

**WHATCOM COUNTY  
ADMINISTRATIVE SERVICES DEPARTMENT  
VENDOR NUMBER REQUEST**

**SUPPLIER #** \_\_\_\_\_

**INDIVIDUAL'S NAME - AS IT APPEARS ON SOCIAL SECURITY CARD**

**SUPPLIER NAME** \_\_\_\_\_

**D/B/A NAME** \_\_\_\_\_

**REMITTANCE ADDRESS** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**ENTITY TYPE** \_\_\_\_\_  
(INDIVIDUAL, PARTNERSHIP, MEDICAL CORPORATION or CORPORATION)

**EMPLOYER ID#** \_\_\_\_\_ **or** **SOCIAL SECURITY#** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**SUPPLIER CONTACT** \_\_\_\_\_  
(Name) (Title)

**NON SUPPLIER CLASSIFICATIONS** \_\_\_\_\_JUROR\_\_\_\_\_WITNESS\_\_\_\_\_REIMBURSEMENT

*A vendor will be placed on hold until a W-9 form is received. We are required to keep these forms on file for the following;  
Individuals, Partnerships and Medical Corporations*



**DATE** \_\_\_\_\_

**REQUESTED BY** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PLEASE NOTE:** Administrative Services/Purchasing must receive a completed form W-9 prior to removing a vendor hold. This means that no claims can be entered until a completed form W-9 has been received. **ALL INFORMATION ON THIS FORM MUST BE COMPLETED BEFORE A NUMBER WILL BE ISSUED.**

**QUESTIONS ?** Please contact Chris Mohnkern at (360) 676-6733 extension 50191. Forms may be faxed to (360) 738-4553.

**TAXPAYER IDENTIFICATION NUMBER REQUEST****Form W-9** (Whatcom County substitute version)

Supplier's Complete Name \_\_\_\_\_

Remittance Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

**INSTRUCTIONS:** Complete Part I by filling in the row of boxes that corresponds to your tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return the **Whatcom Co Administrative Services, 311 Grand Ave., Suite 503, Bellingham WA 98225** by mail or fax to (360) 738-4553 as soon as possible.

**PART 1 TAX STATUS:** (Complete one row of boxes only)**Individual:**

Name	Social Security Number
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**Sole Proprietor:** (A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner)

Business Owner's Name	Business Owner's Social Security or Fed ID #	Business or Trade Name
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**Partnership:**

(A partnership may have a "doing business as" trade name, but the legal name is the list of names of the partners)

Name of Partnership	Employer Identification Number	Partnership's Legal Name (Name of first person)
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**Corporation, exempt charity or other entity:**

(A corporation may use an abbreviated name or its initials, but its legal name is on the articles of incorporation)

Name of Corporation or entity	Employer Identification Number
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**PART 2 -** If exempt from Form 1099 reporting check here  and circle your qualifying exemption reason below:

1. Corporation
2. Tax Exempt Charity \_\_\_\_\_ under (a), or IRA
3. The United States or any of its agencies or instrumentality's
4. A State, the District of Columbia, a possession of the United States or any of their political subdivisions
5. A foreign government or any of its political subdivisions

**PART 3 CERTIFICATION:***I certify under penalty of perjury that the Tax Identification Number I have provided is correct.*

Person Completing Form (print name) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. (9/26/96)**

**Authorized Whatcom County Employee Requesting This Information**

Name \_\_\_\_\_ Date \_\_\_\_\_