



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](http://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](http://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](http://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](mailto:epay@fsd.co)

*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](http://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 <b>one</b> of the following seven boxes.
	<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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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"/> Other (see instructions) ▶ _____
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____	
Exemption from FATCA reporting code (if any) _____	
(Applies to accounts maintained outside the U.S.)	
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.

<b>Social security number</b>								
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-	-							
<b>OR</b>								
<b>Employer identification number</b>								
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**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.

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## 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](http://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](http://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 • 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 \_\_\_\_\_