

# Salish & Kootenai Housing Authority Vendor Worksheet



**\*This worksheet must accompany your completed federal W-9\***

This form is intended to collect other information not printed on the W-9 form and further explains why a W-9 form is required. Please note the Salish Kootenai Housing Authority considers your W-9 and vendor worksheet to be confidential information and is used solely for the purpose of processing payments to your business and for the issuance of 1099's at the end of each calendar year.

## W-9 Instructions

- Box 1 – If you have an employer identification number (not a social security number) the name of your business is required in this box. If you are an individual with no employer identification number your individual name is required in this box.
- Box 2 – This can be left blank.
- Box 3 – Businesses need to check the appropriate federal tax classification of the business listed in box 1. If you are an individual please check the box for individual/sole proprietor.
- Box 4 – Only applies to businesses who have exemption codes.
- Box 5 & 6 – These boxes are for the mailing address of the business or individual listed in box 1. This is the address where vendor payments will be mailed to.
  - Part I: Taxpayer Identification Number - Please enter your employer identification number if you are a business or a social security number if you are an individual.
  - Part II: Certification – A signature and date is required.

Please remember failure to provide an entity with your tax identification number could result in 24% backup withholding as further explained in the Backup Withholding section of the W-9.

## Please provide the following additional information

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Net Terms:(circle one)      Immediately    30 Days      Net30      UR      Due on 10th

Indian Preference:      YES      NO      (If yes, please attach certificate)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***PLEASE REMEMBER TO SIGN AND DATE ALL DOCUMENTS***