Form #: V-8

w11/17

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. PLANNING
ADDRESS 101 PAUAHI ST, SUITE 3
REQUESTOR NAME: CLAUDIA LATO
Ph: 961-8128 Fax: 961-8742

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:

X	Individual/sole proprietor or ***single-member LLC***		
	C-Corporation		Partnership
	S-Corporation		Trust/estate

	Limited Liability Company
	C = Corporation
	S = Corporation
	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	X	Others = Board of Appeals Commissioner
	Rental, Agent for Owner (M-1)		County Employee
	Rental of own property		

Print name: _____

Signature Required: _____ **Date:**