

**NORTH EAST INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS
OFFICIALS FEE RECEIPT**

REQUEST FOR PAYMENT

TO BE COMPLETED BY OFFICIAL

SUBSTITUTION FORM TO BE USED IN PLACE OF W-9

PLEASE PRINT CLEARLY IN INK

LEGAL NAME (AS SHOWN ON SOC SEC CARD)	SOC SEC NUMBER - IF <u>NEW</u> OFFICIAL TO NEISD
ADDRESS	(LAST 4 DIGITS OF SOC SEC) RETURNING OFFICIAL TO NEISD
CITY ZIP	TELEPHONE NUMBER (REQUIRED)

Section 6109 of IRS regulations requires you to give your correct TIN to persons who must file information returns with the IRS to report income paid by you. You must provide your TIN whether or not you are required to file a tax return. If you fail to furnish your correct TIN to NEISD, you are subject to an IRS penalty of \$50 for each failure unless your failure is due to reasonable cause and not due to willful neglect. If you make a false statement with no reasonable basis that results in backup withholding, you are subject to a \$500 civil penalty and possible criminal penalties including imprisonment. If NEISD discloses or uses TIN's in violation of Federal Law, the DISTRICT may be subject to civil and criminal penalties. I certify that the above information provided is accurate. I understand that it is my responsibility to notify NEISD of any changes that may result in incorrect information in my account for 1099 reporting.

SIGNATURE OF OFFICIAL	JOB PERFORMED
-----------------------	---------------

TO BE COMPLETED BY COACH

DATE: GAME: _____ VS _____
 SITE: _____ VS _____
 NO. OF GAMES WORKED: _____
 TIME/S: _____

CIRCLE SPORT: FB VB G-BB G-SC G-SW BA SB WRESTLING
 B-BB B-SC B-SW

CIRCLE LEVEL: 7 8 9 JV VAR

SIGNATURE OF COACH

TO BE COMPLETED BY ATHLETIC DEPARTMENT & ACCOUNTING

ACCOUNT AMOUNT

SEE GAME DATE INVOICE

BUDGET MANAGER'S SIGNATURE APPROVAL DATE

COPY DISTRIBUTION: ORIGINAL - ACCOUNTING COPY - ATH OFFICE