FOR OFFICE USE ONLY

| VENDOR # | | VENDOR STATUS | | | | SUBSTITUTE IRS FORM W9 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | NEW | | CORRECTION | | W9 - On File | | W9 Sent | Date Sent |
| ALSO SEE # | Original # | NAME | Vendor record based on name of company that does not match W9 information or explain below | | | | | | |

# REQUEST FOR NEW VENDOR

The Internal Revenue Service requires Klickitat County to send a yearly 1099 form to all vendors that have been paid at least $10 in royalties or $600 in rents, services (including parts & materials), medical & health care payments or gross proceeds paid to an attorney. All new vendors engaged in these types of services are required to fill out a W9 form prior to receiving payment or become subject to backup withholding at the rate of 31%. Corporations are exempt **except** for medical and legal services. Please complete this worksheet for all new vendors and provide a completed W9 form for all vendors engaged in rents, professional services/contracts, repairs & maintenance or legal services. This applies whether you are paying them $50 or $50,000. To check for current record please call Auditor's Office.

## <<<<<<<<<NOTE: INFORMATION PROVIDED MUST MATCH IRS RECORDS EXACTLY>>>>>>>>>

PLEASE TYPE OR PRINT:

**NAME** _____ _____

**Company/Corporation Business Name OR 'Doing Business As' (DBA) - Please indicate DBA** — Federal Identification No. (EIN)

_____ _____

**Name of Individual Vendor (or Sole Proprietor of DBA)** — Taxpayer Identification No.(TIN)

**Contract/Resolution Number** _____ Date Signed _____ **Business License Number** _____ Dept of Revenue Number _____

***CONTACT*** _____ _____ _____ _____

**Name of Sole Proprietor or Company/Corporate Director** — Phone Number — Fax Number — E-Mail Address

**ADDRESS** _____

_____

CITY _____ STATE / ZIP _____

**TYPE OF VENDOR** _____ **Status of Vendor** _____ _____

Permanent(P) or One Time(D) — Individual (I) or Company (C) — Is this a Corporation-Yes (Y) No (N)

**PAYMENT FOR:** Material or Goods ☐ Services Only ☐ Materials & Services ☐ Professional Services ☐ Rents or Leases ☐ Reimbursements / Mileage ☐

**PLEASE ATTACH SUPPORTING PAPERWORK (W9,BUSINESS LIC) OR GIVE NAME/PHONE NO. OF INFORMATION SOURCE UNDER NOTES**

Requested by _____ Dept: _____

Entered by _____ Date _____

Notes: From Requestor

_____

_____

_____

APPROVED
BY

Auditor's Office

Notes: Auditor's Office

_____

_____

_____

REJECTED BY: _____

Initials

*Share on 'Lucy'(J:)/Kc-forms/Shared Forms/Accounts Payable/New Vendor W9 Form*