

Scott County Government Center Finance Department – Accounts Payable 200 Fourth Ave W Shakopee, MN 55379-1220

Welcome New Vendors. We are pleased to be doing business with you. To get started, we have a few forms that need to be completed:

- W9 Form We require this form to be completed and signed before payments are released to you. We require this form even if we don't issue you a 1099.
- Direct Deposit Form Please complete this form to be paid electronically. It's a safer and faster way for you to receive payments from us and is our preferred method of payment.
- ST3 Form Scott County is sales tax exempt from most products and services. We are providing to you our tax exemption certificate.

If you have any questions, please contact	
or the Accounts Payable office at 952-496-8189 or email to	acpayable@co.scott.mn.us

Scott County Direct Deposit (ACH) Vendor & Client Application Form

Company or Individual Legal Name	
Tax I.D. # (TIN/EIN) or Social Secur	rity #
Address	
City	State ZIP code
Contact Person	Phone #
Email Address (Required for	ACH notification & Remittance Advice)
Sank Information: Please star	ple a copy of a voided check to this form
rank intermetion i todos ota,	pio a copy of a volucia chicon to time form
me of Bank	
Routing Transit (ABA) Number: (9	Characters)
Routing Transit (ABA) Number. (3	Characters)
	Pay to the order of:
	DOLLARS
	Acco
	1 <u>000067694</u> % <u>223.5678</u> % 0:01
	Routing/Transit Account Number Number
ease check one: Checking Acco	ount ———— Savings Account ————
_	
count Holder's Signature	Date
sition (if applicable)	
Deture Ter	
Return To:	F 050 400 0000
Email: acpayable@co.scott.mn.us	Fax: 952-496-8832
Mail to:	
พลก เอ: Scott County, Accounting Dept. #2	223 Questions? Call Rachel at 952-496-8189
Attn: Direct Deposit	or Sharon at 952-496-817
200 Fourth Ave W.	01 Onaton at 302-430-017
Shakopee, Minnesota 55379-1220	
•	
ccounting Use Only: Vendor Number:	Changed to ACH



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	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		
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
e. ins on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)
t d	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)		
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)	
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
Spe		Requester's name a	nd address (optional)
See			
•	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	id Social sec	urity number
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 <i>How to get a</i>] - [] - []
TIN, la	ater.	or	
Treter in the decedant le in more than one harne, eee the methodische let into 17 ties eee vindt name and		nd Employer	identification number
Number To Give the Requester for guidelines on whose number to enter.			-
Par	t II Certification		
Unde	r penalties of perjury, I certify that:		
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and	have not been no	otified by the Internal Revenue
3. I ar	m a U.S. citizen or other U.S. person (defined below); and		
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting	is correct	

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,

Sign Here	Signature of	Date ▶
		e not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
acquisition	n or abandonment of secure	property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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.

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 taxpaver 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,

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

Check if this certifica	te is for a single purchase an	id enter the rela	ted invoi	ce/purchase order #	
	or and have a purchasing age ific job. Enter the exempt ent			empt organization, check the oject:	box to make multiple
Exempt entity name			Project	description	
Name of purchaser					
Scott County Govern	nment Center				
Business address		City		State	Zip code
200 Fourth Ave W			akopee	MN	55379-1220
Purchaser's tax ID number			of issue		,
8027342 If no tax ID number,	FEIN		nnesota	e issued ID number	
enter one of the following:	41-6005892	state of issue	umber/Stat	e issued iD number number	
	are purchasing, leasing or renting	state of issue		namber	
jou					
Seller's address	MANUFACTURE STATE OF THE STATE	City		State	Zip code
03 Construction 04 Finance and ins 05 Information, pu 06 Manufacturing 07 Mining 08 Real estate 09 Rental and leas 10 Retail trade Reason for exemption.	ublishing and communication	i s	14 15 16 17	Professional services Education and health-care Nonprofit organization Government Not a business (explain)	
A Federal governme	nt (department)			Agricultural production	
	ent exemption (from list on back		Щ к	Industrial production/manuf	acturing
Local government				Direct pay authorization	
C Tribal government	(name)		Ш м	Multiple points of use (service	
D Foreign diplomat #	#			software delivered electronically	')
E Charitable organiz	ation #		⊢ N	Direct mail	•
	ization #			Other (enter number from back	page)
	ition #		L P	Percentage exemption	
H Resale				Advertising (enter percentage)	
I Capital Equipment	t			Utilities (enter percentage)	
				Electricity (enter percentage)	
to evade paying sales tax	k by using an exemption certi	ificate for items	or servic	e best of my knowledge and b es that will be used for purpo r which the certificate is used	ses other than those be
Signature of authorized purchas		ame here	uou011 101	Title	.) Date
	evo Scot			Controller	