

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

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

Applicant 1

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 can be received via mail to the above address, faxed to (330) 643-8284, or emailed through our secure email site at <https://summitoh.secureemailportal.com>.

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.) *No nicknames or acronyms.*
OR Individual Last Name: _____ First Name: _____ Middle Name: _____
 Legal Business Name: _____ Website _____

B Business Name, Disregarded Entity, Trade Name, DBA, if different from above: _____

C Physical Address
Street Address _____ Suite, Apt, Unit _____
City _____ State _____ Zip +4 _____

Foreign Address
Street Address _____ Suite, Apt, Unit _____ PO Box _____
City _____ State/Province/Region _____ Postal Code/ Country _____

PART II: Federal Tax Information

A Taxpayer Identification Number (please select ONE and enter number)
 US Social Security Number (SSN) Federal Employer Identification Number (FEIN) _____

B Federal Tax Classification/Entity Type: Place an X in the appropriate box. (Mark one only):
☆ Individual (select type -->) Non resident Alien (enter Country) Resident Alien US Citizen
☆ Sole Proprietor/Single Member LLC
☆ State Requirements -----> Date of Birth (required by state law) _____ Country of Citizenship _____

 C Corporation S-Corporation Partnership Trust/Estate
 LLC - C Corporation LLC - S Corporation LLC - Partnership Government Entity
 Church/Nonprofit Organization Other _____

C Misc:
IRS Exempt Payee Code (if any) _____ If Business, NAICS # _____ FATCA Reporting Code _____ SAM Number _____

PART III: Business Information

A Payment Description Category: Place X in appropriate box for payment type below.
☆ Attorney/Law Firm-Legal Services Rental/Lease (Equip, Bldg, etc) Parent Subsidy Payroll (Ded, Garn, or Heir)
☆ Attorney/Gross Proceeds/Lawsuit Temporary Easement Government or Education Inst Grant Recipient
☆ Health Care/Medical Provider Permanent Easement Stipend - Enter Dept and Type: _____
☆ Service Provider _____ Other _____

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
 Are you a current Summit County government employee? Are you a former Summit County government employee?
 Are you a retired from Summit County and receiving OPERS? Are you retired from another government agency and receiving retirement benefits?
If checked, an SR-6 is required with this documentation *If checked, a Form A is required with this documentation*

C 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 IV: Tax & Non Member Certification

A I acknowledge I am not a Summit County employee, and I understand any Government pensions I am receiving may be affected.

B 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.

_____ Date _____ Phone _____
Handwritten Signature of the owner of the SSN or the Authorized Business Representative for the listed TIN above.
_____ Title _____ Email _____
Print Name _____ Fax _____

PART V: Payment Information

A The County of Summit offers 3 payment options. Select 1 payment type.
 Direct Deposit (Preferred) Keybank MasterCard Account Checks
must complete in Vendor Self Service Complete Section B Complete Section C

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B	Keybank MasterCard Account (Valid driver's license or state ID must be attached) Use anywhere MasterCard is accepted. Unlimited transactions, at no charge, at retailers and online. Use KeyBank Website to view balances and transaction history, change PIN, enroll in email or text alerts. Toll-free customer support number at KeyBank. Cashback with purchase at no charge. No charge at KeyBank or Allpoint ATMs. See list at Allpoint.com. Address to send MasterCard Street Address _____ Suite, Apt, Unit _____ PO Box _____ City _____ State _____ Zip +4 _____
C	Remit To Address Street Address _____ Suite, Apt, Unit _____ PO Box _____ City _____ State _____ Zip +4 _____ Remit To Address Street Address _____ Suite, Apt, Unit _____ PO Box _____ City _____ State _____ Zip +4 _____
PART VI: Business & Payment 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. Date _____ Phone _____ Handwritten Signature of the owner of the SSN or the Authorized Business Representative for the listed TIN above. _____ Fax _____ Title _____ Email _____ Print Name _____
PART VII: Summit County Department Information	
A	Department Doing Business With Department Name _____ Contact _____ Email _____ Phone _____
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 of you or your company. This is also where notices and/or a Form 1099 will be mailed.

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PART II: Federal Tax Information	
A	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	Misc: Exempt Payee Code - If you are exempt from IRS Backup Withholding, we need your payee code. If you are an S corp LLC this code is required. For further information on the Exempt Codes go to http://www.irs.gov/pub/irs-pdf/fw9.pdf . NAICS Number - This is your North American Industry Classification System Code for your business. FATCA Reporting Code - If you are exempt from the Foreign Account Tax Compliance Act, we need this code. For further information on the FATCA Codes, go to http://www.irs.gov/pub/irs-pdf/fw9.pdf . SAM Number - Unique Identifying number provided by the federal government. It is recommended that you register your company with the US System for Award Management: https://sam.gov/SAM/
C	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.
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.
PART IV: Tax & Non Member Certification	
A	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.
B	Tax Certification 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.
PART V: Payment Information	
A	Payment Options The county offers ACH, Direct Deposits, Keybank MasterCards, and Checks.
B	Electronic Funds Transfer or Direct Deposit This option will allow us to electronically put your payments in your account.
C	Keybank MasterCard Account (Valid driver's license or state ID must be attached) This option will provide you a MasterCard that we fund similarly to a direct deposit and can be used any where MasterCard is accepted.
D	Remit To Address This option will issue a paper check that will be mailed to the provided address
PART VI: Business & Payment Certification	
A	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.
PART VII: 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 Enter your legal first name.	
MI Enter your legal middle initial.	
Last Name Enter your 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.	