



RE: Form 1099 – Misc. (Internal Revenue Information Return)

Dear Vendor:

The Internal Revenue Service (IRS) requires that we file Form 1099–Misc. for each person (other than a corporation), who receives at least \$600 in rents, payments for services (including parts and materials), and other payments, or medical and health care payments.

IF YOU ARE NOT A CORPORATION – Complete the enclosed form W-9 with your name, address, social security number, or taxpayer identification number. (Sole proprietorships should put the owner’s name on the first line. If using your social security number, please be sure the name on the first line is the same as it appears on your social security card.)

IF YOU ARE A CORPORATION – Complete the enclosed form W-9 as well as the “Corporate Certification” with your name and corporate identification number. (This number is usually in the format XX-XXXXXXX)

If you do not provide us with the above information, we are required to withhold a 31% backup withholding from all payments subject to these reporting requirements and you may be subject to a \$50.00 penalty from the IRS.

Please return the enclosed W-9 and the Corporate Certification to:

Clark Regional Wastewater District
Attention: Accounts Payable
PO Box 8979
Vancouver, WA 98668-8979

Thank you for your time and consideration. If you have any questions regarding these requirements, please contact me at (360) 993-8804. Please fax the information to (360) 750-7570 or e-mail it to jarnold@crwwd.com.

Judy Arnold
Accounting Technician I



CORPORATE CERTIFICATION

I hereby certify that the entity listed below is a corporation and not subject to reporting of income on IRS form 1099-MISC.

Corporation Name

Address, City, State & Zip Code

Federal Tax ID Number

Date

Certified By

Job Title

Requested by:

Clark Regional Wastewater District
8000 NE 52nd Court
Vancouver, WA 98665



APPLICATION FOR VENDOR LIST

Company Name

Mailing Address/City/State/Zip

Shipping Address/City/State/Zip

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Telephone Number

Contact Name

Federal Tax Identification Number

Please mark the box below that corresponds to your type of business:

- | | |
|--|---|
| <input type="checkbox"/> -Sole Proprietorship | <input type="checkbox"/> - Partnership |
| <input type="checkbox"/> - Corporation | <input type="checkbox"/> - Not for Profit |
| <input type="checkbox"/> - Limited Liability Corporation (LLC) | |
| <input type="checkbox"/> - Government/Public Entity | |