

MASON COUNTY VENDOR INFORMATION



After completing all sections of this form, please return to Financial Services:

Email: FinService@co.mason.wa.us

Fax: 360.427.7758

Mail: Auditor - Financial Services
PO Box 400
Shelton, WA 98584

In Person: 411 North 5th Street
Building 1 - Main Floor
Shelton

Prior to any payment made by Mason County a Vendor Information form must be completed. This form is used in place of IRS form W-9. All information will be verified with the IRS. For any questions regarding this form please contact 360.427.9670 x474 or the email address above.

PLEASE TYPE or PRINT INFORMATION CLEARLY. Inaccurate information will delay your payment.

Provide the name that you want on your check. This name **MUST** match the Individual's Social Security Number or the Business TIN/EIN (IRS Tax/Employer Identification Number). This is the name that appears on your IRS income/business tax return. **DO NOT LEAVE BLANK.**

NAME: _____

BUSINESS NAME: _____

Include if you have a business name or DBA name that is different from the name above.

PAYMENT ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

Enter your IRS issued Social Security Number **OR** your Tax Payer Identification Number below:

SOCIAL SECURITY NUMBER

TAX PAYER/EMPLOYER IDENTIFICATION #

- -

OR

-

Check the box for IRS tax classification of the person/business. **CHECK ONLY ONE BOX BELOW.**

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Non-Profit Corporation |
| <input type="checkbox"/> Corporation (type S or C) | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Governmental Entity | |
| <input type="checkbox"/> LLC, please select which type: _____ Corporation; _____ Partnership; _____ Sole Proprietor | | | |

For Washington businesses, provide your UBI number: _____

Are you now, or have you been, part of the Washington State retirement/pension system? _____

Under penalty of perjury, I certify the information shown above is the correct taxpayer identification number:

Signature: _____

Date: _____

Printed Name: _____

Title: _____

FOR COUNTY USE ONLY BELOW THIS LINE.

County Department requesting vendor to be created: _____

Contact Name: _____

Phone Extension: _____

THIS SECTION IS FOR AUDITOR'S FINANCIAL SERVICES USE ONLY **Munis Vendor #:** _____

Entered in Munis: _____

On: _____

IRS verify & scan:

Notified Dept: _____