

SUPPLIER REQUEST FORM

Chad Chronister, Sheriff
Hillsborough County Sheriff's Office
2008 East 8th Avenue
Tampa, Florida 33605



Purchasing Section
Phone: (813) 247-8034
Purchasing@HCSO.tampa.fl.us
[HTTPS://TeamHCSO.com](https://TeamHCSO.com)

To establish your business as a Supplier to the Hillsborough County Sheriff's Office,
provide the following ✓ documentation along with this completed application.

Send completed forms to your HCSO Contact.

Refer to the HCSO Purchasing website [HTTPS://TeamHCSO.com/Purchasing](https://TeamHCSO.com/Purchasing) for additional information.

Business Name (as shown on your invoice): _____	
Owners Name as per IRS Records, if reporting under SS#: _____	
Parent Company (if applicable): _____	
DUNS Number: _____	
Federal Tax ID Number: _____ OR Social Security Number: _____	
Tax Status: C-Corp: <input type="checkbox"/> S-Corp: <input type="checkbox"/> Individual/Sole Proprietor (1099): <input type="checkbox"/> LLC/LLP (1099): <input type="checkbox"/>	
Business Type: Commodity <input type="checkbox"/> Services* <input type="checkbox"/> Visa Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> ACH Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

✓ Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at
AccountsPayable@TeamHCSO.com or (813) 247-8276. ACH Authorization Form attached.

Phone Number: _____	Telephone	Remittance and Advice Notification Email: _____	
Phone Number: _____	Fax		Purchase Order Issuance Email: _____
Phone Number: _____	Cell		
The above e-mails are required, but may be duplicative of other e-mails listed herein.			
Address: _____	City: _____	State: _____ Zip: _____	Remit-To
Address: _____	City: _____	State: _____ Zip: _____	Procurement
Address: _____	City: _____	State: _____ Zip: _____	Shipping

HCSO Supplier Group (Procurement Category Code): _____
Your HCSO Contact: _____

SALES CONTACT	ACCOUNTING CONTACT
Name: _____	Name: _____
Office Phone: _____	Phone: _____
Cell Phone: _____	Fax: _____
E-Mail: _____	E-Mail: _____

- ✓ Completed and Signed IRS Form W9 (W8 for Foreign Based Company).
- ✓ Business Tax Receipt from Hillsborough County or other municipality's business license.
- ✓ Certificates of current Liability & Workers' Compensation Insurance (for on-site service providers.)*
- ✓ If your company is an LLC or LLP filing as a Corporation, provide IRS Form 8832 or Form 2553 to prevent receipt of an IRS Form 1099.

HCSO Use Only - Finance Initiator:	
HCSO Staff Requesting: _____	ABN: _____
Payment Types Requested: Check, ACH, Legal Check, Etc. _____	
Alternate Name Requested: (FBO) (DBA) (Legacy) _____	
Supplier PO will be automatically emailed <input type="radio"/>	Supplier PO will be set to Print and manually emailed <input type="radio"/>
HCSO Use Only - Purchasing:	
Convictions, Suspensions, or Federal Exclusions: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please explain: _____	
Remittance Integration <input type="checkbox"/>	ACH Initiated <input type="checkbox"/>
Payment Terms <input type="checkbox"/>	IRS Verification <input type="checkbox"/>
Date: _____	Verified By: _____



Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at AccountsPayable@TeamHCSO.com or (813) 247-8276. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address notated for Remittance Notifications.

PAYEE INFORMATION:

Payee Name (Entity Name or Name of Individual)	SSN/EIN/TIN
Payee Remit-To Address	
E-Mail Address (Remittance Notifications)	Phone Number

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Address: _____

Routing Transit Number: _____ Account Number: _____

Type: ☐ Checking (Attach a blank voided check*) OR ☐ Savings (Attach a blank voided deposit slip*)

**A signed Letter of Verification on letterhead from your Financial Institution may be substituted.*

PAYEE CERTIFICATION:

By signing this form, I authorize payments to be deposited to the designated account and financial institution named above by the Hillsborough County Sheriff's Office for goods/ services rendered, reimbursements, or other transactions and, if necessary, to initiate other adjustments for any entries made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

_____ Name (Please Print)	_____ Title
_____ Signature	_____ Date

Please return completed form and blank voided check/deposit slip or Bank Letter* to Hillsborough County Sheriff's Office, ATTN: Purchasing, 2008 East 8th Avenue, Tampa, Florida 33605 or Purchasing@HCSO.tampa.fl.us.

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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	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.

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.

Social security number									
				-				-	
or									
Employer identification number									
				-					

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.



Refer to the HCSO Purchasing website [HTTPS://TeamHCSO.com/Purchasing](https://TeamHCSO.com/Purchasing) Doing Business with HCSO for additional information.

Additional documentation available from our above-mentioned website include:

- [HCSO Holiday Schedule](#)
 - Outline of business days observed by the Hillsborough County Sheriff's Office (HCSO) as Holidays
- [Vendor Application Packet](#)
 - A Packet which contains a Supplier Request Form, ACH Payment Authorization Form, and a blank W9
- [ACH Payment Authorization Form](#)
 - A Form utilized by the Hillsborough County Sheriff's Office to initiate new, or update existing, Automated Clearing House (ACH) payment information to process payments.
- [Federal Grant Compliance Acknowledgment](#)
 - A document utilized to document Acknowledgment of the requirements of the HCSO and Supplier(s) in regard to public competitive procurements and other purchases made with Federal Grant Funds.
- [HCSO's Purchasing Terms and Conditions](#)
 - General Purchasing Terms and Conditions of the HCSO agreed to upon acceptance and fulfillment of a Purchase Order (PO) for goods or services.
- [Procurement Codes \(HCSO Supplier Groups\)](#)
 - List of supplier categories HCSO personnel may use to search for purveyors of certain goods or service descriptions within our Supplier Database.
- [HCSO's Tax Exemption Certificate](#)
 - The Hillsborough County Board of County Commissioners (BOCC) and all agencies funded by the BOCC such as HCSO are eligible for Florida State Sales Tax Exemption.
- [HCSO's W-9](#)
 - Completed Request for Taxpayer Identification number and Certification for HCSO including Employer Identification Number.

Name (Please Print)

Title

Signature

Date