

Alameda County Medical Center

1411 East 31st Street, Oakland, CA 94602

Substitute IRS Form W-9

Request for Taxpayer Identification Number and Certification

The purpose of this form is to obtain or verify the accuracy of information regarding the Alameda County Medical Center's (ACMC's) payees. ALL payees must have an accurate Substitute IRS Form W-9 on file in the ACMC General Accounting Office **in order to be paid**. If you fail to furnish your correct TIN, you may be subject to a penalty. If you are a nonresident alien and/or foreign entity, or you do not have a TIN, or for further information, see the Instructions on the back of this form.

Please print or type. Do not send to IRS. Return to Alameda County Medical Center in the envelope provided.

Name on record with IRS or Social Security Administration

All DBA(s) or Invoice Name(s) (if different from above name) use attachments if necessary

Address of Correspondence or 1099 (we will take the remittance address, if different from the invoice)

TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter only one TIN and it must be the type of TIN (SSN or EIN) that is appropriate to your type of entity. Only ONE Number will be ACCEPTED.

SOCIAL SECURITY NUMBER (SSN): - - - - - - - - - - - -

EMPLOYER ID NUMBER (EIN): - - - - - - - - - - - -

Type of Entity (please check only one)

Individual

Sole Proprietor

Partnership

Other (specify) _____

Corporation-State of Incorporation: _____

Government or Trust (specify) _____

Tax-Exempt Organization under Section 501(c) _____

Check the boxes that apply to Alameda County Medical Center's payments to you:

Goods Only

Goods and Services

Rents/Leases

Legal Services

Medical & Health Care Services

Rents/Leases Paid to You as the Agent

Non-Medical/Non-Legal Services – Describe: _____

Exempt from backup withholding? YES NO

Certification – Under penalties of perjury, I certify:

- (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).
- (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.
- (3) I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign here (required). Check if this signature applies to Certification: (1), (2), and/or (3).

Signature _____ Date _____

Print Name _____ Title _____

Phone No. _____ FAX No. _____

e-mail address _____

INSTRUCTIONS

Purpose of Form. – To furnish your correct TIN to a payer and (when applicable) to certify (1) that the TIN you are furnishing is correct (or that you are waiting for a TIN), (2) that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if applicable. Use this Substitute Form W-9 only if you are a U.S. person (including a resident alien). If you are a nonresident alien and/or foreign entity, complete the appropriate Form W-8 and mail to APMC. (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

How to obtain a TIN. – Individuals should obtain Form SS-5 from their local Social Security Administration. Businesses and all other entities should obtain Form SS-4 from their local IRS office. If you do not have a TIN, write "Applied For" in the TIN space on the front of this form and send it to us. Keep a photocopy of the blank form. You will have 60 days to receive your TIN and send the completed photocopy Substitute W-9 to the address on the front/top of this form. If we do not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

What is Backup Withholding? – Unless you are exempt (see next section), payments you receive will be subject to 30% withholding (29% after December 31, 2003) if:

- (1) You do not furnish your TIN, or
- (2) You do not certify your TIN when required, or
- (3) The IRS notifies us that the TIN/name combination you furnished is incorrect, or
- (4) The IRS notifies you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return, or
- (5) You do not certify to us that you are not subject to backup withholding under (4) above.

All amounts withheld will be sent to the IRS. Under no circumstances will the withheld amount later be sent directly to you. The total amount withheld will be reported in Box 4 of your 1099-MISC.

You will **not** be subject to backup withholding on payments you receive if you give APMC your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Who is generally exempt from backup withholding of payments made by Alameda County Medical Center?

- (1) A corporation, except a corporation which provides medical, health care or legal services;
- (2) An organization exempt from tax under Internal Revenue Code Section 501(a);
- (3) A government;
- (4) A real estate investment trust, a common trust fund operated by a bank under section 584(a), and a trust exempt from tax under section 664 or described in section 4947;
- (5) A financial institution.

For more information on exempt payees, see the Instructions for the Requester of Form W-9.

Penalties for failure to furnish TIN. – You are subject to a penalty of \$50 for each failure to furnish your correct TIN/name combination unless your failure is due to reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no imposition of backup withholding, you are subject to a penalty of \$500. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

What TIN/name combination should be reported on the front of this form?

Individual – Provide the SSN of the individual. Individual's names may never be used in combination with employer's TIN's. If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name (e.g., due to marriage without informing the Social Security Administration of the name change, please enter your first name and both the last name shown on your social security card and your new last name.

Two or more Individuals – Choose one name to list first and circle and show his/her SSN (payments will be reported on 1099 for that name and SSN only. If only one person on a joint account has an SSN, that person's number must be furnished.

Sole proprietorship – Sole proprietors must show the **owner's name** on the first line as the "name on record". (If the owner is a married couple, choose one name to list first and circle and show his/her SSN.) On the second line, show the business name as a "dba" if that is the name on the invoice. Sole proprietors may use either a SSN or EIN (if you have one).

Signing the Certification – You are required to furnish your correct TIN/name combination. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. If two individuals are listed, only the one who's SSN is reported may sign the certification.

Privacy Act Notice – Section 6109 requires you to furnish your correct TIN. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% (29% after 12/31/03) of taxable payments to a payee who does not furnish a TIN. Certain penalties may also apply. If we disclose or use your TIN in violation of Federal law, we may be subject to penalties.



ALAMEDA COUNTY MEDICAL CENTER
 Highland Campus • Fairmont Campus
 John George Psychiatric Pavilion • Ambulatory Healthcare Services
 1411 East 31st Street
 Oakland, CA 94602

VENDOR APPLICATION

RETURN THE COMPLETED FORM TO THE ADDRESS SHOWN ABOVE

FOR PURCHASING DEPARTMENT USE ONLY

Date Ent. Vendor # By

1. FIRM NAME	1a. DATE	2. <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> REVISED REQUEST
3. MAILING ADDRESS CITY STATE ZIP		4. FAX #
5. REMITTANCE ADDRESS CITY STATE ZIP		6. TELEPHONE () - (800) -

7. TYPE OF ORGANIZATION (check one) TAXPAYER I.D. NUMBER (TIN) S/S #

a. INDIVIDUAL
 Name of Owner: _____

b. PARTNERSHIP Fed ID #

Name of Partners: _____
 (Use additional sheets if needed) _____

c. CORPORATION Fed ID #

State of Incorporation: _____
 Are you a non-profit, tax exempt Yes No (if yes) Type: _____
 Are you a provider of medical services: Yes No

d. CONTRACTOR'S and/or BUSINESS LICENSES:
 Number: _____ Type: _____ Issued by: _____

8. DO YOU HAVE A "CERTIFICATE OF REGISTRATION - USE TAX" FROM THE STATE OF CALIFORNIA AUTHORIZING YOU TO COLLECT SALES TAX FROM US? YES NO IF YES, PLEASE GIVE NUMBER _____

9. COMPOSITION OF OWNERSHIP

Is this business owned and managed by a female? YES NO
 (If yes, must be at least 51% female owned)

Is this business owned and managed by a minority? YES NO
 (Indicate at right the percent of ownership) % of ownership ▶

White	Black	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
%	%	%	%	%

10. LIST THE SUPPLIES AND/OR SERVICES YOU ARE INTERESTED IN BIDDING
 Please describe the materials or services you sell - and enter the appropriate 3-digit code selected from the attached list - if you cannot locate a code, leave it blank, we will assign the code based on your description.

COMMODITY CODE	DESCRIPTION OF MATERIAL OR SERVICE

(FOR PURCHASING DEPARTMENT USE ONLY)

BID LIST NUMBERS: _____

11. COMPLETE THE FOLLOWING AS IT APPLIES TO YOUR FIRM (Attach additional sheets if necessary)

ADDRESS

PHONE/FAX/800

a. <input type="checkbox"/> HEADQUARTERS OFFICES NO. OF EMPLOYEES _____	_____	_____
	_____	_____
b. <input type="checkbox"/> MANUFACTURING PLANTS NO. OF EMPLOYEES _____	_____	_____
	_____	_____
c. <input type="checkbox"/> WAREHOUSES NO. OF EMPLOYEES _____	_____	_____
	_____	_____
	_____	_____
d. <input type="checkbox"/> SALES OFFICES NO. OF EMPLOYEES _____	_____	_____
	_____	_____

12. NAME OF PERSON RESPONSIBLE FOR AFFIRMATIVE ACTION IN YOUR FIRM _____ Phone _____

13. **DECLARATION**

The undersigned declares that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations and ownership of: _____ (Name of Firm)

The undersigned understands that in accordance with California Law any person through its directors, officers, or agents that falsely represents a business as a women or minority business enterprise in an attempt to procure contracts is subject to fine or imprisonment.

The undersigned agrees to inform Alameda County Medical Center of any changes to the information contained herein, particularly changes in **ownership, controlling interest, operations, or Tax Payer I.D. Number.**

The undersigned does further certify that _____ shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, or because they are disabled, or veteran of the Vietnam era, and shall comply with all applicable provisions of state and federal requirements regarding equal employment opportunity, affirmative action reporting and compliance programs, utilization of minority business enterprise and subcontractor programs.

EXECUTED AT _____ City _____ State _____ ON _____ 20 _____

BY _____
Title _____

COMMODITY CODES

Air Conditioning, HVAC	031	Foods - Dairy Products	373	Shoes and Boots	800
Appliances and Equip., Household	045	Foods - Entrees, Fresh, Frozen	374	Sporting and Athletic Goods	805
Art Equipment and Supplies	050	Foods - Meats, Poultry and Seafoods	376	Tape	832
Auto and Truck Accessories	055	Foods - Staple Foods	377	Television/Video Equip.	840
Auto: Parts/Maint. Items	060	Foods - Fruits & Vegetables	378	Textiles, Fibers, Household Linens	850
Auto: Bodies and Special Body		Forms, Continuous	395	Tickets, Coupon Books, Sales Books, Script Books, etc.	860
Accessories for Trucks	065	Fuel, Oil, Grease and Lubricants	405	Twine	865
Auto: Major Transportation Equip.	070	Furniture, Hospital	410	Waste and Refuse Equip.	883
Auto: Trailers	072	Furniture	420	Water Treating Chemicals	885
Auto: Shop Equip. and Supplies	075	Furniture, Office	425	Welding Equip., Gases and Supplies	894
Badges and ID	080	Gases: Hospital & Lab	430	X-Ray and Other Radiological Equip./Supplies	898
Bags	085	Hardware & Allied Items	450	Advertising/Public Relation Services	902
Barber and Beauty Supplies	095	Hospital Equip., Respiratory	461	Artistic Services	908
Batteries (except Auto)	103	Hospital Equip., General	465	Building Maintenance and Repair Service	909
Builder's Supplies	150	Hospital Equip., Mobility, Speech	470	Cleaning Services	912
Buildings, Fabricated	155	Janitorial Supplies	485	Construction Services	913
Cafeteria and Kitchen Equip.	165	Lab Equip. and Accessories - General	490	Data Processing Services	916
Clinical Lab. Reagents and Tests	193	Lab Equip. and Accessories - Biochemistry	493	Engineering Services	924
Clocks, Timers, Watchmakers' Tools	195	Lab & Field Equip., Biology/Zoology	495	Environmental Services	925
Clothing and Apparel	200	Laundry and Dry Cleaning Equip.	500	Financial Services	932
Computer Hardware/Peripherals	205	Laundry and Dry Cleaning Supplies	505	Food & Beverage Service	934
Computer Hardware (Lease/Rental)	206	Laundry Textiles/Supplies	510	Funeral Services	935
Concrete and Corrugated Metal	210	Library Machines and Supplies	525	Interpreter Services	945
Computer Software for Microcomputer	215	Lumber	540	Laboratory Services	947
Computer Software for Minicomputer	216	Markers, Plaques, Signs, and Traffic Control	550	Landscape Services	949
Computer Supplies	218	Material Handling Equip.	560	Lease of Capital Equip.	950
Coolers, Drinking Water	225	Metals: Bars, Plates, Rods, Sheets, Strips	570	Legal Services	951
Crafts, General	232	Microfiche, Microfilm, Microfilming Equip/Supplies	575	Mail Handling Service	955
Crafts, Specialized	233	Office Machines, Equip.	600	Maintenance & Repair Services	956
Data Processing Papers	250	Office Mech. Aids, Small Machines	605	Management Services	957
Dental Equip./Supplies	260	Office Supplies	615	Medical Service	960
Draperies, Curtains	265	Office Supplies: Erasers, Pens, Pencils, etc	620	Miscellaneous Service	961
Drugs/Pharmaceuticals	269	Optical Equip./Supplies	625	Moving Services	962
Non-Prescription and Misc. Drugs	270	Paint, Varnish, Wallpaper	630	Pharmaceutical Services	969
Drugs, Pharmaceuticals and Sets	271	Painting Equip.	635	Printing, Bookbinding, & Related Services	972
Electrical-Lighting & Fixtures	281	Paper and Plastic Products, Disposable	640	Rental of Supplies	976
Electrical-Equip./Supplies	286	Paper	645	Radiological Services	977
Electronic Components	287	Photographic Equip.	655	Rental of Capital Equipment (for Less than One Year)	980
Embossing and Engraving	300	Plastics, Forming, Laminating	665	Security and Guard Services	982
Engineering Equip., Surveying, Drawing, and Supplies	305	Plumbing Equip., Fixtures, and Supplies	670	Survey Services	987
Envelopes, Plain or Printed	310	Printing	696	Telecommunications Services	990
Fencing	330	Radio and Telecommunications Equip.	725	Temporary Personnel	991
Fire Protection Equip./Supplies	340	Radio, Television, and Electronic Testing, Equip	730	Testing, Physiology, Services	992
First Aid and Safety Equip.	345	Rags, Shop Towels, & Wiping Cloths	735	Therapy Services	993
Flags, Flag Poles, Banners	350			Transportation Services	995
Floor Covering, Installation, Removal and Supplies	360				
Floor Maintenance Machines, Parts	365				
Food Processing	370				
Foods - Beverages	371				
Foods - Bread Products	372				