DOUGLAS COUNTY BOARD OF COMMISSIONERS

PURCHASING DEPARTMENT

8700 Hospital Drive • Douglasville, GA 30134

Telephone (770) 920-7263 • Fax (770) 920-7219

TO: All Interested Parties

FROM: Douglas County Purchasing Department

DATE:

RE: Vendor Required Information/SAVE Program

Dear Gentlemen/Ladies:

Attached for your review and completion are the following required forms:

- Vendor Application
- W-9 Taxpayer Form
- Contractor and Subcontractor Work Authorization Affidavits
- Affidavit verifying status for County Public Benefit Application

All potential and current vendors shall complete and submit these forms to the Douglas County Purchasing Department with respect to conducting business with any department under the auspices of the Douglas County Board of Commissioners.

The Public Benefit Application and Affidavits are requirements for Douglas County, according to OCGA 50-36-1, where "all county governments are required to register and use the federal SAVE program for the purpose of verifying the legal status of non-U. S. citizen applicants who apply for public benefits through the county." In addition, OCGA 13-10-91 stipulates that "all qualifying contractors and subcontractors performing work within the State of Georgia on a contract with a public employer must register and participate in a federal work authorization program."

To register as a vendor with Douglas County, you must complete and submit these forms within 10 days, making sure that the necessary forms are **notarized**, as requested. Incomplete documents, including the required notarizations, will not be accepted. Your vendor application and information, for use by all Douglas County departments, will be pending until receipt of your completed application. Your cooperation is greatly appreciated.

Should you have any questions, comments, or concerns, please contact us at 770-920-7579, by mail to Douglas County Board of Commissioners, Purchasing Department, 8700 Hospital Drive, Douglasville, GA 30134, or by e-mail at dcpurchasing@co.douglas.ga.us.

Thank you for your interest in doing business with Douglas County, Georgia.

Purchasing Department Use Only:

Vendor Application

Douglas County Board of Commissioners
Purchasing Department
8700 Hospital Drive
Douglasville, Georgia 30134

☐ New Application ☐ Revised Application	☐ Company ☐ Individual	Name of Company/Individual	
Occupational Tax County of Registration	Federal Tax ID Number (Company) or Social Security Number (Individual)	Company Remittance Address (Douglas County will use to make payments for goods and services)	
Firm Organized As: ☐ Individual ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Joint Venture ☐ Sole Proprietorship	☐ Large Business ($1,000,000 in annual sales and up) ☐ Small Business(less than $1,000,000 in annual sales) ☐ DBE ☐ Woman Owned Business	City, State, and Zip Code	
Contact Person		Contact Person Phone No.	Contact Person Fax No.
Company Mailing Address (if different from remittance)		City, State, and Zip Code Email Address:	
Principal Line of Business (subject areas you wish to be considered as a vendor)			
Commodity Codes that relate to your business (please list all that applies). For Commodity Code listing see website: www.celebratedouglascounty.com			
References from three previous Clients	Company Name and Contact Person	Mailing Address City, State, & Zip Code	Contact Person Phone No.
1.			
2.			
3.			
Are you a Douglas County Employee? ☐ Yes ☐ No		Do you have relatives employed by Douglas County? ☐ Yes ☐ No If yes, how related?	
By signature below, vendors certify that they understand Douglas County, Georgia's policy, which requires county issued Purchase Order (numbers) for goods and services purchased on behalf of the County government.			
Signature of Applicant		Date of Application	

Rev. 2009

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
☐☐ - ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (Douglas County Board of Commissioners) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of Contractor

_____
Name of Project

_____
Name of Public Employer

If undersigned is not required to register for or participate in a qualifying federal work authorization program at this time, please fill in the blank spaces above with NOT APPLICABLE and sign and notarize below.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:

_____

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (name of contractor) on behalf of (Douglas County Board of Commissioners) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of Subcontractor

_____
Name of Project

_____
Name of Public Employer

If undersigned is not required to register for or participate in a qualifying federal work authorization program at this time, please fill in the blank spaces above with NOT APPLICABLE and sign and notarize below.

[SIGNATURE ON NEXT PAGE]

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____(city), _____(state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

_____
NOTARY PUBLIC

My Commission Expires:

_____

Affidavit Verifying Status
For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Douglas County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Douglas County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1)_____ I am a United States citizen

OR

2)_____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the Untied States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

_____ _____
Signature of Applicant Date

_____
Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20___.

* _____
Alien Registration number for non-citizens

Notary Public

_____
My commission expires:

***Note:** O.C.G.A. § 50-36-1(e)(2) requires aliens under the federal Immigration and Nationality Act, Title 8, U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," permanent legal residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

_____