

VENDOR AND ELECTRONIC FUNDS TRANSFER PAYMENT APPLICATION



New Vendor - Complete sections A, B, C
Vendor Change - As relevant, complete sections A, B, C, D

COUNTY OF MARIN

Department of Finance - Accounts Payable Division
3501 Civic Center Drive Suite 225 San Rafael CA 94903

***required fields**

Vendor Number _____

SECTION A: VENDOR INFORMATION AS REGISTERED WITH THE IRS

*** NAME**

LAST NAME _____ FIRST NAME _____

*** BUSINESS NAME, IF DIFFERENT FROM ABOVE**

*** BUSINESS ADDRESS**

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

PO BOX NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ EMAIL _____

REMIT TO NAME _____

*** COUNTY OF MARIN EMPLOYEE PERNR (if applicable):** _____

REMIT ADDRESS IF DIFFERENT FROM ABOVE

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CLASSIFICATION

*** SIGNED W-9 REQUIRED** <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

*** FEDERAL TAX IDENTIFICATION NUMBER (TIN)**

SOCIAL SECURITY NO. _____ OR FEDERAL EMPLOYER ID. NO. _____

*** FEDERAL TAX CLASSIFICATION (check only one)**

Individual/Sole Proprietor or Single-owner LLC S-Corporation Corporation or LLC electing corporate status
Partnership or multi-member LLC Trust or Estate Medical Corporation Federal Government / Military
Public Entity, Public schools, college, or university State or Local Government Other

*** DESCRIPTION OF BUSINESS OR SERVICES PROVIDED TO THE COUNTY**

Equipment, Supplies Rent Royalties Other Income Non-Med Services
Medical Services Attorney Fees Legal Settlement Travel Reimbursement Interest

OUT OF STATE VENDORS ONLY

* CALIFORNIA RESIDENT (REQUIRED: physical address or CA Secretary of State (SOS) No.), attach Form 590

* NON-RESIDENT (no physical address or CA Secretary of State SOS No.) Attach Form 587

IF APPLICABLE, attach a waiver of CA withholding from the Franchise Tax Board

<https://www.ftb.ca.gov/>

* If Foreign Vendor: COUNTRY OF RESIDENCE _____

Entities | Attach Form W-8 BEN-E

<https://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

Individuals | Attach Form W-8 BEN

<https://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

SECTION B: EFT PAYMENT AND DIRECT DEPOSIT INFORMATION REQUIRED

▪ **REQUIRED: ATTACH A VOID CHECK OR LETTER FROM YOUR BANK PROVIDING THE BANK ACCOUNT AND ROUTING INFORMATION**

* NAME OF FINANCIAL INSTITUTION _____

* ADDRESS OF FINANCIAL INSTITUTION _____

SUITE _____

* CITY _____ * STATE _____ * ZIP CODE _____

* ROUTING NUMBER _____ * ACCOUNT NUMBER _____

* NAME ON ACCOUNT _____

* TYPE OF ACCOUNT: SELECT CHECKING Attach Voided Check SAVING

REMITTANCE EMAIL 1 _____ EMAIL2 _____

SECTION C: VENDOR CONTACT INFORMATION

NAME _____ TITLE _____

TELEPHONE _____ FAX _____ EMAIL _____

CERTIFICATION: I certify that the information provided on this vendor form and applicable attachments is accurate to the best of my knowledge. If any changes occur, I will promptly inform you.

* SIGNATURE _____ DATE _____

* PRINT NAME _____ TELEPHONE _____

If you need further assistance in completing this form, please call the Department of Finance at (415) 473-6154. Request for accommodation may be made by calling (415) 473-4381 (Voice/TTY), 711 for California Relay Service or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.

County of Marin Vendor Number _____

Department Contact _____ Telephone _____

Date _____ Email _____

SECTION D: PREVIOUS VENDOR INFORMATION ONLY

* REASON FOR CHANGE (NEW OWNERSHIP, COMPANY RESTRUCTURE, RELOCATION, OTHER)

* PREVIOUS BUSINESS NAME _____

* PREVIOUS TAX ID _____ * DATE OF CHANGE _____

PREVIOUS BUSINESS ADDRESS _____

* PREVIOUS PAYMENT ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS

ADDRESS _____ SUITE/APT _____

CITY _____ STATE _____ ZIP CODE _____

Instructions to complete County of Marin Vendor and Electronic Funds Transfer Payment Application Form

1. Complete the County Vendor form in full.
2. Attach voided check or Bank Verification letter to validate banking information.
3. Website links for the requisite forms:

[Form W9 Request For Taxpayer Identification Number and Certification](https://www.irs.gov/pub/irs-pdf/fw9.pdf) <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

[Form 587 Non-Resident Withholding Allocation Worksheet](https://www.ftb.ca.gov/forms/2022/2022-587.pdf) <https://www.ftb.ca.gov/forms/2022/2022-587.pdf>

[Form 590 Resident Withholding Exemption Certificate](https://www.ftb.ca.gov/forms/2022/2022-590.pdf) <https://www.ftb.ca.gov/forms/2022/2022-590.pdf>

4. Send completed vendor form and all applicable attachments via:

- Email to DOF-APVendor@marincounty.org
- Fax to (415) 473-3680
- US Mail to: County of Marin

Department of Finance AP Division
3501 Civic Center Drive Suite 225
San Rafael CA 94903