



# Vendor Information Form

***Please complete all of the following information, where applicable:***

Tax ID # (*FEIN or SSN*): \_\_\_\_\_

Organization Type:      ( ) Corporation                      ( ) Individual/Sole Proprietor                      ( ) Joint Venture  
   ( ) LLC                                      ( ) Partnership/Limited Partnership                      ( ) Non Profit\*

☐ New Vendor                      ☐ Vendor Change                      ☐ Tax Exempt

Name of Company/Firm (*as shown on Federal Taxreturn*): \_\_\_\_\_

Alternate name, if applicable (*doing business as*): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Contact person: \_\_\_\_\_ Business Ph#: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company / Firm's website address: \_\_\_\_\_

Payment address (*if different from address above*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Payment Terms: ☐ \_\_\_\_\_ % discount Net 15 days / Net 30 Days or ☐ Net 30 Days

Separate Checks: ( ) Yes or ( ) No      Accept Purchasing Card (i.e. VISA): ( ) Yes or ( ) No      Credit Card Fee: ( ) Yes or ( ) No

Business E-mail address (*for Accounts Payable*): \_\_\_\_\_

Purchasing E-mail address \_\_\_\_\_ Contact Name \_\_\_\_\_

Are you currently employed or have you ever been employed by HCDE? ( ) Yes or ( ) No

If yes, please specify employment dates: \_\_\_\_\_

Requestor/Vendor's Signature: \_\_\_\_\_ Date requested/sent: \_\_\_\_\_

*\*If providing onsite services a COI must be provided listing Hamilton County Department of Education as additional insured.\**

**For Accounting Use Only:**

Vendor #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

[www.hcde.org](http://www.hcde.org) | 423.498.7030 | Email: [doe\\_purchasing@hcde.org](mailto:doe_purchasing@hcde.org) | 3074 Hickory Valley Rd., Chattanooga, TN 37421



**HAMILTON COUNTY DEPARTMENT OF EDUCATION  
ACH (AUTOMATED CLEARING HOUSE) CREDITS**

COMPANY NAME \_\_\_\_\_

**Federal Identification Number or Social Security Number** (under which you are doing business with HCDE) \_\_\_\_\_

I (We) hereby authorize the HAMILTON COUNTY DEPARTMENT OF EDUCATION, hereafter called HCDE, to initiate credit entries to my (our) (*select type of account*) \_\_\_\_\_ CHECKING or \_\_\_\_\_ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in full force and effect until HCDE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford HCDE a reasonable opportunity to act on it.

.....  
Many banking institutions use different numbers for ACH. **Please call your bank for verification of ACH transit and accountnumber.**

Bank Official contacted:

\_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

DEPOSITORY/BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACH TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
NAME(S) \_\_\_\_\_

**(Please print names & email addresses of authorized account signatory)**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address contact \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address contact \_\_\_\_\_



## SUPPLIER PROFILE

\*Required fields, missing or incomplete will be returned for corrections.

<p>All Suppliers, Subcontractors and Carriers of Hamilton County Department of Education- As a county schools' contractor, we are monitoring a level of subcontractor awards to certified small business concerns, small disadvantaged business concerns and large firms, as well as the ethnicity of the owners of such business concerns. To assist with completion of this monitoring, we are requesting the following information from our service and product suppliers and carriers. Based on the Classification and Ethnic Description Choices listed below on Exhibit A attached hereto, please select the relevant categories. Please also have executed the corresponding Sworn Affidavit below.</p>			
<b>Company Name:</b>			
<b>Company Address:</b>			
<b>Phone Number:</b>		<b>Number of Employees:</b>	
<b>Federal ID(EIN) Social Security #</b>			
<b>Legal Structure</b>			
<b>Corporate:</b>	<b>LLC:</b>	<b>Partnership:</b>	<b>Sole Proprietor:</b>
<b>Manufacturer:</b>	<b>Service Org:</b>	<b>Distributor:</b>	<b>Broker:</b>
<b>Retailer:</b>			
<b>Please identify and provide a brief description of the primary products/or services which your company offers:</b>			
<b>Principal Minority Owners:</b>			
<b>Principal Minority Title(s):</b>			
<b>Principal Minority % of Ownership:</b>			
<b>*Total percentage of Minority Owner(s) must equal or exceed 51%</b>			
<p><b>Sworn Affidavit: The undersigned swears that the statements contained herein are true and correct and affirms that the classifications selected below constitute majority control of 51% or more of the daily business operations of the applicant company identified above. Further, the undersigned hereby swears, under penalty of law, that the applicant company believes It is qualified for certification as a: <i>(Fill in appropriate classification(s))</i></b></p>			
<b>Completed by (Print)</b>		<b>Signature:</b>	
<b>Witnessed by (Print)</b>		<b>Signature:</b>	
<p><b>A copy of the company's current certification, issued within the last 12 months, by either an NMSOC affiliate or under (a) Business Development/Small Disadvantaged Business of the Small Business Administration must be returned with this profile.</b></p>			



## Exhibit A

<p><b>Business Classifications: Check all which apply and attach certification where available.</b></p>
<p><b>005 (C018)</b> - Women Owned Business Enterprise (see 49 C.F.R. part 26) - A business that is at least 51 % owned and controlled by individuals who are female in gender.</p>
<p><b>006</b> - Disabled Business Enterprise - A business that is at least 51 % owned and controlled by a handicapped or service disabled individual</p>
<p><b>007 (C-023)</b> - Disabled Veteran Business Enterprise - A business that is at least 51% owned and controlled by one or more disabled veterans of the US Armed Forces, as defined at 38 U.S.C. Section 101(2) and <b>101(16)</b>.</p>
<p><b>008</b> - Disadvantaged Business Enterprise - A business owned and controlled by a socially and economically disadvantaged individual, as defined in 49 C.F.R. Parts 23 and 26. Each individual whose ownership and control are relied on for certification as a Disadvantaged Business Enterprise must have a net worth of less than \$750,000 excluding the value of the business and the equity in his or her primary residence.</p>
<p><b>009 (C-020)</b> - Historically Underutilized Business Zone - US HUB Zone Empowerment Program provides federal contracting opportunities for qualified small businesses located in distressed areas.</p>
<p><b>010 (C-021)</b> - Small Business Administration 8(a) Program - A business owned and controlled by a socially and economically disadvantaged individual. Under the Small Business Act, African Americans, Hispanic Americans, and Asian Americans are presumed socially disadvantaged. These individuals must have a net worth of less than \$250,000 excluding the value of the business and primary residence to be considered economically disadvantaged.</p>
<p><b>011</b> Small Disadvantaged Business Enterprise (see 13 C.F.R. Part 124) - A small disadvantaged business at least 51% owned or controlled by a socially disadvantaged individual. All individuals must have a net worth of less than \$750,000 excluding the value of the business and primary residence.</p>
<p><b>012</b> - Small Business Enterprise (see 13 C.F.R. Part 121) - A business defined as having less than 500 employees or less than \$3.5 million in annual revenues.</p>
<p><b>013 (C-022)</b> - Veteran Owned Business Enterprise - A business that is at least 51 % owned and controlled by US citizens who are veterans of the US Armed Forces as defined at 38 U.S.C. Section 101(2).</p>
<p><b>179 - Service Disabled Veteran Owned</b></p>
<p><b>Ethnicity Business Classifications: Minority Business</b> - A business that is at least 51% owned and controlled by people of Asian, African American, Hispanic and/or Native American descent. (see 49 C.F.R. Part 26) Check all that apply and attach certification where available</p>
<p><b>1 (C-015)</b> - African American - Having origins in any of the black racial groups of Africa.</p>
<p><b>2 (C-016)</b> - Hispanic - Having Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.</p>
<p><b>3 (C-017)</b> - Native American - Includes persons who are American Indian, Eskimo, Aleut or Native Hawaiian.</p>
<p><b>4 (C-014)</b> - Asian, Asian Indian, Asian Pacific- Having origins in Asia, the Indian subcontinent or the Pacific Islands including but not limited to persons with origins from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Hong Kong, India, Pakistan, Bangladesh or Sri Lanka.</p>

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only <b>one</b> 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) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## 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 for Part II, later.

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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.*