

Vendor Application Form

Hillsborough County Sheriff's Office
2008 E. 8th Avenue, Tampa, Florida 33605
David Gee, Sheriff
www.hcso.tampa.fl.us



Purchasing Section
P.O. Box 3371, Tampa, Florida 33601
Phone: 813-247-8034
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.**
- 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.**

Completed forms may be sent to purchasing@hcso.tampa.fl.us or faxed to 813-242-1826.

Refer to the Purchasing page at www.hcso.tampa.fl.us for additional information.

Business Name (As shown on your invoice): _____

Federal Tax ID No. _____ OR Social Security No. _____

Check One: Corporate Entity Non Corporate (1099) Sole Proprietor (1099)
LLC LLP (include additional form if not 1099 eligible)

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

Business Type (check one): Commodity Services Procurement Code Slection (see PC List): # _____

Office Phone: _____ Fax: _____ Website: (If available) _____

Physical Address: _____

Mailing Address: _____

Remit Address (Checks are to be mailed to): _____

Visa Accepted: Yes No

Additional Information: _____

SALES CONTACT

Name: _____

Office Phone: _____

Cell Phone: _____

Email: _____

ACCOUNTING CONTACT

Name: _____

Phone: _____ Fax: _____

Email: _____

To receive electronic payments please complete
"Authorization for Electronic Payment" form available on
the website on the Purchasing page www.hcso.tampa.fl.us

OFFICE USE ONLY: Number Assigned: _____ Date: _____ Completed by: _____

Search Type: V Other _____ RMT # _____ ACH: Y or N

Assigned Codes: Tax Status C _____ N _____ P _____ X _____ Payables: Y or N Receivables: Y or N

Industry Classification: _____ 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.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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) ▶ _____	4 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>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

Social security number												
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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.

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.

Sign Here	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.

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 (813) 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 the completed form and any other appropriate information to the address above indicating **Attention: Office of the Comptroller – Paula Montalbano**