

*County of Avery  
Finance Office*

*Starla McClellan*  
Deputy Finance Officer  
Accounts Payable  
828-733-7000

*Nancy Johnson, Finance Officer*  
828-733-8200  
(Fax 828-733-8209)  
PO Box 640, Newland, NC 28657

*Ashley Cole Ingwersen*  
Deputy Finance Officer  
Payroll  
828-733-7006

**VENDOR/SUPPLIER INFORMATION FORMS**

To: All Vendors/Suppliers:

In order to become or remain an active vendor/supplier with the County of Avery, the following Vendor/Supplier information Forms(s) and W-9 must be completed and returned to us. Current information is required in order for the County to continue to process the purchases of goods and services. Please take a moment to complete these forms. Your prompt attention to this matter is appreciated. **If we do not receive the forms back, you will not be a vendor/supplier for the County of Avery.**

For your information, please note the following:

1. The County of Avery pays North Carolina sales and use tax and is not tax-exempt. These taxes, when applicable, should be detailed and included on your invoice.
2. The County of Avery's payment terms are Net 30 Days from the date of receipt of invoice, unless any available discounts are indicated on the invoice.
3. **Original invoices must be mailed to County of Avery, Finance Department, PO Box 640, Newland, NC 28657. Do not send original invoices with deliveries or give to County employees.**
4. If you need assistance or if you have any questions concerning invoices and/or payments, please Contact Starla McClellan at 828-733-7000.

**Please return the following forms as soon as possible to:**

**County of Avery  
Finance Department  
PO Box 640  
Newland, NC 28657  
or  
Fax to 828-733-8209**

County of Avery  
Finance Office  
PO Box 640  
Newland, NC 28657  
PHONE -- 828-733-7000  
FAX -- 828-733-8209



For Accounting Use Only
V#
By:
Date:

**VENDORS -- PLEASE COMPLETE THIS FORM IN FULL ALONG  
WITH THE ATTACHED IRS FORM W-9**

VENDOR NAME \_\_\_\_\_

PAYMENT ADDRESS:

STREET \_\_\_\_\_

PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

TERMS \_\_\_\_\_

PLEASE LIST PRODUCTS/SERVICES YOU PROVIDE \_\_\_\_\_

\_\_\_\_\_

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE?  YES  NO

IF YOU ANSWERED YES, PLEASE CHECK THE APPROPRIATE BOX:

AFRICAN-AMERICAN

FEMALE

HISPANIC

ASIAN AMERICAN

AMERICAN INDIAN

DISABLED AS DEFINED IN  
GS 168-1 OR GS 168A-3

NON-PROFIT WORK CENTER FOR BLIND; SEVERLY DISABLED AS  
DEFINED IN GS143-48

SOCIALLY & ECONOMICALLY DISADVANTAGED AS DEFINED IN 15 USC 637

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Rev. 8/08 Department Submitting: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only <b>one</b> of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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**E-Verify Employer Compliance, Tax and Iran Divestment Act Statement**

As a Contractor/vendor of the County of Avery you shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Further, if Contractor/Vendor utilizes a subcontractor, Contractor/Vendor shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes.

Contractor/Vendor, hereafter Employer, understands that E-Verify is a federal program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law. Employer is defined as: Any person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State.

Therefore, all employers must be in compliance with the E-Verify requirements to enter into contracts with the County of Avery.

Below check the type of employer and complete the information.

- A) Employer with less than 25 employees, not required to use E-Verify: \_\_\_\_\_
- B) Employer with 25 or more employees required by Article 2 of Chapter 64 of the NC General Statutes to use E-Verify: Yes we comply: \_\_\_\_\_

Company Name	Signature and Title	Date
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**Payment of Avery County Taxes**

By signing below I verify that I or my company has paid all tax due to the County of Avery.

Company Name	Signature and Title	Date
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\*Business Certification form must be signed by Tax Office Signature also

## Iran Divestment Act Certification

As a Contractor/Vendor of the County of Avery and by signing below I certify that I/my company is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4, Iran Divestment Act Certification.

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Company Name

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Signature and Title

---

Date

Avery County  
Business Certification

Statement Date: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Other businesses owner is associated with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY TAX OFFICE\*\*\*\*\*

Taxes Paid Through: \_\_\_\_\_

Total Taxes Past Due: \_\_\_\_\_

Business Personal Property Listed Through: \_\_\_\_\_

I certify that the above business/company or associated business has listed personal property for the current tax year and that there are no delinquent taxes due as of this statement date.

Tax Office Signature: \_\_\_\_\_