

**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:** _____

Name of County personnel requesting this form: _____

Contact telephone no: _____ **Contact fax no:** _____

MAIL COMPLETED FORM TO:

Portage County Internal Services Dept., 449 SO. MERIDIAN ST., RAVENNA OH 44266 or you may fax
this form to the Internal Services Department at (330) 297-3610.