

**PORTAGE COUNTY  
VENDOR, CONTRACTOR, SERVICE PROVIDER  
INFORMATION SHEET**

**PURCHASE ORDER MAILING ADDRESS:**

Vendor, Renter, Contractor or Service Provider's.....

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

DBA: \_\_\_\_\_

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

Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PAYMENT REMIT TO ADDRESS:**

Vendor, Renter, Contractor or Service Provider's.....

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

DBA: \_\_\_\_\_

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

Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_ or Social Security No.: \_\_\_\_\_

(check one) \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership

What is the correct listing of your name used for filing with the IRS: \_\_\_\_\_

1099 Information: (check one) \_\_\_\_\_ Medical/Health Care Payment \_\_\_\_\_ Non-Employee Compensation

\_\_\_\_\_ Prizes and awards \_\_\_\_\_ Rents \_\_\_\_\_ Royalties

For 1099 Recipients: The Internal Revenue Service (IRS) requires that the tax payer name and identification number (TIN) match their files. Further, if the name and TIN do not match, the law requires us to withhold thirty-one percent (31%) of payment to you. This is called backup withholding.

**WHAT TYPE OF SERVICE DO YOU PROVIDE? (PLEASE CHECK ALL THAT APPLY)**

\_\_\_\_\_ Child Care \_\_\_\_\_ Consulting \_\_\_\_\_ Contracting \_\_\_\_\_ Employee \_\_\_\_\_ Factory Rep.

\_\_\_\_\_ Legal Service \_\_\_\_\_ Manufacturing \_\_\_\_\_ Renting \_\_\_\_\_ Retailer

\_\_\_\_\_ Other, please describe: \_\_\_\_\_

**SIGNATURE OF PERSON AUTHORIZED TO COMPLETE THIS FORM:** \_\_\_\_\_

**TYPED OR PRINTED SIGNATURE OF ABOVE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**County Department Requesting this form:** \_\_\_\_\_

**Person in County Department to contact:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**SEND THE COMPLETED FORM BY:**

**MAIL TO:** Portage County Internal Services Dept., 449 S. MERIDIAN ST., RAVENNA OH 44266

**BY E-MAIL TO:** [ISUsers@portageco.com](mailto:ISUsers@portageco.com)

**BY FAX TO:** 330-297-3522

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