



Contractor's I-9 Form

Before we are able to authorize payment for services performed by independent contractors, we are required by the Internal Revenue Service to have certain information on file. Please respond to the following and return this letter to us in the enclosed envelope:

Name: _____
 Address: _____
 Phone: () work () cell () home
 FAX: ()

Please check type of business entity:

Individual Corporation
 Sole Proprietor Government Agency
 Partnership Other(please specify): _____

Please provide tax identification number:

Social Security Number: _____

Employer Identification Number _____

PLEASE NOTE: If you are a Sole Proprietor, you are required to provide the owner's name and social security number:

Business Name: _____ EIN: _____

Owner's Name: _____ SSN: _____

CERTIFICATION-- Under penalties of perjury, I certify that the number shown on this form is my/my company's correct taxpayer identification number.

Signature _____ *Date* _____

Title

If you have any questions, please contact the appropriate location: <i>Chabot-Las Positas Community College District Office</i> 5020 Franklin Avenue, Pleasanton CA 94588, (925) 485-5205	
<i>Chabot College</i> 25555 Hesperian Boulevard, Hayward CA 94545 (510) 723-6617	<i>Las Positas College</i> 3033 Collier Canyon Road, Livermore CA 94551 (925) 373-4994