



Mason County Auditor - Financial Services
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VENDOR INFORMATION

THIS FORM TO BE USED IN PLACE OF IRS Form W-9

Form Initiated By: _____

Complete this form to establish an account or to change existing information.

NO PAYMENTS WILL BE PROCESSED UNTIL WE RECEIVE A COMPLETED FORM.

Business/Individual NAME MUST be exactly the same as used for Federal Tax reporting purposes.

Please Type Or Print Clearly

Complete this **ENTIRE** form and check below if your are a new vendor application or updating an existing vendor account:

Is this a new Vendor Account? Yes No Are you making changes to an Existing Vendor Account? Yes No

If you are making changes on an Existing Vendor Account please mark what type of change below:

Address	Ownership Status	Name	Business Name	Add'l Business Name	Name	IRS TIN#
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Name

(If joint names, list both & circle the name whose TIN you are providing below)

Business Name

(Sole Proprietor enter your individual name above and business name here)

Payment (Remit) Address

Street Number, Apt. Number, Mail-Stop or PO Box and City, State, Zip

Street Address: _____

City: _____ State: _____ Zip: _____

If making change to payment address put old payment address here.

Required Washington State Retirement Question:

Are you now, or have you ever been, part of the Washington State Retirement/Pension System?

Yes or No

(TIN) Taxpayer Identification Number

Social Security Number

or

Employer Identification Number

Type of Business

How do you file with the IRS?

Corp (C or S)	Non-Profit Corp	Partnership	Government
LLC-Corp	LLC-Partnership	LLC-Sole Proprietor	
Individual	Sole Proprietor	Volunteer	Other:

For Corp. (C or S), Partnership, LLC or Sole Prop., check one if applicable: Medical Attorney/Legal

Phone # (Include Area Code)

FAX Number (Include Area Code)

Email Address

UBI Number (WA Business Only)

Printed Name of Person completing the form

Title:

Under penalty of perjury, I certify that the number shown on this statement is the correct taxpayer identification number.

Signature of Person Completing this form

Date:

For Auditor's Financial Services Use Only

VENDOR #:

Entered into Munis by:

Date

Comments