



VENDOR INFORMATION FORM

Please provide the City of Santa Cruz with the items checked below. The required documentation must be returned to the City before a purchase order or payment can be issued.

Insurance

A certificate of insurance meeting the City's requirements is required before your company can begin work for the City. Have your insurance agent send an insurance certificate to City of Santa Cruz, Risk Management, 877 Cedar Street, Suite 100, Santa Cruz CA 95060 fax (831) 420-5061. For questions, contact Risk Management by email: InsCert@cityofsantacruz.com or phone (831) 420-5142.

City of Santa Cruz Business Tax Certificate

If your company does any business in the city limits of Santa Cruz you are required to have a city of Santa Cruz business License Tax Certificate. Additional information is available [online](http://cityofsantacruz.com) at cityofsantacruz.com > Business > Business Licenses & Permits, or by calling the Revenue Division at (831) 420-5070.

Living Wage

Your company is providing services for the city that require you pay your employees as required by the City's Living Wage ordinance. You must submit a [living wage compliance form](#) before your company can begin work for the City. Additional information is available [online](http://cityofsantacruz.com) at cityofsantacruz.com > Business > Selling to the City, or by calling the Purchasing Division at (831) 420-5080.

Return all documents to:

Name: _____

Email: _____@cityofsantacruz.com Phone Number: _____

Internal Instructions:

- 1) Check the items on page 1 that the vendor needs to return with their Vendor Information Form
- 2) Put your contact information on page 1.
- 3) When the vendor returns all items, enter a draft purchase order. Electronically attach the Vendor Information Form and the Living Wage Compliance Statement (if applicable) to the draft purchase order.
- 4) **Send insurance (if applicable) to Risk Management.**



VENDOR INFORMATION FORM

Business Name: _____

If sole proprietor or partnerships, owner's name: _____

Address: _____

City: _____

Phone: _____ State: _____ Zip: _____

Email: _____ Fax: _____

Request for Taxpayer Identification Number and Certification (Substitute IRS Form W-9)

Check appropriate boxes: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) _____ Other _____

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

SSN: _____ OR EIN: _____

Certification

Under penalties of perjury, I certify that:

1. 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
2. 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; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Check box if you agree to the above certification.

Certification completed by: _____ Date: _____

Remittance Name (if different from above): _____

Remittance Address: (if different from above): _____

City: _____ State: _____ Zip: _____

City of Santa Cruz Business Tax Certificate Number: _____ Expiration Date: _____

Sales Tax What percentage of sales tax do you collect for sales in the City of Santa Cruz? _____% [] n/a

Early Pay Discount A _____% discount is offered for payment within _____ days.

Emergency Resource List Check this box if you would like to provide goods or services to the City during a declared emergency.

ACH payments Check this box if you would like to receive your payments by ACH transfer.

ePayables Check this box if you would like more information on ePayables. The City offers ePayables electronic payments. Companies accepting ePayable payments pay fees equal to charges for accepting credit card payments. For questions, contact Accounts Payable at (831) 420-5170.

Non-resident Withholding (out of state companies) The City withholds 9.25% from non-residents as directed by the California Franchise Tax Board. Companies that are exempt, or allowed a reduced withholding, must submit the appropriate [California Franchise Tax Board form](#) to the City. For questions information contact Accounts Payable at (831) 420-5170.

