

Form #: V-8

11/17

Vendor Number Assigned _____
Date/Initials _____
Vendor Code _____
Finance Dept. Use Only

Request for Information to Establish Vendor File

To establish a vendor file with the County of Hawaii, certain information is required. This information is necessary so that we can report payments to the Internal Revenue Service on Form 1099 if they fall under the IRS information reporting requirements. If you do not provide us with the information requested below, we may have to impose backup withholding of 28% on any payments we make to you. Additional penalties are:

Failure to Furnish TIN: If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil Penalty for False Information With Respect to Withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Thank you for your cooperation in completing this form and returning it to:

DEPT. Liquor Control

ADDRESS 101 Aupuni Street, Unit 230, Hilo, HI 96720

REQUESTOR NAME: Nyssa Hatorii

Ph: 808-961-8218 Fax: 808-961-8684

COMPANY NAME: _____	
INDIVIDUAL NAME (If not corporation) _____	
Correspondence/Order Address:	PAYMENT NAME and address:
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Telephone: _____	Fax: _____
	Email: _____

DO NOT ALTER - DO NOT REMOVE OR ADD

Type of organization:

<input type="checkbox"/>	Individual/sole proprietor or single-member LLC
<input type="checkbox"/>	C-Corporation
<input type="checkbox"/>	S-Corporation

<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Trust/estate

<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	C = Corporation
<input type="checkbox"/>	S = Corporation
<input type="checkbox"/>	P = Partnership

Federal ID Number (SSN or FEIN): _____

State of Hawaii ID Number (GET): _____

Will be providing: _____ Services _____ Both goods and services
 _____ Tangible goods _____ Refunds (Type O)
 _____ Rental, Licensed Agent for owner Others = 501c3 non profit organization/Grant
 _____ Rental, Agent for Owner (M-1) _____ County Employee
 _____ Rental of own property

Print name: _____

Signature required: _____

Date: _____