



**Town of Black Mountain
Accounts Payable Department
160 Midland Ave
Black Mountain, NC 28711**

Website: www.townofblackmountain.org

Telephone: 828-419-9302

Email: AP@tobm.org

VENDOR INFORMATION FORM

To: All Vendors/Suppliers:

In order to become or remain an active vendor/supplier with the Town of Black Mountain, the following Vendor/Supplier information Forms and W-9 must be completed and returned. Current information is required in order for the Town to continue to process the purchases of goods and services, please take a moment to complete these forms. Your prompt attention to this matter is appreciated. If we do not receive the forms back you will not be a vendor/supplier for the Town of Black Mountain.

For your information, please note the following:

1. The Town of Black Mountain pays North Carolina sales and use tax and is not tax-exempt. These taxes, when applicable, should be detailed and included on your invoice
2. The Town of Black Mountain's payment terms are Net 30 Days from the date of receipt of invoice, unless any available discounts are indicated on the invoice.
3. If you are a contractor you must provide a certificate of Insurance with your vendor packet. You must also include a completed North Carolina Sales Tax Form with each invoice submitted.
4. There are two options for submitting invoices to the Town. **With either option you choose, please send only one copy of each invoice.**
 - a. Option 1 – email your invoices to AP@tobm.org **If you choose this option, do not mail invoices.**
 - b. Option 2 – mail your invoices:
*Town of Black Mountain
Attn: Accounts Payable
160 Midland Ave.
Black Mountain, NC 28711*



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 Accounts Payable Department
 160 Midland Ave
 Black Mountain, NC 28711

Vendors - Please Complete This Form in Full Along With the Attached IRS Form W-9

Vendor Name: _____

Payment Address:

Street: _____

PO Box: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please List Products/Services You Provide: _____

Are You A Certified Minority Business Enterprise? Yes No

If You Answered Yes, Please Check the Appropriate Box:

- African-American
- Hispanic
- American Indian
- Female
- Asian-American
- Disabled As Defined In
GS 168-1 OR GS 168A-3
- Non-Profit Work Center for Blind; Severely Disabled as Defined in GS143-48
- Socially & Economically Disadvantaged as Defined in 16 USC G37

Signature: _____

Title: _____

Date: _____

At the present time or at anytime in the previous 12 months, has any owner, officer, stockholder, employee, or other person with an interest, either direct or indirect, in the above named business been connected in any official capacity, or been employed by, Town of Black Mountain (refer to NCGS 14-234)? No Yes If yes, please identify relationship(s):

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	Exempt payee code (if any) _____
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		(Applies to accounts maintained outside the U.S.)	
	<input type="checkbox"/> Other (see instructions) ▶ _____		5 Address (number, street, and apt. or suite no.) See instructions.	
6 City, state, and ZIP code		Requester's name and address (optional)		
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.

Social security number									

or

Employer identification number									

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.

Sign Here	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.

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.



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E-Verify Employer Compliance, Tax and Iran Divestment Act Statement

As a Contractor/vendor of the Town of Black Mountain you shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Further, if Contractor/Vendor utilizes a subcontractor, Contractor/Vendor shall require the subcontractor to comply with the requirements Of Article 2 of Chapter 64 of the North Carolina General Statutes.

Contractor/Vendor, hereafter Employer, understands that E-Verify is a federal program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law. Employer is defined as: Any person, business entity, or other organization that transacts business In this State and that employs 25 or more employees In this State.

Therefore, all employers must be in compliance with the E-Verify requirements to enter Into contracts with the Town of Black Mountain.

Below check the type of employer and complete the Information.

- A) Employer with less than 25 employees, not required to use E-Verify:_____
- B) Employer with 25 or more employees required by Article 2 of Chapter 64 of the NC General Statues to use E-Verify: Yes we comply:_____

Company Name

Signature and Title

Date.