



City of Renton – Finance/IT Department
 1055 South Grady Way – 5th Floor
 Renton, WA 98057

VENDOR SETUP FORM
To be filled out by vendor ONLY

- New Vendor
- Reactivate Vendor
- Address Change

Vendor No: _____

City of Renton Contact: _____

City of Renton Department: _____

To add your business to our vendor file, **please complete all sections** of this form and return by fax (425.430.6957) or U.S. mail.

Website: www.rentonwa.gov Tax ID #: 91-6001271 Phone: 425-430-6919 or 425-430-6930

E-mail: nwissbrod@rentonwa.gov (Natalie); ccommadore@rentonwa.gov (Casaundra)

Note: EFT (electronic fund transfer) payments available. Please visit our website for more information.

Please fill out this form completely. An incomplete form will create a delay in our payment(s) to you, and your payment(s) could be subject to the RS required back up holding.

Name, as it appears on check (NO ABBREVIATIONS)	Doing Business As (if different than name on check)
Payment Address	Business Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone Number/Extension _____ Ext. _____	Accounts Receivable Contact _____

Vendor type: (check the appropriate box)

Corporation Government Agency Individual/Sole Proprietor Non-Profit Partnership

Answer each question below:

Will you provide medical services to the City of Renton?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you provide legal services to the City of Renton?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you provide other services to the City of Renton (other than medical or legal)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you provide parts, supplies, or materials to the City of Renton	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay sales tax to the State of Washington?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check here if exempt from Form 1099 reporting, and check your qualifying exemption reason below:

- 1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
- 2. Tax Exempt Charity under 501(a), or IRA
- 3. The United States or any of its agencies or instrumentalities
- 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- 5. A foreign government or any of its political subdivisions

Name (Owner of the Tax Payer Identification Number (EIN or SSN) as name appears on IRS of Social Security Administration Records): _____

Social Security Number: _____ or Federal TIN: _____

State of Washington U.B.I. #: _____	*Renton Business License #: _____	<i>*Required by City of Renton Municipal Code, Business Regulation #5-5-3.</i>
<i>Questions? Contact Business Licensing at 425-430-6851, or email lweldon@rentonwa.gov</i>		

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and,
- 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.

Signature: _____ Date _____

Printed Name: _____

I am a U.S. person (including a U.S. resident alien): Yes No