



Vendor No. _____

Return Completed Form to purchasing@partnersbhm.org

The Internal Revenue Service requires that we file FORM 1099 Misc. (statement for recipients of miscellaneous income) to report payments to all persons engaged in trade or business receiving total payments of \$600 or more in any tax year in the course of their business. In order to comply with the IRS rules, you must furnish your taxpayer identification number OR social security number in Section C and identify your type of business in Section D. If you fail to furnish your taxpayer identification number or social security number, or if you provide an invalid number, IRS law requires that we withhold taxes totaling 28% of all payments we make to you. In addition, if you have not provided us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the IRS. Please complete all sections below and return this form to the address noted above as soon as possible. Check this box if you are NOT subject to backup withholding under the provisions of Section 3406 of the Internal Revenue Code.

SECTION A – Remittance Address for Payments to You:

Individual or Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Name: _____ Phone No: _____ Fax No: _____

Email address _____

SECTION B – Purchase Order Information: NOT APPLICABLE FOR HEALTHCARE PROVIDERS

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Name: _____ Phone No: _____ Fax No: _____

Email address _____ Mobile No: _____

SECTION C – Identifying Number for the IRS:

OR

Taxpayer Identification Number _____ - _____ - _____

Social Security Number _____ - _____ - _____

SECTION D – The ONE category which best describes your company:

- Individual
- Sole Proprietor
- Partnership
- Tax Exempt Organization
- Other (describe) _____
- Attorney (even if incorporated)
- Provides Rental Property to Partners BHM
- Health care or medical services provider (even if incorporated)
- Corporation

SECTION E – Primary Type of Business (Check One)

- Consultation Services
- Retailer
- Limited Contractor (please describe) _____
- Service (please describe) _____
- Other (please describe) _____
- Contractual Services
- Construction
- Medical/Health Care Services
- General Contractor

I certify that the information provided above is true, correct, and complete.

Written Signature: _____ Date: _____

Printed Signature: _____ Title: _____