

Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer

175 S. Main St., Accounting Room 406, Akron, OH 44308 (330) 643-2616

VENDOR APPLICATION, IRS SUBSTITUTE W-9, OPERS NON MEMBER FORM

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments. Fill out all information that applies to you/your business. No payments will be issued until legible, fully completed forms are submitted.

Forms should be submitted via our vendor portal <https://summitcountyoh.muniselfservice.com/vss/default.aspx>

Please **PRINT** or **TYPE** all information legibly.

PART I: Vendor Information

A Full Legal Name: (As shown on IRS EIN records, IRS Notification CP575 or Social Security Admin records.) <i>No nicknames or acronyms.</i>	
Legal Business or Last Name: _____ First Name _____ Middle _____	
B Business Name, Disregarded Entity, Trade Name, DBA, if different from above: _____	
C Physical United States Address	Foreign Address
Street Address _____	Street Address _____ Suite, Apt, Unit _____
Suite, Apt, Unit _____	City _____ State/Province/Region _____
City _____ State & Zip +4 _____	Postal Code/ Country _____

PART II: Federal Tax Information

A Taxpayer Identification Number (please select ONE and enter number)			
<input type="checkbox"/> US Social Security Number (SSN)	<input type="checkbox"/> Federal Employer Identification Number (FEIN)		
B Federal Tax Classification/Entity Type: Place an X in the appropriate box. (Mark one only):			
<input type="checkbox"/> Individual (select type --->)	<input type="checkbox"/> Sole Proprietor/Single Member LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> LLC - Partnership	<input type="checkbox"/> LLC - C Corporation	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Trust/Estate
<input type="checkbox"/> LLC - S Corporation	<input type="checkbox"/> Church/Nonprofit Organization	<input type="checkbox"/> Educational Institution	
C Individual and Sole Proprietor (required by state law)			
<input type="checkbox"/> US Citizen	<input type="checkbox"/> Non resident Alien	<input type="checkbox"/> Resident Alien	Country (if not US) _____ Date of Birth _____

PART III: Business Information

A Payment Description Category: Place X in appropriate box for payment type below.			
<input type="checkbox"/> Attorney/Law Firm-Legal Services +	<input type="checkbox"/> Rental/Lease (Equip, Bldg, etc) +	<input type="checkbox"/> Payroll (Ded, Garn, or Heir) *	<input type="checkbox"/> Goods & Material *
<input type="checkbox"/> Attorney/Gross Proceeds/Lawsuit +	<input type="checkbox"/> Temporary Easement +	<input type="checkbox"/> Government or Education Inst	<input type="checkbox"/> Grant Recipient ^
<input type="checkbox"/> Health Care/Medical Provider +	<input type="checkbox"/> Permanent Easement +	<input checked="" type="checkbox"/> Service Provider * _____	
B PEDACKN Requirement: If Tax Information and Business Information have a star next to your type this section as well as the Non Member Form MUST be completed (Y/N)			
<input type="checkbox"/> Are you a retired from Summit County and receiving OPERS?	<input type="checkbox"/> Are you retired from another government agency and receiving retirement benefits?		
<i>If checked, an SR-6 is required with this documentation</i>	<i>If checked, an SR6 is required with this documentation</i>		

PART IV: Tax & Non Member Certification

A	Under Penalties of perjury, I certify the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which includes County of Summit. Section 2921.42 of the O.R.C prohibits public employees and their families from contracting with County of Summit in most instances. I also certify the company is not debarred in accordance with FAR Section 9.4 from receiving federally funded procurements and I certify the company has no "unresolved findings for recovery" under O.R.C 9.24. I certify that the number shown on this form is my correct taxpayer identification number, and I authorize the County of Summit Fiscal Office and the financial institution(s) named above to initiate entries to my checking/savings account(s). This authority is to remain in force and effect until the County of Summit Fiscal Office has received written notification from me of its termination in such time and in such manner as to afford the County of Summit and Depository a reasonable opportunity to act on it. All changes will be verified at the phone number of record. The County of Summit Fiscal Office has the right to revoke this authorization. Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a US citizen or other US person as defined in IRS Form W-9 instructions strike through and provide explanation if not applicable.
B	<input type="checkbox"/> I acknowledge I am not a Summit County employee, and I understand any Government pensions I am receiving may be affected. Date _____ Phone _____ Handwritten Signature of the owner of the SSN or the Authorized Business Representative for the listed TIN above. _____ Title _____ Email _____ Fax _____ Print Name _____

PART V: Payment Information

A	The County of Summit offers 3 payment options. Select 1 payment type.	
<input type="checkbox"/> Direct Deposit (Preferred)	<input type="checkbox"/> Checks	<input type="checkbox"/> Keybank MasterCard Account
must complete Direct Deposit Form and include proper documentation		must include valid driver's license or state ID
B	Contact Information (this will be used for requested changes or questions on vendor application)	
Contact Name 1 _____	Email _____	Phone _____
Contact Name 2 _____	Email _____	Phone _____

PART VI: Summit County Department Information

A	Department Doing Business With		
Department Name _____	Contact _____	Email _____	Phone _____

Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer

175 S. Main St., Accounting Room 406, Akron, OH 44308 (330) 643-2616

VENDOR APPLICATION, IRS SUBSTITUTE W-9, OPERS NON MEMBER FORM

Instructions for Completing Vendor Application, IRS Substitute W-9, and OPERS Non Member Form

Purpose of this Form

You have received this form because Summit County has done business with you or will. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. According to federal tax law, we are required to obtain Taxpayer Identification Numbers (TIN) of all individuals and businesses to whom reportable payments are made. This form is used by Summit County as a substitute for the W-9 Form as allowed by the IRS. This form provides us with the information we require to enter an individual or a company in our computer system as a Vendor. Our form asks for additional information that is not on the IRS form. This information will assist us in determining if the payments we make to you are subject to IRS tax reporting requirements and or IRS Backup Withholding under IRS Code Section 3406. No payments will be processed until this form is received by the Summit County Fiscal Office and a Vendor file has been created.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. You must furnish a new W-9 or Substitute W-9 if any of the following occurs: a Name change, the TIN or type of entity changes, changes in Correspondence and remittance addresses, or expired based on Fiscal Office retention policy.

Penalties

Failure to furnish TIN - If you fail to furnish your correct TIN to a requester, you are subject to a penalty by the IRS for each such failure unless your failure is due to reasonable cause and not willful neglect. Civil penalty for false information with respect to withholding - If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty from the IRS. Criminal penalty for falsifying information - Willfully falsifying certifications or affirmations may subject you to criminal penalties by the IRS including fines and/or imprisonment. Misuse of TINs - If a requester discloses or uses TINs in Violation of federal law, the requestor may be subject to civil and criminal penalties.

PART I: Vendor Information

A Full Legal Name:

Print the "Full Legal Name" of the person or business entity to whom the payment is to be issued. You can find this information on your IRS EIN records, IRS Notification CP575 or Social Security Administration (SSA) records. You must provide your full name, not an acronym. For example, if your legal name is "Any Beverage Company" do not write in ABC. If your name on your Social Security Card is Elizabeth Miller, write that instead of a nickname, such as Beth or Liz. All checks will be made payable to the legal name, unless you have provided an alternate name in Part I, Item B.

B Business Name, Disregarded Entity, Trade Name, DBA

If you are an entity or individual doing business under a business or trade name, which is different from the Legal name in Item A, print that name here if you want the payments issued to the alternate name.

C Physical Address

Print the physical address in the United States of you or your company. This is also where notices and/or a Form 1099 will be mailed.

Foreign Address

Print the address outside the United States of you or your company if you reside outside the United States

PART II: Federal Tax Information

A Taxpayer Identification Number

If you are an individual, your TIN is your Social Security Number. If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers you to use your SSN. Corporations, partnerships and multi-member LLC should use their EIN. If you are a foreign entity, please use the appropriate Form W-8.

B Federal Tax Classification/Entity Type: Place an X in the appropriate box. (Mark one only):

In order to determine your 1099 status, we need to know your federal tax classification. All individuals and partnerships, whether performing a service or supplying goods, and some corporations will receive a 1099. A Form 1099-Misc must be issued by January 31 for payments made in the previous year.

B Individual and Sole Proprietor: Please an X in the appropriate box (Mark one only) and complete fill ins

State Law requires all Individuals, Sole Proprietors, and Single Member LLCs to provide their citizenship and date of birth

PART III: Business Information

A Payment Description Category

In order to set up a vendor profile correctly, we need to know why you're being paid. Your selection in this category will tell us if we must issue a 1099 to you and if an OPERS Independent Contractor Acknowledgement form (PEDACKN) is needed as denoted by the starred categories.

B PEDACKN Requirement

An individual, single member LLC, or sole proprietor must complete the Ohio Public Employees Retirement Services - Non Member Form (PEDACKN) when services are being provided to a County department or agency. For more information see <http://www.opers.org/forms/definitions/PEDACKN.shtml>. If you have chosen one of these Entity Types and a Payment Category with a STAR, you must fill out a PEDACKN. See O.R.C. § 145.038. If you also retired from a government agency you must also complete an SR-6.

PART IV: Tax & Non Member Certification

A Tax Certification

By signing this form you are giving permission for your given payment option, certifying the principals and/or directors, nor any family, works for a public employee, and all information is complete and correct to the best of your knowledge.

By signing the form, the owner of the Social Security Number or the authorized representative of the company establishes that the information on the form is complete and correct to the best of his/her knowledge.

B Non Member Acknowledgement

Acknowledge that you are not an employee of Summit County government and payment may interfere with your pension if you retired from any government entity.

PART V: Payment Information

A Payment Options

The county offers Direct Deposits, Checks, and Keybank Mastercards (reloadable card for individuals only)

B Contact Information

These are names associated with the business that we will call to verify future updates of information

PART VI: Summit County Department Information

A Department Doing Business With

Which Summit County Department is doing business with the vendor? Who is the contact person in that Department?

OPERS Non Member Acknowledgement

Purpose of this Form

You have received this form because Summit County has done business with you or will. If you are in individual, single member LLC, or sole proprietor Ohio Public Employee Retirement System requires this form to be completed and submitted to them. This form is an acknowledgement that you are not a government employee.

Penalties

By completing this form you are acknowledging that you are not a County of Summit Employee and you are not receiving pension benefits from a government entity. If you are receiving retirement benefits from a government entity your payment from Summit County may affect these benefits.

Step 1: Personal Information

First Name, MI, and Last Name

Enter your legal first name, legal middle initial, and legal last name

Date of Birth

Enter the Date of Birth of person completing.

Step 2: Public Employer Information

Name of Public Employer, Employer Contact, Employer Code, and Employer Contact Information

This section is precompleted by Summit County Fiscal Office.

Service Provided to Public Employer & Service Dates

This section is completed by Summit County department vendor is doing business with.

Step 3: Acknowledgement

Vendor Acknowledgement

Read OPERS Non Member information and sign and date acknowledgement to information.