HC 573 (06/2015)

Hennepin County General Accounting A-12 Government Center MC 128 300 South 6th Street Minneapolis, MN 55487-0128

Email: OBF.Internet@hennepin.us

SUBSTITUTE FORM W-9

and Vendor Information Form

IMPORTANT TAX INFORMATION - PLEASE READ THIS NOTICE CAREFULLY

This form was developed to comply with Internal Revenue Service (IRS) regulations and Minnesota statute and to assist Hennepin County in paying providers and vendors for their goods and services. You, as a payee, are required by law to provide us, as payer, your correct Taxpayer Identification Number (TIN). This information will only be shared with the IRS. The Minnesota Government Data Practices Act classifies the Social Security Number as private. Unless otherwise provided by law, the home address is also private. Direct questions to 612-348-2976.

Failure to respond to this request can result in IRS-mandated withholding on future payments as well as other penalties.

If you are an existing Hennepin County v	endor and wish to update your i	nformation, check this box: Update information only	
Contract Number (if available)			
Taxpayer Identification Number (TIN): Enter your social security number (SSN) if an individual or federal employer identification number (EIN) if a business.	SSN / EIN:		
	Name:		
	Business Name, if different from above:		
Provider Name and			
Remittance Address: NOTE: Name must match your social security card if you are an individual or sole proprietor. All other businesses must use the name that was used when your employer identification number was applied for.	Remit Address:		
	City, State & ZIP:		
	Remit Phone #:		
	Company Website/URL:		
Provider Order Address Information	Order Address:		
	City, State & ZIP:		
	Order Contact Name:		
	Order Phone #:		
	Order Email Address:		
Purchase Order Preferences	By which method do you prefer to receive purchase orders? □ Email □ US Mail		
Business Structure	Number of	NAICS Code	
	Employees	(see <u>www.naics.com/search</u>)	
Certification: Under penalties of perjury, I ce	ertify that:		
The number shown on this form is my co	rrect taxpayer identification number	r, and the name shown is the correct corresponding name.	
2) I am subject to 1099 reporting unless on	e of the following is checked:		
Government Entity.			
Tax Exempt Organization.			
Corporation that does not provide n Other (please specify):	nedical services or billing/collection	for medical services.	
	dent alien)		
, , , , ,	,	up withholding, or (b) I have not been notified by the Internal	
,	ckup withholding as a result of a fa	illure to report all interest or dividends, or (c) the IRS has notified	

Certification Instructions: You must cross out item 4 above if you have been notified by the IRS that you are currently subject to backup

Title

Printed:

Phone:

Date:

withholding because of underreporting of interest or dividends on your tax return.

Name Printed:

Signature:

Print and Sign

Here:

HENNEPIN COUNTY CONTRACTOR AFFIRMATIVE ACTION (AA) CLASSIFICATION

The information requested below is used internally by Hennepin County to monitor and report on participation in county contracting. Your cooperation in completing this form is greatly appreciated.

Vendors who do not complete this information may be contacted by Hennepin County to provide the information requested. If you have questions completing this side of the form, please call: (612) 348-3181.

1)	Check One:
	☐ Publicly held company¹
	☐ Non-profit entity
	☐ Government entity
	Other } If you chose "Other" please answer all remaining questions
2)	Check One:
	☐ Small Business Certified by CERT Program²
	□ NOT a CERT² Certified Small Business
3)	Check One gender of majority owner:
	☐ Male
	☐ Female
4)	Check One ethnicity of majority owner ³ :
	☐ Black/African American
	☐ Hispanic
	☐ Asian or Pacific Islander
	☐ American Indian or Alaskan Native
	☐ White/Caucasian

² Small Business Enterprise Certification:

While certification is not necessary to do business with Hennepin County, only CERT certified businesses can be counted toward the goal for Small Business Enterprise (SBE) participation in county contracting. Certification also boosts market exposure and qualifies businesses to access SBE program services. For further information about certification, please call 651-266-8900 or visit the Central Certification Program's website at: http://cert.smwbe.com.

³ Ethnicity and Gender Definitions:

Black/African American: All persons having origins in any of the Black racial groups of Africa.

<u>Hispanic</u>: All persons of Mexican, Puerto Rican, Cuban, Central or South American descent or other Spanish culture of origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands, including, for example, China, Japan, Korea, Hawaii, Guam, the Philippine Islands and Samoa.

<u>American Indian or Alaskan Native</u>: All persons having origins in any of the original peoples of North America, and who maintain tribal affiliation or community attachment.

White/Caucasian: All persons with origins in any of the original peoples of Europe, North Africa or the Middle East.

¹ A Publicly Held Company is a company whose stock is traded on the open market.