



Jessica E. Miranda
HAMILTON COUNTY AUDITOR

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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