

VENDOR LETTER



CITY OF LOVELAND

FINANCE DEPARTMENT

Civic Center • 500 East Third • Loveland, Colorado 80537
(970) 962-2310 • FAX (970) 962-2994 • TDD (970) 962-2620

Please fill out the form below as well as complete and sign the attached W-9 and Vendor ACH form. Payments will be withheld until we receive these completed forms.

Dear W-9 Recipient:

Our records indicate you are a provider with whom the City of Loveland does business. ***The Internal Revenue Service requires*** the City of Loveland to keep your tax identification number on file. The number you submit to us will depend on your business status. Normally, an individual should submit his/her Social Security number and a business should submit its Federal Tax I.D. Certificate number. (Note: If the check is made payable to an individual, we then need a Social Security number to match it up to.)

If you do not provide us with your correct taxpayer I.D. number, you will be subject to a **\$50 penalty**, and we will be required by the Internal Revenue Service to withhold **28%** of any 1099 reportable payment which are owed to you.

Forms can be faxed to Accounting at (970) 962-2994 **OR** emailed to Tamara.Hansen@cityofloveland.org **OR** mailed to 500 E. 3rd Street, Suite 320, Loveland, CO 80537. If you have any questions, please contact the Accounting Division at (970) 962-2310.

Thank you for your cooperation.

Vendor Name:		
Phone: ()	Fax: ()	Remit Email:
Principal Owner:		Dun #:
Business Address / 1099 Address as shown on your income tax return:		REMIT NAME / ADDRESS if different than W-9:
Physical and email address of where we may submit purchase orders		
Mail:		
Purchase Orders Email:		

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(970) 962-2308 • FAX (970) 962-2994 • TDD (970) 962-2620

ACH/EFT VENDOR ENROLLMENT FORM

AGENCY INFORMATION	
Name:	City of Loveland
Address:	500 East 3 rd Street, Ste. 320
City/State/Zip:	Loveland, CO 80537
Contact Name:	Tamara Hansen
Telephone #:	970-962-2307
Email:	Tamara.Hansen@cityofloveland.org
COMPANY INFORMATION	
Name:	
Address:	
City/State/Zip:	
Contact Name:	
Title:	
Signature:	Date:
Telephone #:	Fax:
Tax ID:	
Email:	
PAYMENT REMITTANCE INFORMATION	
Firm Name:	
Address:	
City/State/Zip:	
Remit Contact:	
Title:	
Signature:	Date:
Telephone #:	
Fax #:	
Email:	
FINANCIAL INSTITUTION INFORMATION	
Bank Name:	
Address:	
City/State/Zip:	
9-digit Routing Transit #:	
Account #:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

By submitting this form to the City of Loveland (City), I authorize the City and the financial institution named above to automatically deposit funds I am entitled to receive into the account identified above (my account). I authorize the City to initiate correction (debit) entries for any funds credited to my account in error and authorize the financial institution to return any funds deposited to my account to the City. This authorization will remain in effect until I cancel it in writing.

*** If you are CHANGING BANKING Information:**

OLD (Current) Routing # _____

OLD (Current) Acct # _____

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

► **Section references are to the Internal Revenue Code.**
► **Go to www.irs.gov/FormW8ECI for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions.

Do not use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits **W-8BEN or W-8BEN-E**
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) **W-8EXP**

Note: These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.

- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) **W-8BEN-E or W-8IMY**
- A person acting as an intermediary **W-8IMY**

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual or organization that is the beneficial owner	2 Country of incorporation or organization												
3 Name of disregarded entity receiving the payments (if applicable)													
4 Type of entity (check the appropriate box): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Corporation</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> International organization</td> <td><input type="checkbox"/> Central bank of issue</td> <td><input type="checkbox"/> Tax-exempt organization</td> </tr> </table>		<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization
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<input type="checkbox"/> Private foundation	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization										
5 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <div style="display: flex; justify-content: space-between;"> City or town, state or province. Include postal code where appropriate. Country </div>													
6 Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state, and ZIP code													
7 U.S. taxpayer identification number (required—see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	8 Foreign tax identifying number												
9 Reference number(s) (see instructions)	10 Date of birth (MM-DD-YYYY)												
11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary). <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>													

Part II Certification

Sign Here

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,
- The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)	Print name	Date (MM-DD-YYYY)
<input type="checkbox"/> I certify that I have the capacity to sign for the person identified on line 1 of this form.		