



County of Hamilton

BRIGID KELLY
AUDITOR
County Administration Building
138 East Court Street
Cincinnati, Ohio 45202

VENDOR REGISTRATION FORM (Substitute Form W-9)

PLEASE SUBMIT THIS FORM TO THE AGENCY WITH WHICH YOU DO BUSINESS

VENDOR INFORMATION - PLEASE PRINT

| | |
|--------------------------|--------------------------|
| Company Name: _____ | Individual's Name: _____ |
| Taxpayer ID: FEIN: _____ | SSN: _____ |

Mailing Address
(Street/P.O. Box, City, State & Zip): _____

Contact Name: _____ Phone# (____) _____ - _____
Fax# (____) _____ - _____

Remittance Address
(Street/P.O. Box, City, State & Zip): _____

Contact Name: _____ Phone# (____) _____ - _____
Fax# (____) _____ - _____

Type of Business: Agency Corporation Employee Federal Agency
 State Agency Local Government Partnership Proprietorship
 Self
 Other – Please Explain: _____
 Independent Contractor – OPERS Reportable Job Title: _____

Small Business? Yes No

I hereby certify that the information supplied herein is true and correct and I am a U.S. person (including a U.S. resident alien).

Signature of person filling out this form _____ Date _____

| FOR COUNTY USE ONLY | | |
|--|-------------------------|------------|
| This Vendor should be added to Hamilton County's list of authorized vendors. | | |
| Authorized Signature _____ | Department Number _____ | Date _____ |