



120 Maple Street
Wadsworth, Ohio 44281
PH 330-335-2746
FX 330-335-2718

Vendorinfo@wadsworthcity.org

To Whom It May Concern:

Thank you for your interest in doing business with the City of Wadsworth. In order to set up your account with the City, please complete the following enclosed paperwork:

- City of Wadsworth Vendor Information form (required)
- Federal Form W-9 (required)
- OPERS Non-Member Acknowledgment (if applicable)
- Ohio New Hire Reporting Form (if applicable)

The Federal Form W-9 is required by federal law to be on file with the City for any business or individual to whom the City makes payments. If the information requested is not provided and accurate, federal law obligates the City to withhold 28% from each reportable payment due you, and you may be subject to a \$50 penalty imposed under Section 6723 of the Internal Revenue Code.

The OPERS Non-Member Acknowledgement form is required by Ohio Revised Code to be completed by independent contractors, with less than five employees, performing services for the City and to acknowledge that contributions to OPERS will not be made on your behalf for these services.

The Ohio New Hire Reporting form is required to be completed by all independent contractors doing work in the State of Ohio. A contractor is an individual who provides services to an employer as an independent contractor for compensation that is reported as income other than wages and who is an individual, the sole shareholder of a corporation, or the sole member of a limited liability company.

Please make sure you receive a valid purchase order from the City Auditor before providing any services or products. This is the only way to ensure you are paid in a timely manner.

Completed forms can be return by:

- Mail: 120 Maple Street, Wadsworth, OH 44281
- Fax: 330-335-2718
- Email: vendorinfo@wadsworthcity.org.

If you have questions or need additional information, please contact Lee-Ann Dunkle at 330-335-2746.

Sincerely,
City of Wadsworth Finance Department



120 Maple Street
Wadsworth, Ohio 44281
PH 330-335-2746
FX 330-335-2718

NEW VENDOR APPLICATION

Vendorinfo@wadsworthcity.org

Business Name / Last Name:	First Name:			
Purchasing Address:				
City:	State:	Zip:		
Purchasing Email:				
Phone:	Fax:			
Contact Person (s):				
Remit Address (if different from above):				
City:	State:	Zip:		
Remit Email:				
Phone:	Fax:			
Contact Person (s):				
City contact and/or city department you are working with:				
If service provider, will any work be performed inside the city limits? YES NO N/A If yes, you must register your business for income tax purposes at www.ritaohio.com				
Type of Organization (Please circle one):				
Individual/sole proprietor or Single-member LLC	Corporation	Partnership	Limited Liability	Other
If you are a sole proprietor or business with a single owner, you must complete the OPERS Non-Member Acknowledgement form and the Ohio New Hire Reporting form.				

X _____
Signature of Authorized Individual

_____ Title of Authorized Individual

X _____
Printed Name of Authorized Individual

_____ Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	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	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 taxpayer 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, later.



NON-MEMBER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

Grid for personal name information

Date of Birth:

Month

Day

Year

Grid for date of birth

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

C I T Y O F W A D S W O R T H

Employer Contact

First Name

MI

Last Name

L E E - A N N D U N K L E

Employer Code

Employer Contact Phone Number

3 3 3 1 - 0 8

3 3 0 - 3 3 5 - 2 7 4 6

Service Provided to Public Employer

Grid for service provided to public employer

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

Grid for start date of service

Grid for end date of service

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for this service. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **A copy of this form must be sent to OPERS.**

Signature _____

Do not print or type name

Today's Date _____ / ____ / ____

Ohio Department of Job and Family Services
OHIO NEW HIRE REPORTING

Ohio Revised Code sections 3121.89 to 3121.8910 require all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Send completed forms to:
 Ohio New Hire Reporting Center
 P.O. Box 15309
 Columbus, OH 43215-0309
 Fax: (614) 221-7088 or Toll-Free Fax: (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C	1	2	3
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EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) *(Please use the same FEIN as the listed employee's quarterly wages will be reported under)*

3	4	6	0	0	2	9	6	1
---	---	---	---	---	---	---	---	---

Employer Name

C	I	T	Y		O	F		W	A	D	S	W	O	R	T	H
---	---	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---

Employer Address *(Please indicate the address where the Income Withholding Order should be sent)*

1	2	0		M	A	P	L	E		S	T					
---	---	---	--	---	---	---	---	---	--	---	---	--	--	--	--	--

Employer City

W	A	D	S	W	O	R	T	H
---	---	---	---	---	---	---	---	---

Employer State

O	H
---	---

Employer Zip Code

4	4	2	8	1
---	---	---	---	---

Employer Phone *(Optional)*

3	3	0	3	3	5	2	7	4	6
---	---	---	---	---	---	---	---	---	---

Extension

--	--	--	--

Employer Fax *(Optional)*

3	3	0	3	3	5	2	7	1	8
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Employer E-mail

V	E	N	D	O	R	I	N	F	O	@	W	A	D	S	W	O	R	T	H	C	I	T	Y	.	O	R	G
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN)

			-			-				
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(Check here if using FEIN for the Contractor)

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

ZIP Code

--	--	--	--	--	--

Date of Hire

--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--

Is this a Contractor? Yes No

Date payments will begin for Contractor

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Length of time the Contractor will be performing services

--	--

months

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING
 If you have questions call us at (614) 221-5330 or toll-free (888) 872-1490