

**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.)

Adair Consulting LLC

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.

1724 Bettys Ct.

6 City, state, and ZIP code

Lexington, Ky. 40505

7 List account number(s) here (optional)

Requester's name and address (optional)

Christian Adair

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

8 6 - 2 8 6 0 3 4 9

Part II Certification

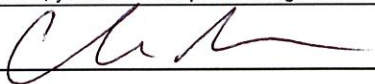
Under penalties of perjury, I certify that:

- 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

9-6-24

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

CONSULTANT AGREEMENT

I, Christian Adair, have been requested to serve as
CONSULTANT FIRM/TRAINER for the School Board of Broward County, Florida on
January 25, 2024, 7:00 AM -3:30 PM for 1 day(s) to perform the following services:
Date(s) Time(s)

PROJECT/PROGRAM TITLE: Title I Annual Parent Seminar

Description (required): Mr. Adair will provide an engaging and empowering keynote speaking session to parents of
diverse backgrounds that have children attending Title I Schools.

I understand that this agreement may be terminated with or without cause by SBBC; Consultant shall not provide services without a valid
District issued Purchase Order

Quote Number/Proposal ID		9/6/2024
	Signature of Consultant/Trainer	Date

TO BE FILLED OUT BY CONSULTANT:

My DAILY FEE is \$_____. My HONORARIUM total amount is \$ 5000. My estimated expenses \$_____

(*)Is Consultant or employee(s) of Consultant currently employed by SBBC? ☐ Yes ☒ No (Check appropriate box)

If Yes, provide complete name of employee and school or department where employee is employed. _____

Upon completion of these services, I will forward the necessary INVOICE and TRAVEL INVOICE and receipts (airline, hotel, airport parking, etc.) to
verify actual expenditures.

	86-286349	859-519-7431		adair.christian@gmail.com
Signature of Consultant/Trainer	Social Security Number/EIN	Telephone	Fax Number	Email Address
MAILING ADDRESS: 1724 Bettys Ct.		Lexington	KY	40505
Street	Suite #	City	State	Zip Code

REQUESTING ADMINISTRATOR/PRINCIPAL _____ Position/Title Director
Department/School/Center Title I, Migrant and Special Programs Telephone 754-321-1400 Date 9/6/2024

Request for CONSULTANT/TRAINER services is hereby approved in accordance with existing School Board policies. **Agreements valued at \$50,000 or higher in a one year period to the same supplier require School Board Approval.**

Signature of Executive Director, Operations	Date	
Signature of Chief/Cabinet Member	Date	
PWS Initials	Signature of Chief Operations & Facilities Officer	Date
Signature of Superintendent	Date	

(*) CONFLICTING EMPLOYMENT OR CONTRACTUAL RELATIONSHIP: In accordance with the State of Florida Statute 112.313 (7) (a), No public officer or employee of an agency shall have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of, or is doing business with, an agency of which he or she is an officer or employee, excluding those organizations and their officers who, when acting in their official capacity, enter into or negotiate a collective bargaining contract with the state or any municipality, county, or other political subdivision of the state; nor shall an officer or employee of an agency have or hold any employment or contractual relationship that will create or frequently recurring conflict between his or her private interests and the performance of his or her public duties or that would impede the full faithful discharge of his or her public duties.

EXPENSES WILL BE CHARGED AS FOLLOWS:

Check Request No.	Gross Amount	G/L Account (8) Class +Obj+0's	Bus. Area (4)	Cost Center (10) BA+T+L+0	Fund (4)	Internal Order (12)	WBS Element (16)	Grant (16)	Functional Area (16) Function +Activity+0's

Please retrieve the latest version of the W-9 form from the IRS website listed below:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

This form can be filled out online and printed for signature.

Also [Click Here](#) to complete the required registration in the new eProcure Online Supplier Portal