false statement or concealing a material fact in this application will result in the denial of my application and the possibility of criminal charges being brought against me; and
6. If the Commission, in its sole discretion, determines that Driver Training School at any time:
  - a. Fails to provide the services in accordance with the timeframes, schedule or dates set forth in this Contract; or
  - b. Fails in the performance of any term or condition contained in this Contract; or
  - c. Knowingly or unknowingly accepts reimbursement from the Commission of any amount in excess of what is owed under the terms of this Contract;Driver Training School, after notice in writing from the Commission, agrees that it will make every attempt to remedy the deficiency within ten (10) business days. If the deficiency is not remedied to the Commission's satisfaction, the Commission may proceed to (i) withhold any monies then or next due to Driver Training School; or (ii) immediately terminate this Contract upon written notice.
7. This Contract shall be governed by and construed in accordance with Georgia law. Any action brought to assert any right or remedy pertaining to this Contract shall be brought exclusively in the Superior Court of Fulton County, Georgia. Each party expressly submits and consents in advance to such jurisdiction and waives any objection based upon lack of personal jurisdiction, improper venue or forum non conveniens; and
8. Driver Training School will be performing services under this Contract as an independent contractor, and not as an agent or employee of the Commission. Nothing in this Contract shall be construed as creating an agency relationship, joint venture or partnership between the parties, as creating any fiduciary duties or obligations, as making any employee or representative of either party an employee or agent of the other party; and
9. This Contract constitutes the entire agreement between the parties respecting the subject matter herein. No amendment to this Contract shall be binding on either party unless it shall be in writing, executed by the duly authorized representatives of each party, and by express reference incorporated into and made a part of this Contract; and
10. In accordance with O.C.G.A. § 50-5-85, Driver Training School certifies that it is not currently engaged in, and will not engage in during the term of this Contract, a boycott of Israel; and

11. This Contract shall become effective upon the signature of the representative of Driver Training School and the Commission and shall end twelve (12) months after the effective date. The Commission may terminate this Contract with or without cause upon thirty (30) days written notice to the driver training school.

**On behalf of the Driver Training School:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Sworn to and subscribed before me

(SEAL)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

**On behalf of the Georgia Driver's Education Commission:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Sworn to and subscribed before me

(SEAL)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

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

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



## VENDOR MANAGEMENT FORM (PeopleSoft Financial System)

The initiating Agency will submit this form to the Vendor Management Group for verification and approval. Agency must complete section 5 of the form to obtain approval.

### SECTION 1 – VENDOR IDENTIFICATION (COMPLETE ALL APPLICABLE FIELDS)

VENDOR NUMBER: \_\_\_\_\_ FEI/SSN/EMP ID NUMBER: \_\_\_\_\_

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

PAYMENT ALT NAME: (IF CHECK IS TO BE PAYABLE IN A DIFFERENT NAME) \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### SECTION 2 – BANK ACCOUNT INFORMATION (ATTACH COPY OF VOIDED CHECK)

ROUTING # \_\_\_\_\_ BANK ACCOUNT # \_\_\_\_\_

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments

Check here if this account can only be used for a SPECIFIC purpose \_\_\_\_\_

(Indicate specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information.

\_\_\_\_\_  
(Vendor Printed Name)

\_\_\_\_\_  
(Vendor Signature)

\_\_\_\_\_  
(Date)

### SECTION 3 – SPECIFY TYPE OF ACTION (CHECK ALL THAT APPLY)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Vendor                  | <input type="checkbox"/> Employee                           | <input type="checkbox"/> 1099 Code _____                      |
| <input type="checkbox"/> Classification Change _____ | <input type="checkbox"/> Add address                        | <input type="checkbox"/> FEI/TIN Change**                     |
| <input type="checkbox"/> Name Change**               | <input type="checkbox"/> Change of Address: Address # _____ | <input type="checkbox"/> Right of Way Purchase                |
| <input type="checkbox"/> Vendor Deactivation         | <input type="checkbox"/> Fleet Anywhere Vendor              | <input type="checkbox"/> Other (provide details in Section 4) |
| <input type="checkbox"/> Bank Account Add            | <input type="checkbox"/> Bank Account Change                | <input type="checkbox"/> Bank Account Delete                  |

**Documentation for Vendor Name/TIN changes must include at least one of the following:** IRS documentation (tax documents, FEI issuance letter, etc); Confirmation from Secretary of State's office of legal name change **OR** a newly completed W-9 form provided by the vendor.

#### SIC CODES (CHECK ALL THAT APPLY)

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Small Business    | <input type="checkbox"/> Women Owned                 | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American   |
| <input type="checkbox"/> GA Based Business | <input type="checkbox"/> Minority Business Certified | <input type="checkbox"/> Hispanic-Latino              | <input type="checkbox"/> Native American  | <input type="checkbox"/> Pacific Islander |

### SECTION 4 – ADDITIONAL COMMENTS

### SECTION 5 – STATE OF GEORGIA AGENCY CONTACT INFORMATION (OFFICE USE ONLY)

Requestor Name: Ms. Janice Crawford Agency BU#: 46600 Date: \_\_\_\_\_

Email: jcrowford@gohs.ga.gov Phone: (404) 656-6996 Fax #: (678) 717-6759

E-verify Affidavit

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Governor's Office of Highway Safety for the Georgia Driver's Education Commission has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
***Federal Work Authorization User Identification Number***

\_\_\_\_\_  
***Date of Authorization***

\_\_\_\_\_  
***Name of Contractor*** (Driver Training School)

Georgia Driver's Education Grant Scholarship Program  
***Name of Project***

Governor's Office of Highway Safety for the Georgia Driver's Education Commission  
***Name of Public Employer***

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
Month Day Year City State

\_\_\_\_\_  
***Signature of Authorized Officer or Agent***

\_\_\_\_\_  
***Printed Name and Title of Authorized Officer or Agent***

Sworn to and Subscribed before me on  
this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

# What Your Business Needs to Know about Georgia's E-Verify Requirements (Effective July 1, 2013)

## E-Verify Contractor Requirements

Georgia law, **O.C.G.A. § 13-10-91**, requires **all businesses** that contract with a public employer for **labor or services** by bid or by contract in which the labor or services **exceed \$2499.99** to sign an affidavit attesting that they are registered for and use E-Verify **unless** 1) the contractor has **no employees** (in which case they must present an approved state issued identification card/drivers' license from an approved state as provided on the [Attorney General's website](#) ) or, 2) the contract is with an **individual** licensed under Title 26, Title 43, or the State Bar of Georgia who is in good standing and **that individual** is performing that service. Anyone your business subcontracts with for labor and services, as well as the subcontractors of your subcontractors, in furtherance of that contract is also subject to this requirement. E-Verify Contractor, Subcontractor, and Sub-Subcontractor affidavits can be found [here](#).

## E-Verify Private Employer Requirements

Georgia law, **O.C.G.A. § 36-60-6**, requires all businesses, **with more than 10 employees** that are seeking an occupation tax certificate/business license or other document required to operate a business with a county or city to sign an affidavit attesting that they are registered for and use E-Verify. Businesses with **10 or fewer employees** are required to sign an affidavit attesting that they are exempt from this requirement. Once a business has provided this affidavit to the county, all subsequent renewals can be provided with the submission of the E-Verify number, as long as it is the same number as provided on the affidavit, or assertion that your business is exempt. The county will provide the format in which renewal information is collected. E-Verify Private Employer and Exemption Affidavits can be found [here](#).

## What Is E-Verify?

E-Verify is a federal Web-based system that electronically verifies the employment eligibility of newly hired employees. It works by allowing participating employers to electronically compare employee information taken from the I-9 Form (the paper-based employee eligibility verification form used for all new hires) against records in the Social Security Administration's database and the records in the Department of Homeland Security immigration databases.

## Where Do I Find My E-Verify Number?

The Human Resources Department for your business should have that information, if you have registered. The E-Verify number, which consists of four to six numerical characters, is located directly below the E-Verify logo on the first page of the memorandum of understanding (MOU) entered into between your business and the Department of Homeland Security (DHS) to use E-Verify.

## What if I cannot locate or do not have access to my MOU?

If the HR director/program administrator for E-Verify from your business has taken the E-Verify tutorial, you may obtain your company ID number by: 1) Logging in to E-Verify with your assigned user ID and password; 2) From 'My Company,' select 'Edit Company Profile;' 3) The Company Information page will display the company ID number. If your HR director/program administrator has not completed the tutorial, you must contact E-Verify Customer Support at 888-464-4218 or at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) for assistance.

## Is the Federal Tax Identification Number/Employer Identification Number (EIN) the same as the E-Verify Number?

No. While you will be required to provide the Federal Tax Identification Number/EIN for your business to DHS in order to register for E-Verify, a separate number, which consists of four to six numerical characters, will be provided as the E-Verify number for your business by DHS, which will be located on the MOU.

**How Do I Register for E-Verify?** To register for E-Verify, please visit the [DHS website](#). If you need assistance in completing the registration process or need additional information relating to E-Verify, call their customer service number at 1-888-464-4218, email them at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or visit their website at <http://www.dhs.gov/e-verify>.