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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

NON-DC PUBLIC SCHOOL EMPLOYEES ONLY

Athletic Form B

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

**Accounts Payable
Request for Payment**

School Year: _____

Date: From: _____ To: _____ School Name: _____

Name of Non-DCPS Athletic Worker: _____

CURRENT Address: _____

ADDRESS MUST MATCH THE ADDRESS ON YOUR CURRENT W-9

Home Phone: _____ Office Phone: _____ SSN: _____

Position Held: _____

Amount Due: _____

Athletic Director Signature: _____

Title: _____

Date: _____

AUTHORIZATION

Michael Bryant, II

Print Name

Signature

Title: Executive Director, Athletics

Date: _____

PRINCIPAL APPROVAL

I certify that the Athletic Coach/Worker has satisfactorily performed the contracted services rendered.

Print Name

Signature

Date: _____

Extra Duty Assignment Authorization must be attached



**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
EXTRA DUTY ASSIGNMENT AUTHORIZATION**

I, _____, agree to conduct
(Name)

_____ at _____
(Name of Activity) (Name of School)

during the period _____ to _____
(Starting Date) (Ending Date)

to be paid in accordance with the Extra Duty Pay Distribution Formula at the activity rate of \$_____ per full participation in the activity. Where the activity is conducted for less than the full activity period, the amount of compensation will be reduced accordingly on a prorated basis. I further agree that the above activity will be conducted beyond and in addition to my regularly assigned classroom teaching schedule; and that the above activity will be conducted for _____ hours per day, _____ days per week, _____ hours per week.

If you fail to be fingerprinted, clear the background check, receive a coaching ID, and/or complete department mandatory meetings and trainings, you are ineligible for payment for work. By signing below, you acknowledge that you fully understand that you are required to clear a background check via fingerprint screen conducted by the DCPS Office of School Security, receive a coaching ID, attend mandatory meetings, and complete trainings at nfhslern.com.

I understand this requirement. _____
(Please initial)

Signature of Coach

Date

Employee I. D. Number / Social Security Number

Coaches's Home Address

Cell or Home Phone

City State Zip Code



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

NON-DC PUBLIC SCHOOL EMPLOYEES ONLY

Athletic Form A

DISTRICT OF COLUMBIA PUBLIC SCHOOLS
Request for Employment of Athletic Coaches/Workers

Date: _____ School Year: _____

School Name: _____

AD Name: _____ Position: _____

NON-DCPS Athletic Workers Name: _____

Address: _____

Home Phone: _____ Office Phone: _____ or SSN: _____

Amount Due: _____

Reviewed by: _____
Officer/Athletics Office

Approved

Denied

For Athletic Office Use Only

Extra Duty Pay

Records of Payment

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Athletic Worker:

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Amount of Payment: _____ Date: _____ Sport: _____

Total Expended: _____

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 *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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
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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