

NEW VENDOR REQUEST FORM

VENDOR NAME:

VENDOR ADDRESS:

REMITTANCE ADDRESS:

(if different from above)

CONTACT INFORMATION:

Name

Phone Number

Fax Number

Email address

Website

What type of items or service will this vendor be supplying?

(see vendor categories list)

ALL VENDORS SHALL COMPLETE AND SUBMIT A FORM W-9.

Individuals should also submit a copy of their Social Security Card and Driver's License.

Please verify that the W-9 is completed. The Social Security Number (SSN) or the Employer Identification Number (EIN) should be listed. Both of these numbers should not be listed. The number that the vendor uses to file a tax return should be listed.

The W-9 should be signed and dated.

SUBMITTED BY:

DEPARTMENT

<u>CODE</u>	<u>VENDOR CATEGORIES</u>
ACC	Accounting/Auditors
ANML	Animal/Accessories
ARCH	Architects
ATT	Attorneys
A-RS	Automotive-Repairs & Supplies
A-VP	Automotive-Vehicle Purchases
B	Board Meetings
CIV	Civic Organizations
COLL	Colleges
COMM	Communication Equipment & Service
COMP	Computers/Software
CC	Construction Contractors
CONS	Consultants
COPY	Copiers
D	Daycares
DENT	Dentists
DUES	Dues
E	Election Worker
EDU	Educational Material
ENG	Engineers
FIN	Financial Institutions
FIRE	Fire Departments
FOOD	Food Service
F	Foster Care
FUEL	Fuel
FURN	Furniture-Office
HEAV	Heavy Equipment Maintenance
H/M	Hotels/Motels
INS	Insurance
JAN	Janitorial
LAND	Landscaping/Ground Maintenance
MAIN	Maintenance Supplies
MEDF	Medical Facilities
MEDS	Medical Supplies
MEMB	Memberships
NUR	Nurses
OFF	Office Supplies
OTH	Other-please specify
PHY	Physicians
PUB	Publishing/Printing
R	Rent
REG	Registrations
SPOR	Sports Supplies
SUB	Subscriptions
SUR	Surveyors
T	Tax Refund
THER	Therapy
TR	Travel-Employee
U	Umpires/Referees
UNIF	Uniforms
UT	Utilities

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <input type="checkbox"/> Other (see instructions) ► _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
Employer identification number									
				-					

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 on page 3.

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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Alexander County Finance Office

Date: _____

Vendor Name and Address:

RE: E-Verify

You are receiving this email/letter as you have done, are currently doing or may do business with the Alexander County government. As a result of House Bill 786 which became law in North Carolina on September 4, 2013, Alexander County is requesting your company complete the attached agreement and return it to the Alexander County Finance Office for compliance purposes.

The new law prohibits local governments from contracting with contractors/companies who do not comply with E-Verify requirements and the law also applies to the contractor's/company's subcontractors.

Please understand your company is not obligated to complete and return the agreement; however failure to do so will prohibit Alexander County from doing business with your company. Further, failure to comply may render any existing contracts void and unenforceable, which may affect outstanding or future payments by Alexander County to your company.

Alexander County would like to thank you in advance for your time and consideration. Please email or call if you have any questions. Your completed agreement may be emailed to Amanda Wallace at awallace@alexandercountync.gov or mailed to Alexander County Finance Office at 621 Liledoun Road Box 1, Taylorsville, NC 28681.

Sincerely,

Amanda Wallace
Administrative Support Assistant

***621 Liledoun Road Box 1 Taylorsville, NC 28681
Phone (828) 632-4591 Fax (828) 632-1361***

ALEXANDER COUNTY
E-VERIFY VENDOR AGREEMENT

1. Vendor wishes to do business with Alexander County, a political subdivision of the State of North Carolina.
2. Vendor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law, and as defined in North Carolina General Statute § 64-25(5).
3. Vendor understands and acknowledges that North Carolina General Statute § 64-25(4) defines an “Employer” as any person, business entity, or other organization that transacts business in the State of North Carolina and that employs 25 or more employees in the State of North Carolina. Vendor further acknowledges that an Employer with 25 or more employees in North Carolina must use E-Verify to verify the work status of newly hired employees. Each Employer (as defined herein), after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with North Carolina General Statute § 64-26(a).
4. Check the type of Vendor below:

A) Vendor employs 25 or more employees in North Carolina: YES, vendor complies with E-Verify _____

OR

B) Vendor has less than 25 employees in North Carolina: NOT REQUIRED to use E-Verify _____
5. Vendor understands that its subcontractors, who meet the definition of Employer in item 3 above, must also comply with E-Verify, and if Vendor does business with Alexander County or is the winning bidder on a project, Vendor will ensure compliance with E-Verify by any and all subcontractors subsequently hired by Vendor.

Signature

Date

Print or Type Name

Title

Company Name