

**COUNTY OF NEVADA
VENDOR DATA RECORD**

Vendor No. _____

(Required in lieu of IRS W-9 when doing business with the County of Nevada)

PLEASE RETURN TO:	<i>(Name, Address, & Phone # of Requesting Dept)</i>	PURPOSE; Information contained in this form will be used to prepare information returns (IRS Form 1099) and EDD reporting. Prompt return of this fully completed form will prevent delays when processing payments.
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VENDOR'S BUSINESS NAME/LLC NAME

IF INDIVIDUAL/SOLE PROPRIETOR/SINGLE-MEMBER LLC, ENTER VENDOR'S FULL NAME *(Last,First, M.I.)*

MAILING ADDRESS *(Number and Street or P.O. Box Number)*

(City, State, and Zip Code)

Telephone Number

E-MAIL ADDRESS

FAX Number

VENDOR ENTITY TYPE	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> SUBJECT TO BACKUP WITHHOLDING
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FULL TIME EMPLOYEE	
	<input type="checkbox"/> EXEMPT CORPORATION (Non-Profit)	<input type="checkbox"/> PART TIME EMPLOYEE	
	<input type="checkbox"/> ALL OTHER CORPORATIONS/LLC	<input type="checkbox"/> OTHER ► _____	
	<input type="checkbox"/> ESTATE OR TRUST		
	<input type="checkbox"/> MEDICAL CORPORATION (including denistry, podiatry, psychotherapy, optometry, chiropractic, etc.)		

VENDOR'S TAXPAYER IDENTIFICATION NUMBER	Enter your TIN in the appropriate box	
	The TIN provided must match the name given to avoid backup withholding.	
	If vendor entity type is a Corporation, Partnership, Estate or Trust, enter Employee Identification Number (EIN)	If vendor entity type is Individual/Sole Proprietor enter Social Security Number (SSN)
	___ - ___ - _____	___ - ___ - _____
	NOTE: Payment will not be processed without an accompanying taxpayer identification number	

TYPE OF SERVICE OR PRODUCT SUPPLIED	Please check all that apply	
	<input type="checkbox"/> Attorney	<input type="checkbox"/> Medical
	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Professional Services (non-employee compensation)
	<input type="checkbox"/> Rent	<input type="checkbox"/> Other ► _____

CERTIFYING SIGNATURE	Under penalties of perjury, I certify that:	
	1. The number on this form is my correct taxpayer identification number, 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 IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, and	
	3. I am a U.S. person	
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE
	SIGNATURE	DATE
	<i>If you are interested in having your payments electronically deposited please contact the Auditor Controller's office at (530) 265-1244 or auditor.controller@co.nevada.ca.us</i>	

FOR COUNTY USE ONLY	DEPARTMENT NAME	PHONE
	DEPARTMENT SIGNATURE	DATE