

## Vendor Application Form

Hillsborough County Sheriff's Office  
 2008 E. 8<sup>th</sup> Avenue, Tampa, Florida 33605  
*David Gee, Sheriff*  
[www.hcso.tampa.fl.us](http://www.hcso.tampa.fl.us)



Purchasing Section  
 P.O. Box 3371, Tampa, Florida 33601  
 Phone: 813-247-8034  
[purchasing@hcso.tampa.fl.us](mailto:purchasing@hcso.tampa.fl.us)

To establish your business as a supplier to the Hillsborough County Sheriff's Office,  
provide the following documentation along with this completed application:

- Completed and Signed IRS Form W9 or W8 for Foreign Based Company.**
- Business Tax Receipt from Hillsborough County or other municipality's business license.**
- Certificates of Liability & Workers' Compensation Insurance for on-site service providers.**
- If your company is an LLC or LLP filing as a Corporation, **provide IRS Form 8832 or IRS Form 2553** to prevent receipt of a 1099.
- Provide Federal, State or County certificates for Minority, Veteran, Women, or Small Business Ownership.

**Completed forms may be sent to [purchasing@hcso.tampa.fl.us](mailto:purchasing@hcso.tampa.fl.us) or faxed to 813-242-1826.**

Refer to the HCSO Purchasing page at [www.hcso.tampa.fl.us](http://www.hcso.tampa.fl.us) for additional information.

Business Name (as shown on your invoice): \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_ OR Social Security No. \_\_\_\_\_

Check All Applicable:    Corporate Entity    Non Corporate (1099)    Individual/Sole Proprietor (1099)

                  LLC/LLP (1099)    Minority Owned    Small Business Owner    Veteran Owned    Women Owned

Owner's Name as per IRS records, if reporting under SS# \_\_\_\_\_

Business Type (check one):    Commodity    Services    Visa Accepted: Yes    No

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Remit Address (checks are to be mailed to): \_\_\_\_\_

Procurement Code Selection (see PC List): # \_\_\_\_\_

Additional Information: \_\_\_\_\_

### SALES CONTACT

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### ACCOUNTING CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

To receive electronic payments please complete the "Direct Deposit Payment Authorization Form" available on the HCSO Purchasing page at [www.hcso.tampa.fl.us](http://www.hcso.tampa.fl.us).

OFFICE USE ONLY: Number Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Search Type:    V    Other \_\_\_\_\_    RMT # \_\_\_\_\_    ACH:    Y or N    A/P:    Y or N    A/R:    Y or N

Tax Status:    C    N    P    X    1099 Reporting:    A1    A3    A6    A7    AC    Other \_\_\_\_\_

HCSO Staff Requesting Vendor Set-Up: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code	
<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-				-					
<b>or</b>									
<b>Employer identification number</b>									
-									

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**David Gee, Sheriff**  
**Jose Docobo, Chief Deputy**

P.O. Box 3371 Phone  
(913) 247-8000  
www.hcso.tampa.fl.us

Hillsborough County  
Tampa, Florida 33601

**Direct Deposit Payment Authorization Form**

Please complete this form if you would like to receive payments through the Automatic Clearing House System (ACH) in lieu of a check. Upon deployment, payees will be notified via e-mail that a payment has been sent to their financial institution. **Please note that it may take up to two weeks from receipt of this form by the Hillsborough County Sheriff's Office for initial setup and pre-noting through the ACH System.**

**Payee Information:**

Payee Name (Entity Name or Name of Individual) \_\_\_\_\_ SSN or EIN \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Financial Institution Information:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Routing Transit Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

**Checking Account - Attach a blank voided check here**

**Savings Account - Attach a blank voided deposit slip here**

**Payee Certification:**

By signing this form, I authorize payments to be sent to the financial institution named above to be deposited to the designated account by the Hillsborough County Sheriff's Office for goods/services rendered, reimbursements, or other transactions and, if necessary, to initiate debit entries and adjustments for any credit entries (deposits) made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

\_\_\_\_\_  
Name and Title Signature Date

Please return completed form and any other appropriate information to the address above indicating **Attention: Financial Services Division - Paula Montalbano**

**FSD Use Only**

Vendor #: \_\_\_\_\_ RMT #: \_\_\_\_\_ Date: \_\_\_\_\_