



FREMONT
SANITATION DISTRICT

Vendor Registration Packet

All prospective Vendors, Suppliers, Contractors, or Subcontractors interested in doing business with Fremont Sanitation District must submit a fully completed Vendor Registration Packet.

INSTRUCTIONS:

STEP 1: Please check an option below and complete the required information specified.

Registering as a New Vendor/Supplier

1. Vendor Application
2. W-9 (*available at the Internal Revenue Service Website. www.irs.gov*)

Registering as a New Contractor/Subcontractor

1. Vendor Application
2. W-9 (*available at the Internal Revenue Service Website. www.irs.gov*)
3. Complete the "Acknowledgement of Disclosure of Colorado Public Employees' Retirement Association (PERA) Compensation Form"

Requesting to Update Information on File

1. Vendor Application
2. W-9 (*available at the Internal Revenue Service Website. www.irs.gov*)

Vendor/Supplier/Contractor/Subcontractor shall be required to maintain and keep their profile current/updated (i.e Business name change, contact person(s) email, telephone and payment remittance addresses, etc) to prevent issues/delays in the issuance of payments.

STEP 2: Submit completed documents to Fremont Sanitation District by **mail, email, OR fax** at:

Fremont Sanitation District
107 Berry Pkwy
Canon City, CO 81212
E-mail: epay@fsd.co
Fax: (719)276-7001

For questions or assistance please contact FSD Finance Coordinator @ (719) 269-9050.



FREMONT SANITATION
DISTRICT

FSD Use Only

Munis Vendor #: _____

Entered by: _____

Vendor Application

APPLICATION MUST BE FILLED OUT COMPLETELY *(please type or print clearly)*

1) This is a _____ **New Application** OR _____ **Update to Information on File**

2) This Application is for *(list type of goods or services offered)*:

_____	_____
_____	_____
_____	_____

(If Billing Address differs, please indicate below)

3) Company Name: _____

Company Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

4) Contact Person: _____ Title: _____

Email Address: _____

Work Ph Number: (____) ____ - ____

Mobile Ph Number:(____) ____ - ____

5) Account Payable Contact: _____

6) Payment Terms: _____

Vendor Applicant's Signature: _____ *Date:* _____

Printed Name: _____

Title: _____

A completed W-9 is required at time of submitting application

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

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

Print or type. See Specific Instructions on page 3.	1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2	Business name/disregarded entity name, if different from above		
	3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/>	Individual/sole proprietor or single-member LLC	<input type="checkbox"/>	C Corporation
	<input type="checkbox"/>	S Corporation	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	Trust/estate	<input type="checkbox"/>	Exempt payee code (if any) <input style="width: 50px;" type="text"/>
	<input type="checkbox"/>	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <input style="width: 50px;" type="text"/> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	<input type="checkbox"/>	Exemption from FATCA reporting code (if any) <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	Other (see instructions) ▶ <input style="width: 50px;" type="text"/>	<i>(Applies to accounts maintained outside the U.S.)</i>		
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	
OR	
Employer identification number	
<input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	

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 ▶ <input style="width: 90%;" type="text"/>	Date ▶ <input style="width: 80%;" type="text"/>
------------------	---	---

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Acknowledgement of Disclosure of Colorado Public Employees' Retirement Association (PERA) Compensation Form

Please complete the information requested below:

1. Are you a Colorado PERA Retiree? (check one): Yes _____ No _____

(If yes, please provide your Social Security Number or Federal ID Number):

Social Security Number: _____ - _____ - _____ OR Federal ID Number _____

2. Do you have anyone in your company who is an *Affiliated Party* (see Definition below)?
(CHECK ONE): Yes _____ No _____

Affiliated Party: You are working through an affiliated party if the entity is owned or operated by:

- Any Person who is the named beneficiary or co-beneficiary on your Colorado PERA account.
- Any person who you are related to by blood or adoption (includes parents, siblings, half-siblings, children, and grandchildren).
- Any person who you are related to by marriage (includes spouse, spouse's parents, stepparents, stepchildren, stepsiblings, and spouse's siblings).
- Any person or entity with whom you have an agreement to share or profit from the performance of services for a Colorado PERA employer in addition to your regular salary or compensation.

This form acknowledges receipt of the "Colorado Public Employees' Retirement Association (PERA) Disclosure of Compensation Form" (see attached).

If you have any questions regarding the Disclosure of Compensation Form, you will need to contact PERA, by phone, 1-800-759-7372, or visit the website at www.copera.org.

Contractor/Owner (Please Print)

Business Name (Please Print)

Signature

Date



Disclosure of Compensation

Colorado Public Employees' Retirement Association
PO Box 5800 Denver, Colorado 80217-5800
303-832-9550 T-800-759-7372 Fax: 303-863-3727 www.copera.org



Complete this form if you are a PERA retiree performing services for a PERA employer and either of the following is true:

- For tax purposes, the PERA employer reports compensation paid to you or your company under a tax identification number different from your Social Security number.
- You are performing services for a company owned or operated by an affiliated party. An affiliated party is:
 - Any person who is your named beneficiary or cobeneficiary on your PERA account.
 - Any person who is your relative by blood or adoption (includes parents, siblings, half-siblings, children, and grandchildren).
 - Any person who is your relative by marriage or civil union (includes spouse, spouse's parents, stepparents, stepchildren, stepsiblings, and spouse's siblings).
 - Any person or entity with whom you have an agreement to share or profit from the performance of services for a PERA employer in addition to your regular salary or compensation.

If your working arrangement meets either of these definitions, you must disclose the amount of salary earned for services provided on a monthly basis on the reverse side. The associated working retiree contributions from services rendered will be deducted from your PERA monthly benefit. If you need additional copies of this form, go to the PERA website or call PERA's Customer Service Center. After completing Section 1 of this form, make a photocopy and provide the copy to the PERA employer who will then complete Section 2 and send the form to PERA. Send your completed original form to PERA.

If you fail to report compensation to PERA and the PERA employer, you will be required to pay the employer contribution amount plus interest, as well as the working retiree contribution at PERA's actuarial investment assumption rate.

Section 1: To be Completed by Retiree

SSN

□□□ - □□ - □□□□

Name of PERA employer _____

Name of company providing services to the PERA employer _____

Company Taxpayer Identification Number (TIN): □□ - □□□□□□□□

Name of owner of company _____

Please specify the nature of the relationship between you and the affiliated party. (For example: The affiliated party is your spouse, daughter, brother-in-law etc.) _____

Your Name _____
Last First MI

Address _____
Street, Route, or Box Number City State ZIP Code

Daytime Phone () _____

E-mail Address _____

Signup for electronic delivery of PERA information? Yes No

Signature _____ Date _____

Continued on reverse

Date(s) Worked	Type of Service Provided	Compensation Received by Retiree*
		\$
		\$
		\$
		\$
		\$
		\$

*Compensation should only include amounts paid for services rendered. Please exclude any amounts that were reimbursed for travel, materials, and other expenses.

Section 2: To be Completed by Employer

Complete the information below and send this form to PERA. You are required to submit employer contributions on this salary within 30 days of receiving this form.

Employer Name _____ Employer No. _____

Phone Number (____) _____

Name of Certifying Official _____

Job Title _____ Date Received This Form _____

Signature of Certifying Official _____