

VENDOR NUMBER \_\_\_\_\_  
(County use only)



# County of Hamilton

DUSTY RHODES  
AUDITOR  
COUNTY ADMINISTRATION BUILDING  
138 EAST COURT STREET  
CINCINNATI, OHIO 45202

## VENDOR REGISTRATION FORM (Substitute Form W-9)

PLEASE SUBMIT THIS FORM TO THE AGENCY WITH WHICH YOU DO BUSINESS

### VENDOR INFORMATION - PLEASE PRINT

Company Name: _____	Individual's Name: _____
Taxpayer ID: FEIN: _____	SSN: _____

**Mailing Address**  
(Street/P.O. Box, City, State & Zip): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Remittance Address**  
(Street/P.O. Box, City, State & Zip): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Fax# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Business:     Agency             Corporation         Employee         Federal Agency  
 State Agency         Local Government  Partnership         Proprietorship  
 Self  
 Other – Please Explain: \_\_\_\_\_  
 Independent Contractor – OPERS Reportable    Job Title: \_\_\_\_\_

Small Business?     Yes         No

I hereby certify that the information supplied herein is true and correct and I am a U.S. person (including a U.S. resident alien).

\_\_\_\_\_  
Signature of person filling out this form

\_\_\_\_\_  
Date

FOR COUNTY USE ONLY		
This Vendor should be added to Hamilton County's list of authorized vendors.		
_____ Authorized Signature	_____ Department Number	_____ Date