

# TOSHIBA

## LEASE WITH MAINTENANCE SUPPLEMENT

# TOSHIBA

FINANCIAL SERVICES

SUPPLEMENT NUMBER

APPLICATION NUMBER

AGREEMENT NUMBER

500-0743903-000

### CUSTOMER CONTACT INFORMATION

Legal Company Name: Boone County Board of Education

Fed. Tax ID#: 61-6001252

Contact Person: Krista Duvall

Bill-To Phone: 859-384-7200

Bill-To Fax:

Billing Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY City, State - Zip: FLORENCE, KY 41042-8801

Equipment Location:  
(if different than above)

City, State - Zip:

### TBS LOCATION

Contact Name: Bryan Jennings

Location:

### EQUIPMENT DESCRIPTION

ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	STARTING METER
Toshiba e-STUDIO6527ACTG	ESTUDIO6527ACTG		
65-Sheet Multi-Staple Finisher	MJ1115		
Holepunch for MJ1115/1116	MJ6108N		
Fax Unit / 2nd Line Fax Unit	GD1370N		

☒ See attached form (Schedule "A") for Additional Equipment ☐ See attached form (Billing Schedule) for Additional Equipment/Payment Schedule

### EQUIPMENT REMOVED FROM ABOVE-REFERENCED AGREEMENT AND/OR PREVIOUS SUPPLEMENT(S), AS APPLICABLE

ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	ENDING METER
Toshiba e-STUDIO6516ACT	Toshiba e-STUDIO6516ACT	SC1HK24938	
Toshiba e-STUDIO8518A	Toshiba e-STUDIO8518A	SC2CK24484	

### TERM (Complete One Term Option)

63 Mos. **Standalone** – Term applies to this Supplement only.Mos. **Coterminous** – The end of term of this Supplement shall coincide with the end of term set forth in the above-referenced Agreement and/or previous supplement(s), as applicable.

### PAYMENT (Complete One Payment Option) (Note: The lease contract payment period is monthly unless otherwise indicated.)

Payment Amount\*: \$ 290.00

(amounts due under this Supplement only).

\*plus applicable taxes

Origination Fee: Up to \$99.00

Consolidated Payment Amount\*: \$

(amounts due under this Supplement, the above-referenced Agreement, and/or previous supplement(s), as applicable).

### ALLOWANCES & EXCESS IMAGES (Select One Option) (Note: If no box is checked, then Allowances and Excess Images shall apply to the Equipment on this Supplement only.)

<input checked="" type="checkbox"/> Amounts apply to the Equipment on this Supplement only.	B&W Images Included	0	Excess B&W Images billed at*: \$ 0.00440
<input type="checkbox"/> Amounts apply to the Equipment on this Supplement, together with the Equipment listed on the above-referenced Agreement and/or previous supplement(s), as applicable.	Color Images Included	0	Excess Color Images billed at*: \$ 0.03650
	Scan Images Included		Excess Scan Images billed at*: \$
Excess Images billed: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	B&W Print Images Included		Excess B&W Print Images billed at*: \$
	Color Print Images Included		Excess Color Print Images billed at*: \$

### LESSOR ACCEPTANCE

Toshiba Financial Services

Signature:

Title:

Date:

### CUSTOMER ACCEPTANCE

This is a Supplement to the above-referenced Agreement between Lessor and Customer, all the terms and conditions of which are incorporated herein by reference, to establish a separate agreement as to the Equipment described herein. Upon the execution of this Supplement, Customer hereby agrees to lease from Lessor the Equipment described above. By signing below, Customer certifies that it has reviewed and does agree to all terms and conditions of the Agreement and this Supplement. In the event there is a conflict between the terms of the Agreement and the terms of this Supplement, the terms of this Supplement shall prevail.

Name:

Signature: X

Title:

Date:

**TOSHIBA**  
FINANCIAL SERVICES

# TOSHIBA

AGREEMENT NUMBER

APPLICATION NUMBER	AGREEMENT NUMBER

Legal Company Name: Boone County Board of Education	Fed. Tax ID#: 61-6001252
Contact Person: Krista Duvall	Bill-To Phone: 859-384-7200 Bill-To Fax:
Billing Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY	City, State - Zip: FLORENCE, KY 41042-8801
Equipment Location:(if different than above or if multiple locations see below)	City, State - Zip:

[illegible]

This Schedule "A" is hereby verified as correct by the undersigned, who acknowledges receipt of a copy. You hereby acknowledge and agree that your electronic signature below shall constitute an enforceable and original signature for all purposes.

Name:	Signature: <b>X</b>	Title:	Date:
-------	---------------------	--------	-------

# TOSHIBA

## REQUEST FOR CERTIFICATE OF INSURANCE (PROPERTY COVERAGE)

# TOSHIBA

FINANCIAL SERVICES

AGREEMENT NUMBER

\*\*\*CUSTOMER: PLEASE FILL IN YOUR INSURANCE INFORMATION AND SEND TO YOUR INSURANCE AGENT\*\*\*

<b>To: Customer's Insurance Agent</b>	<b>Description of Item(s) to be Insured:</b>
Name of Agency:	Toshiba e-STUDIO6527ACTG
Agent:	Toshiba e-STUDIO9029AG
Address:	
Phone:	
Fax:	
E-mail:	

**Insurable Value:** \$109,053.00

The below-stated Customer intends to or has entered into a financing agreement ("Agreement") with Toshiba Financial Services ("Creditor") for the above-referenced item(s) ("Equipment"). Creditor requires proof in the form of Certificates of Insurance that Customer's insurable interest in the Equipment meets Creditor's requirements as follows:

1. **Certificate of Property Coverage:** Customer must carry **PROPERTY** insurance in an amount no less than the **Insurable Value (with deductibles no more than \$25,000)**. Creditor **AND/OR ITS ASSIGNS** shall be listed as **LENDER'S LOSS PAYEE** on such policy.
2. **The Certificate Holder on the above-referenced policies shall be listed as follows:**  
Toshiba Financial Services and/or its assigns  
1310 Madrid Street, Suite 101  
Marshall, MN 56258
3. Please e-mail a copy of the above-referenced Certificates of Insurance to Boone County Board of Education, and ef.insurance.group@onlinecomment.com, referencing Application # \_\_\_\_\_ on the cover sheet, as soon as possible. If you have any questions, please contact us at: 1-800-828-8246.

By signing below, Customer authorizes the above-named Insurance Agent to immediately endorse the insurance policies and subsequent renewals to reflect the required coverage, as outlined above. In addition to providing Creditor with a copy of the Certificates of Insurance, as stated above, Customer hereby requests Insurance Agent to send to Creditor any subsequent renewals of such insurance policies, by mail, at the address listed above.

Boone County Board of Education ,

Customer

X

Signature

Title

Date

\*Customer: THIS FORM IS PROVIDED FOR YOU TO APPROVE, COMPLETE AND SEND TO YOUR INSURANCE AGENT.

# TOSHIBA

## AUTOMATED METER READ PROGRAM OPTIONS

# AM-2.0.0

SALES PACKET NUMBER

DATE

Sales Representative: Bryan Jennings

### CUSTOMER INFORMATION

Customer Name: Boone County Board of Education

Customer Contact: Krista Duvall

Billing Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY

Phone #: 859-384-7200 Ext.

Customer PO #:

Suite #:

Meter Contact: Krista Duvall

Meter Phone: 859-384-7200

City: FLORENCE

State: KY

Zip: 41042-8801

Meter Email: krista.duvall@boone.kyschools.us

### METER COLLECTION CHOICES:



**What is Toshiba's Automated Meter Read Program (AMR)?** As part of your service contract with TBS, you are required to report usage data for all your printers, copiers, and multifunction devices. With manual reporting, you must go to each device, record the serial numbers and meter readings, and submit this information via email, fax or phone. Toshiba's AMR program automatically gathers usage data for each device and sends it securely to TBS at scheduled intervals. The result is more accurate and timely reporting, fewer billing errors, and less busy work for you.

**How much does Toshiba AMR cost me?**

Nothing. Ever.

**What information does AMR gather?**

The automated meter reading system captures all required information for billing purposes; Machine model, Serial number, and usage information.

**Is the transmission secure?**

Yes. Data is completely secure.

**Toshiba Business Solutions IT Team will work with you to set up equipment meter collections in the priority listed below:**

#### 1 Automated Meter Read (e-Bridge CloudConnect)

Your Toshiba system will be equipped with two-way communication capabilities. TBS will provide updates, system back ups, and meter collection automatically. Equipment MUST be connected to your network.

#### 2 Automated Meter Read (On Site Software)

TBS will provide free AMR software that will automatically pull meter information and input into TBS billing system. Equipment MUST be connected to your network.

#### 3 Meters Online (MOL)

An automatic meter request is sent to the End User directly from the TBS billing system.

End User collects the meter readings and goes to <http://meters.toshiba.com> and enters the meters online manually.

All meters submitted via online are electronically imported into the TBS billing with no manual entry or interaction by TBS.

TBS may charge a fee to recover the cost of meter collections if meters are not submitted through the automated website. TBS reserves the right to convert Customer to a flat fee, based upon the greater of a specific unit's historical average volume or the device type's midpoint manufacturer recommended volume, if meters are not made available for the device(s) after 3 consecutive billing periods.

### ELECTRONIC INVOICING CHOICE:

Toshiba is committed to the environment through its worldwide green initiatives. One of the primary goals of Toshiba's green initiatives is environmental management through corporate social responsibility. One of TBS's Eco-Innovation initiatives is to convert to electronic invoicing whenever possible. Converting to electronic invoicing will enable TBS to decrease its consumption of environmental resources tremendously.

Please select if you will accept Electronic Invoices when possible:

☐ Yes☒ No

Upon receipt of first TFS Lease invoice, visit [www.financing.eportaldirect.com](http://www.financing.eportaldirect.com) or call 1-800-328-9092 to register.

Please select preferred Electronic Invoice Method (TBS Invoices Only):

Email Attachment Only:

☐

PDF copy of invoice sent to email listed below

Invoice Portal Access:

☐

Link to web portal allowing invoicing viewing and E-Pay option. Email will be sent with link when new invoices generate.

Email Address for invoice notifications: krista.duvall@boone.kyschools.us

### CUSTOMER ACCEPTANCE:

Print Name:

Signature:

Title:

Date:

# TOSHIBA

## CONNECTIVITY OPTIONS AGREEMENT

# CA-1.0.0

SALES PACKET NUMBER

EFFECTIVE DATE

Sales Representative: Bryan Jennings**CUSTOMER INFORMATION**Customer Name: Boone County Board of EducationCustomer Contact: Krista DuvallBilling Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARYPhone #: 859-384-7200

Ext.

Customer PO #:

Address 2:

IT Contact: Krista DuvallIT Phone #: 859-384-7200City: FLORENCEState: KYZip: 41042-8801eMail: krista.duvall@boone.kyschools.us**CONNECTIVITY OPTIONS (Check All That Apply)**☒ **OPTION A: Network Administrator Integration and Training** FREE (\$400 VALUE)

Includes basic device configuration, print driver installation on up to three workstations and administrator training. Additional Professional Services will be billed at published TBS Professional Services rates. Includes Remote Orientation of an Administrator to controller on their network, installation of 3 workstations for printing, scanning, and PC faxing. Connection Project not to exceed 2 hours. Any additional time required beyond 2 hours will be billed at current Professional Services Rates. If less than 2 hours is required, no time is banked for future use. Includes installation of Re-Rite on client server, configuration of 6 advanced scanning workflows; Word, Excel, Text Searchable PDF, PDF Form, Slim PDF, Secure PDF. Workflows include one Advanced Scanning Template Group, 6 Templates, and 4 Re-Rite workflows, all delivered to a common output folder. One hour of MFP Training - No more than 5 users per session - Training covers basic copier functions, printing, and scanning.

☐ **OPTION B: Custom Network Integration - Variable / Additional Charges**

	Qty	Charge	Unit Description
• Base Device Configuration - Setup of Network Protocols on Device			Device
• Print Driver Installation			Workstation
• PC Fax Driver Installation			Workstation
• Print Driver and PC Fax Driver on same Workstation			Workstation
• Scan to Copier Controller			Scanning Template
• Scan to Network Folder			Scanning Template
• Scan to Email - Initial Setup of communication to local SMTP server			Initial Setup
- Additional Setup per Scanning Template			Scanning Template
- Off-site SMTP Server			Hour Until Completion
- Additional Setup per Scanning Template			Scanning Template
• Incoming Fax Routing to Copier Controller			Fax Destination
• Incoming Fax Routing to Network Folder Location			Fax Destination
• Incoming Fax Routing to Email - Initial Setup of SMTP Server			Initial Setup
Communication to a Local SMTP Server			
- Additional Setup per Destination			Destination
- Off-site SMTP Server			Hour Until Completion
- Additional Setup per Destination			Destination
• User Code Enforcement			10 User Codes
• Copier Configuration Backup and Restore			Backup/Restore Event

**Total Connectivity Fee:****Note: Any Additional Connectivity Services performed not specified above will be billed at a rate of: \$200.00 per hour.****Connectivity support may be completed remotely or on-site at the discretion of TBS. Support covers initial installation only.****CUSTOMER ACCEPTANCE**

You hereby acknowledge and agree that your electronic signature above shall constitute an enforceable and original signature for all purposes.

**By signing this agreement, the customer acknowledges that he/she has read and understood the statement of work and terms and conditions of this agreement.**

Print Name:	Signature: <u>X</u>	Title:	Date:
-------------	---------------------	--------	-------

**DECLINATION**☒ Customer certifies that they have read the statement of work and that they have decided to decline all assistance from TBS regarding the installation of their copier/printer. TBS is under no obligation and has no liability concerning any aspect of the installation process.

Print Name:	Signature: <u>X</u>	Title:	Date:
-------------	---------------------	--------	-------

**TBS ACCEPTANCE**

Print Name:	Signature: <u>X</u>	Title:	Date:
-------------	---------------------	--------	-------

## STATEMENT OF WORK

This Statement of Work for Connectivity & Security Options outlines the services and deliverables for the planned implementation. This Statement of Work is intended to detail the obligations of Toshiba Business Solutions (TBS) and the Customer.

### CONNECTIVITY OPTIONS - WORK TO BE PERFORMED

**Option B:** Covers the selected work only. Additional Professional Services fees apply for any additional work at the current TBS Professional Services rates.

**Base Device Configuration Includes:**

1. Verify proper network settings, i.e., print queue configuration, TCP/IP address, etc.
2. Connect base unit to customer's network via customer supplied/installed cabling.
3. Perform color calibration on base unit and RIP device.

**Print Driver Installation Includes:**

1. Install print drivers onto designated workstations (up to three – Option A or as specified in Option B.)
2. Confirm print capabilities via standard print driver test page.

**Administrator Training Includes:**

1. Training on base unit, print driver and RIP software.
2. Orientation of the administrator to the print controller on the network.

While Toshiba print drivers are compatible with most common office applications, TBS does not provide training on specific printing applications.

### STATEMENT OF WORK ASSUMPTIONS

The following are the assumptions on which this Statement of Work is based. If any of these assumptions either change or are incorrect, changes to the Statement of Work may be required, which may result in changes to the Connectivity Services fee. Please review this section to make sure these assumptions are correct.

1. Client is responsible for ensuring that all applications and data are successfully backed up prior to TBS beginning work. TBS is not responsible for any lost information.
2. Building environmental conditions are within equipment specifications for airflow, temperature, humidity, and electrical quality.
3. Cabling and WAN Data Communication Lines are properly installed and tested. TBS is not responsible for any improper cabling or issues involving telecommunications lines. All troubleshooting and corrective action will be billed outside of this SOW on a time and materials basis.
4. TBS is not responsible for any conflicts with existing hardware that is no longer supported by the manufacturer.
5. TBS is only responsible for integration tasks outlined in this Statement of Work. Any work outside of this SOW will be handled through a Change Order Request Process, which may require additional billable time and materials. Customer will be informed before any out of scope work is performed.
6. Customer will provide systems personnel for the project familiar with all aspects of Customer's enterprise configuration – security, remote access, domain structure, WAN/LAN connectivity, applications used for this particular project – to work in conjunction with TBS on this implementation. Additionally, a desktop technician may be required to perform client-side duties.
7. All software being utilized is registered and authentic.
8. Equipment is connected to a dedicated power source per product specifications furnished by TBS.
9. All network addresses, print queue names and printer names, etc. are available upon request.

### TERMS AND CONDITIONS

The following Terms and Conditions are an amendment to the TBS Maintenance contract. In the event that the Customer has declined a Maintenance contract, the following Terms and Conditions do not apply to this agreement.

Toshiba products and software are warranted to be compatible with hardware and operating systems listed on product specification sheet at time of installation. TBS does not guarantee compatibility with future operating systems or hardware.

**Inclusions – Hardware:** Service calls, replacement parts for connected devices that allow the equipment to interface with PC's and networks, e.g. printer interface cards, NIC cards, print controllers, print/scan enablers or any other items that enhance the functionality of these products.

Diagnosis of device failures will be limited to confirmation of print capabilities with a laptop computer connected via a crossover cable using a standard print driver test page.

**Inclusions – Software:** Service calls required as a result of the failure of Toshiba software. Upgrades to Toshiba software are included.

**Service Availability:** Service calls performed during normal business hours, Monday through Friday, 8:00am to 5:00pm, excluding company holidays.

**Exclusions:**

1. Electrical work external to the equipment.
  2. Charges to install or improve telephone lines.
  3. Charges to improve electrical service and/or network lines.
  4. Network wiring to improve or connect the hardware to a computer or network.
  5. Service necessitated as a result of malfunction of equipment when unauthorized parts, attachments, or conflicting software is used with the equipment.
  6. Service necessitated as a result of alterations, malfunctioning computer or network hardware and/or operating systems.
- In such event, TBS reserves the right to terminate the maintenance contract if it is determined that such changes, alterations or malfunctions make it impractical to continue to service the equipment.
7. Reinstallation of drivers and/or installation of connected devices due to changes in computer and/or network operating systems, system configuration, addition/upgrades to application software or malfunction of devices.
  8. Reinstallation/service required due to the relocation of equipment.

Excluded services will be invoiced to the Customer at TBS's normal hourly labor rate then in effect for Digital Systems Integration Services.

# TOSHIBA

## REMOVAL REPORT

# RR-3.0.0

SALES PACKET NUMBER

DATE

Sales Representative: Bryan JenningsCustomer Name: Boone County Board of Education

This document must be completed and signed by both the customer and a Toshiba Business Solutions (TBS) representative prior to any removal and disposition of equipment from the customer's premises.

### EQUIPMENT DETAILS

Physical Location:

Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY		Phone #: 859-384-7200	Ext.	Fax #:
Address 2:		Contact: Krista Duvall		
City: FLORENCE	State: KY	Zip: 41042-8801	email: krista.duvall@boone.kyschools.us	
Leasing Company: Toshiba Financial Services	Lease #: 500-0622477-000	Make/Model: Toshiba e-STUDIO6516ACT	EOL Option: Declined	
Removal Type: Upgrade	Disposition: Return to Lease Company	Serial #: SC1HK24938	EOL Charge: \$0.00	
Buyout Type: Upgrade to Return	Paid By:	Replaced By: Toshiba e-STUDIO6527ACTG		

Physical Location: ROOM 217

Address: 9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY		Phone #: 859-384-7200	Ext.	Fax #:
Address 2:		Contact: Krista Duvall		
City: FLORENCE	State: KY	Zip: 41042-8801	email: krista.duvall@boone.kyschools.us	
Leasing Company: Toshiba Financial Services	Lease #: 500-0622477-000	Make/Model: Toshiba e-STUDIO8518A	EOL Option: Declined	
Removal Type: Upgrade	Disposition: Return to Lease Company	Serial #: SC2CK24484	EOL Charge: \$0.00	
Buyout Type: Upgrade to Return	Paid By:	Replaced By: Toshiba e-STUDIO9029AG		

Physical Location:

Address:		Phone #:	Ext.	Fax #:
Address 2:		Contact:		
City:	State:	Zip:	email:	
Leasing Company:	Lease #:	Make/Model:	EOL Option:	
Removal Type:	Disposition:	Serial #:	EOL Charge:	
Buyout Type:	Paid By:	Replaced By:		

Physical Location:

Address:		Phone #:	Ext.	Fax #:
Address 2:		Contact:		
City:	State:	Zip:	email:	
Leasing Company:	Lease #:	Make/Model:	EOL Option:	
Removal Type:	Disposition:	Serial #:	EOL Charge:	
Buyout Type:	Paid By:	Replaced By:		

Special  
Instructions:☐ SEE ATTACHED REMOVAL REPORT SCHEDULE FOR ADDITIONAL REMOVED DEVICES

Total End of Life Security Option Charges: \$0.00

### DECLINATION

☒ Customer certifies that they have read the Security Options and that they have decided to decline all assistance from TBS regarding enhanced security on their copier/printer. TBS is under no obligation and has no liability concerning data security on said device. It is the Customer's sole and exclusive responsibility to assure that all data from all disk drives or magnetic media are erased prior to disposition of equipment.

Print Name:	Signature: X	Title:	Date:
-------------	--------------	--------	-------

### CUSTOMER ACCEPTANCE

You hereby acknowledge and agree that your electronic signature above shall constitute an enforceable and original signature for all purposes.

By signing this agreement, the customer acknowledges that he/she has read and understood the statement of work and terms and conditions of this agreement.

Print Name:	Signature: X	Title:	Date:
-------------	--------------	--------	-------

### TBS ACCEPTANCE

Print Name:	Signature: X	Title:	Date:
-------------	--------------	--------	-------

## TERMS AND CONDITIONS

### FOR ALL ITEMS WITH REMOVAL TYPE OF: CUSTOMER OWNED

The customer representative signed below attests that the above equipment is owned by the customer and is free and clear of any liens or encumbrances. Upon completion of the associated sale, the title and ownership of this equipment is transferred to TBS.

### FOR ALL ITEMS WITH A BUYOUT TYPE: PAID BY TBS TO CUSTOMER-AMOUNT TO BE PAID TO CUSTOMER \$0.00

The customer representative acknowledges that said equipment is leased and that the amount paid to customer and disposition, as indicated, of said equipment and its condition will fulfill its contractual obligations under the lease. If for any reason the amount paid to customer does not satisfy the contractual obligations, the customer assumes any remaining liability with the Leasing Company. It is the responsibility of the customer to provide return instructions. If said equipment cannot be returned until the end of the lease term, the customer must notify the Leasing Company in writing in accordance to the terms of the agreement prior to the end of the lease term. Failure to follow this disposition process could result in additional charges. Toshiba Business Solutions does not assume and will not be financially responsible for any lease renewal payments or additional fees or penalties incurred on the lease referenced above for any reason.

## EOL OPTION DEFINITIONS

**Basic Security:** Includes HDD data scrub to DOD standards (5220-22m), NVRAM and Fax Data Scrub, Reloading System Firmware.

**Advanced Security:** Includes removing and returning uncleansed HDD to customer, Installing new HDD, NVRAM and Fax Data Scrub, Reloading System Firmware.

**Remove and Return:** Includes removing and returning uncleansed HDD to customer. This option is only available on customer owned devices.

**Optimal Security:** Includes removal and destruction of HDD, Installing new HDD, NVRAM and Fax Data Scrub, Reloading System Firmware.

**No HDD – Privacy Protection:** Perform full static memory clear, erases all info like Address Book, Fax, Network info, e-filing, orphaned documents, scan templates, etc - Items not stored on hard drive.

**Declined:** Customer has declined any assistance from TBS regarding their data and is solely responsible for data security.

**No Hard Drive:** The device has no hard drive.

**Has Secure HDD:** Removed device has built in data overwrite and Customer does not require scrubbing or removal.

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.)

Boone County Board of Education

**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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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.

9001 WETHERINGTON BLVD ERPENBECK ELEMENTARY

**6** City, state, and ZIP code

FLORENCE, KY 41042-8801

**7** List account number(s) here (optional)

Requester's name and address (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.

**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.

Social security number

- -

or

Employer identification number

6 1 - 6 0 0 1 2 5 2

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

## 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](http://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

