

**PORTAGE COUNTY
VENDOR, CONTRACTOR, SERVICE PROVIDER
INFORMATION SHEET**

PURCHASE ORDER MAILING ADDRESS:

Vendor, Renter, Contractor or Service Provider's.....

Name: _____

DBA: _____

Address: _____

Zip: _____

City: _____ State: _____

Contact Name: _____

Telephone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

PAYMENT REMIT TO ADDRESS:

Vendor, Renter, Contractor or Service Provider's.....

Name: _____

DBA: _____

Address: _____

Zip: _____

City: _____ State: _____

Contact Name: _____

Telephone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

Federal I.D. No.: _____ or Social Security No.: _____

(check one) _____ Corporation _____ Individual _____ Partnership

What is the correct listing of your name used for filing with the IRS: _____

1099 Information: (check one) _____ Medical/Health Care Payment _____ Non-Employee Compensation

_____ Prizes and awards _____ Rents _____ Royalties

For 1099 Recipients: The Internal Revenue Service (IRS) requires that the tax payer name and identification number (TIN) match their files. Further, if the name and TIN do not match, the law requires us to withhold thirty-one percent (31%) of payment to you. This is called backup withholding.

WHAT TYPE OF SERVICE DO YOU PROVIDE? (PLEASE CHECK ALL THAT APPLY)

_____ Child Care _____ Consulting _____ Contracting _____ Employee _____ Factory Rep.

_____ Legal Service _____ Manufacturing _____ Renting _____ Retailer

_____ Other, please describe: _____

SIGNATURE OF PERSON AUTHORIZED TO COMPLETE THIS FORM: _____

TYPED OR PRINTED SIGNATURE OF ABOVE: _____

DATE: _____ **TITLE:** _____

County Department Requesting this form: _____

Person in County Department to contact: _____ **Telephone Number:** _____

SEND THE COMPLETED FORM BY:

MAIL TO: Portage County Internal Services Dept., 449 S. MERIDIAN ST., RAVENNA OH 44266

BY E-MAIL TO: ISUsers@portageco.com

BY FAX TO: 330-297-3522

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