

NASSAU COUNTY REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION



<input type="checkbox"/> New Vendor	OR	Change of Existing (Check All That Apply) <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	<input type="checkbox"/> Add/Change Electronic Remittance Information <input type="checkbox"/> Add/Change Check Remittance Information	<input type="checkbox"/> Contact Change <input type="checkbox"/> OTHER Change
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Section I – Vendor Information (*required)

1. Federal ID No or Social Security No.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
2. Vendor Name:											
3. Vendor Remittance Address:											
4. Vendor Contact Person:											
5. Vendor Contact Telephone No.:											
6. Vendor E-Mail Address:											
7. Please answer the questions below.											
A. The vendor/payee ID number provided above is: Federal ID# [] Social Security # []	C. Is a medical or legal service ever provided by vendor: Yes [] No []	E. Parent of Child in Early Intervention or Pre-School Special Education Program Yes [] No []									
B. Is vendor/payee incorporated: Yes [] No []	D. Is vendor/payee an employee of Nassau County: Yes [] No []										

Section II -Financial Institution Information-Complete this section only if you would like to be paid electronically.

8a. Routing Transit Number: <i>(Located at the bottom of your check)</i>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
8b. Routing Transit Number Being Replaced (if applicable):	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
9a. Bank Account Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
9b. Bank Account Number Being Replaced (if applicable):	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
10. Account Name:											
11. Bank Name: (8a.)											
(8b.)											
12. Please include a VOIDED check or Bank Letter for verification.											

Check here [] if you wish to be removed from electronic payments and would like to receive paper checks.

14. Vendor Certification: Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is my correct 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. (3) The information provided on this form is correct to the best of my knowledge. **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 of under reporting interest or dividends on you tax return. For real estate transactions, item (2) does not apply. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I understand that if I have completed Section II that I authorize payments to be received by electronic funds transfer into the bank account designated in Section II. I further understand that in the event that an erroneous electronic payment is sent, Nassau County reserves the right to reverse the electronic payment, In the event that a reversal cannot be implemented, Nassau County will utilize any other lawful means to retrieve payments to which the payee was not entitled.

Authorized Signature	Print Name/Title	Date
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[Dept. Use] Form Submitted By: (Name) _____

(NC Department) _____ (Contact #) _____

Office use only; disburse type 2 account type C

Nassau County Comptroller's Office