

VANDERBURGH COUNTY SUBSTITUTE FOR IRS FORM W-9
 VANDERBURGH COUNTY AUDITOR
 1 NW M L KING JR BLVD RM 208
 EVANSVILLE IN 47708-1832

TELEPHONE: 812-435-5952

Fax: 812-435-5027

EMPLOYEE VENDOR REQUEST			
<i>Please complete this form on our website. Do not fill in the areas shaded in blue.</i>			
VENDOR NO:		DATE ENTERED:	
EMPLOYEE NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
TYPE OF PAYMENT: Check the blank box (or boxes) describing the type of payment employee will be receiving.			
1	Employee Compensation:	2	Employee Reimbursement:
TAX STATUS: Complete only if employee will be receiving contractual payments			
1	Employee Name:		
1	Taxpayer Identification Number(SSN):		
<i>REMIT TO ADDRESS (if different from above address)</i>			
ADDRESS:			
CITY:		STATE:	ZIP:
CONTACT INFORMATION			
CONTACT NAME:			
COUNTY DEPARTMENT:			
TELEPHONE:		EXT:	FAX:
EMAIL:			
SUBMITTED BY(IF APPLICABLE):			DATE:

TO BE COMPLETED BY THE VANDERBURGH COUNTY AUDITOR ONLY:			
<i>VENDOR NAME:</i>		<i>VENDOR NO.</i>	
The letters listed below should precede the alpha ID for Employee, Payroll & Tax Refund (17T) Vendors:			
EM–Employee	PA–Payroll	TR–Tax Refund	
GENERAL			
VENDOR TYPE (circle one)	EM	EMPLOYEE	
	GV	GOVERNMENT	
	PA	PROPERTY ACQUISITIONS	
	PR	PAYROLL	
	RG	REGULAR	
	TR	TAX REFUNDS	
	TS	TAX SALE	
	UT	TELEPHONE & UTILITIES	
	VB	VETERAN BURIAL	
1099 VENDOR TYPE (circle one)	I	INTEREST	
	M	MEDICAL HEALTHCARE PAYMENT	
	N	NONEMPLOYEE COMPENSATION	
	O	OTHER	
	R	RENT	
	S	PROPERTY ACQUISITIONS	
TERMS			
ALLOW DUPLICATE INVOICES (circle one)	YES	NO	
MISCELLANEOUS			
DEFAULT ACCOUNT (fill in if applicable)			
SEPARATE CHECKS (circle one)	YES	NO	
PAYMENT METHOD (circle one)	CHECK	EFT	
DISABLED,MINORITY,WOMEN BUSINESS ENTITY	DBE	MBE	WBE