



Lewis County Auditor - Financial Services

351 NW North Street
Chehalis WA 98532

360-740-1139
FAX 360-740-2772

Vendor Information

1. THIS FORM TO BE USED IN PLACE OF IRS Form W-9.
2. **Complete ALL of this form to establish a vendor account or to change existing information.**
3. Faxes and Emails are acceptable.
4. Business/Individual NAME must be exactly the same as used for Federal Tax reporting purposes.
5. Invoice payment will be processed upon receipt of this form. **Please print clearly or type.** Be sure all information is correct.

(County Use Only) Are you making changes to an existing account?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Please choose option below:	
Previous vendor ID:	<input type="checkbox"/> Add'l Remit	<input type="checkbox"/> Moved	<input type="checkbox"/> Ownership
Form Initiated By:	<input type="checkbox"/> Address Change	<input type="checkbox"/> Name	<input type="checkbox"/> IRS TIN #

Vendor: Please Print Clearly In Black Ink or Type

Taxpayer Identification Number	Employer Identification Number	OR	Social Security Number
Name <small>(As shown on your income tax return)</small>			
Business Name <small>(If different from above)</small>			
Physical Address <small>Street Number, Apt. Number, Mail-Stop City State Zip</small>			
Payment (Remit) Address <small>If different from above</small>			
Additional Payment Address <small>(Use separate page if needed)</small>			
Type of Business How are you filed with the IRS?	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> *Other: Explain Below <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit Corp <input type="checkbox"/> Attorney <input type="checkbox"/> Medical Corp <input type="checkbox"/> Partnership		
*Explanation of Other:			
Phone # (Include Area Code)			
FAX Number			
Email Address			
UBI Number (WA Business Only)			

Under penalty of perjury, I certify that the number shown on this statement is the correct taxpayer identification number, the payee is not subject to backup withholding due to failure to report interest and dividend income, the payee is a U.S. person, and the FATCA code entered on this form (if any) is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Printed Name and Title of Person Completing this Form _____ Date _____

(For Financial Services Use Only)			Vendor ID
Data Entry Done By	Date	COMMENTS	