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:________

MAIL COMPLETED FORM TO:
Portage County Internal Services Dept., 449 SO. MERIDIAN ST., RAVENNA OH 44266 or you may fax
this form to the Internal Services Department at (330) 298-2056.