



Mailing Address:
Palm Beach County Tax Collector
Finance & Budget Department
P.O. Box 3715
West Palm Beach, FL 33402-3715
Phone Number: (561)355-6767
Fax Number: (561)355-3814
Web Address: www.pbctax.gov

FOR TCO USE ONLY

Vendor No. _____
Date Entered _____
Entered By _____

VENDOR REGISTRATION FORM

Check those that apply to your firm:

- | | | | |
|--|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Revised Application | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual | <input type="checkbox"/> Other |

Federal ID Number (Attach completed W-9 Form)

Social Security Number (Attach completed W-9 Form)

Company Name (must match name to which Federal ID or Social Security Number is assigned)

Parent Company Name or DBA (if applicable)

Business Hours

Street Address

City

State

Zip

County

Country (if not a USA firm)

Web Address

Mailing Address

City

State

Zip

County

Country (if not a USA firm)

Business Contact Person

Phone Number

Toll Free Number

Fax Number

E-mail Address

Billing Contact Person

Phone Number

Toll Free Number

Fax Number

E-mail Address

In this section, **MAKE ONLY 1 SELECTION, FROM EACH OF THE 2 BOXES**, that best describes your company.

Business Classification

- ☐ Non-Minority
☐ Small Business-State*
☐ Small Business-Federal

51% Minority-Owned & Operated

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> American Women | |

* Described as employing 200 or fewer full time employees and together with its affiliates has a net worth of not more than \$5 million; and is domiciled in the State of Florida.

Licenses and Certifications

Palm Beach County Business Tax Number _____

Expiration Date _____

Additional Licenses/Certifications

Type	_____	Number	_____
Issuing Agency	_____	Expiration Date	_____
Type	_____	Number	_____
Issuing Agency	_____	Expiration Date	_____

PALM BEACH COUNTY TAX COLLECTOR VENDOR REGISTRATION FORM

ONLY list the types of goods/services directly supplied by your organization.

1)	4)	7)
2)	5)	8)
3)	6)	9)

List four(4) references to whom you have provided goods/services within the past two(2) years (*include name, address, telephone #*)

Reference 1	Name _____	Phone Number _____
	Address _____	
Reference 2	Name _____	Phone Number _____
	Address _____	
Reference 3	Name _____	Phone Number _____
	Address _____	
Reference 4	Name _____	Phone Number _____
	Address _____	

Company Officials/Principals

Name _____	Position/Title _____
Name _____	Position/Title _____
Name _____	Position/Title _____
Name _____	Position/Title _____

Company Officials/Principals/Employees who are PBC Tax Collector Employees or related to PBC Tax Collector Employees

Name _____	Name of TCO Employee _____
Position Title _____	Relationship _____
Name _____	Name of TCO Employee _____
Position Title _____	Relationship _____

Attach additional sheet if needed.

If any of the preceeding information changes, please submit an updated Vendor Registration Form.

Company Officer's/ Principal's Authorization _____

Signature

Printed Name _____

Title _____

Date _____

Return to:

Tax Collector, Palm Beach County
Finance & Budget Department
P.O. Box 3715
West Palm Beach, FL 33402-3715

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

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

☐ Exempt
payee

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

Requester's name and address (optional)

City, state, and ZIP code

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Anne M. Gannon
Constitutional Tax Collector
Serving Palm Beach County
Direct Deposit Authorization Agreement

Vendor Number: _____

SECTION 1 – CHECK THE BOX THAT APPLIES

☐ **Start Direct Deposit**

*Please allow 2 to 3 weeks for your
direct deposit to begin.
Complete sections 1, 2, 3, 4 and 5*

☐ **Bank Change**

*You will receive a check while
the change is being processed.
Complete sections 1, 2, 3, 4 and 5.*

☐ **Stop Direct Deposit**

*Stops are processed the day they
are received.
Complete sections 1, 2 and 5.*

SECTION 2 – ENROLLEE INFORMATION

Name	FEIN
Contact person name	Telephone number ()
Mailing address	Fax number ()
City, State, Zip	E-mail address

SECTION 3 – FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

*Transit Routing Number

--	--	--	--	--	--	--	--	--	--

**(See the lower-left corner of your check or call your financial institution)*

Account Type: Checking ☐ Savings ☐

Bank Account Number

--	--	--	--	--	--	--	--	--	--

If this is notification of a bank change, provide the effective date of the change:

--	--	--	--	--	--	--	--	--	--

***A voided check or letter from banking institution confirming routing and account number provided must be mailed with this form.**

SECTION 4 – ENROLLEE AUTHORIZATION AND AGREEMENT

I certify that I am authorized to sign on behalf of the vendor, and that all information provided in this document is correct. I hereby authorize and request the Tax Collector's Office to initiate credit entries and, if necessary, a debit entry reversing a credit entry made in error, to the above referenced account. This direct deposit is to remain in effect until the Tax Collector's Office receives written notification of cancellation from me.

Authorized Signature

Title

Date

SECTION 5 - VERIFICATION

FINANCIAL INSTITUTION VERIFICATION – (MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION BEFORE SUBMITTING)

I have verified that the account and transit-routing numbers provided above are correct. I have further verified that the person signing as the payee is an authorized signer on the account specified above.

Print Name: _____

Title of Bank Officer: _____

Signature of Bank Officer: _____

Date: _____

Bank Officer Telephone Number: () _____

Ext.: _____

SECTION 6 – CANCELLATION

I hereby authorize the Tax Collector's Office to cancel the direct deposit authorization agreement.

Authorized Signature

Title

Date

Complete and mail this form to:
Palm Beach County Tax Collector
Attn: Finance & Budget
P.O. Box 3715
West Palm Beach, FL 33402-3715

If you have any questions, please contact:
Finance & Budget Department
(561)355-6836