NEW VENDOR PACKET

Dear Vendor:

Please complete the attached information form to aid in vendor set up. This form, along with the documents requested below, will be required before a payment is issued for goods and/or services provided.

Documents needed before payment can be issued:

☐ Vendor Application Form
☐ Signed W-9
☐ Vendor ACH Enrollment Form (if applicable)
☐ Certificate of Liability Insurance (if applicable)

The City of Kennedale offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via e-mail.

Potential benefits include:

- Faster receipt of your payment
- Reduced risk of your payment being lost in the mail or delayed
- Reduction of paper to track and handle

To enroll as a new vendor, please complete all forms and email them back to us at Finance@CityofKennedale.com.

If you have any questions, please call us at 817-985-2110, or e-mail us at Finance@CityofKennedale.com.

Thank you in advance for your help!

VENDOR APPLICATION FORM

VENDOR INFORMATION

COMPANY / FIRM NAME as shown on Federal Tax Return	VENDOR ID. if applicable

ALTERNATE NAME if applicable / (doing business as)	TAX ID NUMBER FEIN OR SSN

POINT OF CONTACT NAME	TITLE

VENDOR ADDRESS

PAYMENT ADDRESS if different from address above

PHONE	FAX	VENDOR EMAIL

TAX EXEMPT? Y or N	VENDOR WEBSITE

ORGANIZATION TYPE

	Corporation		Individual / Sole Proprietor		Joint Venture
	LLC		Partnership / Limited Partnership		Non Profit

Separate checks?

	YES
	NO

Accept purchasing card? e.g, Visa, MC, etc.

	YES
	NO

BANKING INFORMATION

ACCOUNT NO.	
ROUTING NO.	

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT

INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE PAYMENT PROCESSED

Form **W-9**

(Rev. March 2024)

Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Go to *www.irs.gov/FormW9* **for instructions and the latest information.**

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. *See Specific Instructions on page 3.*

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I — Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II — 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 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; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. See the instructions for Part II, later.

Sign Here

Signature of U.S. person _____ Date _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **W-9** (Rev. 3-2024)

Vendor ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution. *(Note: This likely will not be the same information for receiving payment via wire transfer)* **You must check with your financial institution to confirm funds have been deposited. Information on this form is subject to additional verification.**

VENDOR INFORMATION (Remit Address)   ☐ New Request   ☐ Change Request

VENDOR NAME		TAXPAYER ID (Required)		
ADDRESS	CITY		STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.				

FINANCIAL INSTITUTION INFORMATION

BANK NAME				
ADDRESS	CITY		STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)		ACCOUNT NUMBER	
ACCOUNT TYPE ☐ CHECKING ☐ SAVINGS				
PAYMODE ID (If Applicable)				

Certification:

I certify I am responsible for notifying any changes to the information provided above to the City of Kennedale.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, herby authorize the City of Kennedale to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by the City of Kennedale. The City of Kennedale reserves the right to cancel or suspend this authorization at any time.

Authorization:

_____   _____   _____   _____

Authorized Official Name   Signature   Title   Date

Please email the completed form along with a **VOIDED CHECK** to: **Finance@CityofKennedale.com**

 *** **A voided check or bank confirmation letter is required to process this form.** ***