

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 _____

Attach Form W-8 BEN

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

SECTION B: EFT PAYMENT AND DIRECT DEPOSIT INFORMATION REQUIRED

REQUESTED EXCEPTIONS WILL BE CONSIDERED BY THE DIRECTOR OF FINANCE OR THEIR DESIGNEE AND WILL DELAY PROCESSING OF THE VENDOR RECORD

* 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 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 County Vendor form in full
- 2) Complete and attach all requisite forms. 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 590 Resident Withholding Exemption Certificate
https://www.ftb.ca.gov/forms/misc/590.pdf](https://www.ftb.ca.gov/forms/misc/590.pdf)

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

- 3) Send completed vendor form and all applicable attachments via:

- Email to DOF-APVendor@marincounty.org
- Fax to (415) 473-3680
- U.S Mail to: Department of Finance AP Division 3501 Civic Center Drive Suite 225 San Rafael CA 94903