

116 Brown Industrial Pkwy, Canton, GA 30114 Phone: 770-479-3090 www.sequoyahregionallibrary.org Fax: 770-479-3069

# Vendor Application Packet

Thank you for your interest in working with Sequoyah Regional Library System. Before any services can be scheduled or performed, vendors must submit a completed vendor application. In order to be added to our list of approved vendors and receive payment, the following forms must be completed and returned to us (all vendors must submit the Vendor Profile, W-9, and Certificate of Insurance):

Vendor Profile: All fields must be completed.

W-9: Complete and return the first page.

**Certificate of Insurance:** General liability insurance is required naming Sequoyah Regional Library System as an additional insured and waiving all rights of subrogation. Workers' comp coverage is also required if your company has 3 or more employees.

## E-Verify Affidavits: (Only required for contracts over \$2,499.99)

The Georgia Security and Immigration Compliance Act (OCGA 13-10-91), requires that Sequoyah Regional Library System (SRLS) shall not enter into a contract for the physical performance of services (as that term is defined in OCGA 13-10-90) wherein the labor or services exceed \$2,499.99, unless the contractor signs and submits a notarized E-Verify affidavit that they have registered for and use E-Verify. A contractor with no employees and no intent to hire employees, must still submit to SRLS a notarized affidavit of No Employees along with a copy of their driver's license (and a driver's license is only acceptable IF it is issued by a state that verifies lawful immigration status prior to issuance).

If you have any questions, please contact Julie Wise at 770-479-3090 x 231.

## Please return all original forms to:

Sequoyah Regional Library System Finance Department 116 Brown Industrial Parkway Canton, GA 30114

email to:wisej@seqlib.org

(Emails require follow up with originals) Please note: request for payment may be refused if these documents are not on file.

Sequoyah Regional Library 3 Finance Department 116 Brown Industrial Parkway Canton, GA 30114 770-479-3090 x 231 770-479-3069 fax	E Ir A b	eturn completed form with -Verify affidavit and Certin surance by fax, mail, attended ccts Payable (Payment re e refused if these document n file)	ficate of ention equest may
Vendor Name:			
(If individual, enter <b>Mailing Address</b>	last name first)		
Address:			
City/State/Zip:			
Phone:			
Contact Name:	Websi	te:	
Payment/Remit Address (if differ Address: City/State/Zip:	·		
Phone:			
Contact Name:			
Principal line of business:			
		(1099 will be issued for un	
Number of Employees	vendors with paymer	nts exceeding amount determin	ed by the IRS)
Signature and Name of Person(s)		Bids and Contracts:	<u>Telephone</u>
Standard Payment Terms:			
Return/refund Policy:			
I certify that the information I have p	provided on this form	is accurate and current.	
Signed		Date	

## Request for Taxpayer Identification Number and Certification

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

	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		
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.     □ Individual/sole proprietor or single-member LLC   □ C Corporation □ S Corporation □ Partnership     □ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owned to the (see instructions) ▶     5 Address (number, street, and apt. or suite no.) See instructions.     6 City, state, and ZIP code     7 List account number(s) here (optional)	Trust/estate	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.) nd address (optional)
Par			
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to ave	oid Social sec	urity number
eside	p withholding. For individuals, this is generally your social security number (SSN). However, for nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see How to get the		
	If the account is in more than one name, see the instructions for line 1. Also see What Name a	or Employee	dentification number
lumb	er 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.

Sign Here	Signature of		
Here	U.S. person ►	Date ►	

## **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-INT (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.

#### Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number	Date of Authorization
Name of Contractor	Name of Project
Name of Public Employer	
I hereby declare under penalty of perjury that the foregoing	s is true and correct.
Executed on,, 20 in	(city), (state).
Signature of Authorized Officer or Agent	
Printed Name and Title of Authorized Officer or Agent	
SUBSCRIBED AND SWORN BEFORE ME	
ON THIS THE DAY OF, 20	
NOTARY PUBLIC	
My Commission Expires:	

#### Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a subsubcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,201\_\_.

NOTARY PUBLIC

My Commission Expires:

#### AFFIDAVIT OF NO EMPLOYEES

The undersigned, in connection with a proposed contract or subcontract with Sequoyah Regional Library System for the physical performance of service in the State of Georgia, hereby affirms and certifies under penalties of perjury that:

- (a) I am a sole proprietor.
- (b) I do not employ any other persons.
- (c) I do not intend to hire any employees to perform the Contract.
- (d) A true, correct and complete copy of my driver's license, issued by a state that verifies lawful immigration status prior to issuance, is attached hereto.
- (e) If at any time hereafter I determine that I will need to hire employees to satisfy or complete the physical performance of services under the Contract then *before* hiring any employee, I will:
  - (i.) Immediately notify Sequoyah Regional Library System in writing; and
  - (ii.) register with, participate in an use, a federal work authorization program operated by the United States Department of Homeland Security or any equivalent federal work program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91, and as amended: and
  - (iii.) Provide Sequoyah Regional Library System with all affidavits required by O.C.G.A. § 13-10-90 *et seq.* and Georgia Department of Labor Rule 300-10-1-.02, 300-10-1-.03, 300-10-1-.07 and 300-10-1-.08.

Print Company Name/Name of Sole Proprietor

By: Signature of Authorized Officer/Agent / Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_DAY OF\_\_\_\_\_/20\_\_\_

Notary Public

My Commission Expires

NOTE: PLEASE INCLUDE COPY OF DRIVER'S LICENSE