

# Spartanburg County Procurement Vendor Information



- Potential bidders are required to complete a Vendor Registration Form and submit it by mail, fax or email at:
  - mail: Spartanburg County Procurement , 366 N. Church St., Spartanburg, SC 29303
  - fax: (864) 596-2297
  - email: [jhumphries@spartanburgcounty.org](mailto:jhumphries@spartanburgcounty.org)
  - or online at this county website link: <http://www.spartanburgcounty.org/SCCRS/regtype.aspx>
- Federal Tax # information **MUST** be included.
- And anyone engaged in within the state in the business of selling tangible personal property at retail must have a SC Tax #. The measure, or basis, for the sales tax is the retailer's gross proceeds of sales. The retailer is liable for the tax.

***To be considered for any project, you must be a registered vendor with Spartanburg County.***

# Spartanburg County Vendor Information



- If your company does not pay SC Sales Tax or hold a SC Retail License then check Use Tax. Sales tax is a little trickier; SC has 47 different counties which all use different tax amounts. Spartanburg County sales tax is 6%.
- The SC Department of Revenue can require an out-of-state retailer to purchase a retail license and collect SC use tax if the vendor:
  - \* has retail locations in SC
  - \* maintains an office, warehouse or other place of business in SC
  - \* has a salesperson in SC soliciting orders on a regular basis
  - \* has a agent located in SC
  - \* delivers goods on his/her own trucks & advertises on a regular basis in SC via SC media, or
  - \* delivers their goods on their own trucks & advertises on a regular basis in SC via media located outside of SC that has extensive coverage in SC

**NOTE:** this is based on the concept of *NEXUS* which is determined by the courts and may change from time to time.

# Spartanburg County

## Vendor Information



- Vendors providing services are required by Spartanburg County to provide an Accord statement of Worker's Compensation Insurance listing Spartanburg County as an additional insured for general liability, and a W-9 form. These items are to be submitted along with the Vendor Registration Form.
- If your company is not required by SC Law to maintain Worker's Compensation Insurance, then a statement of such on your company letterhead is requested. Subsequent offers will be subject to a signed waiver, per job, releasing Spartanburg County of general liability.
- Failure to provide this information to the Purchasing Department may, at the discretion of Spartanburg County, cause a bid to be considered none responsive and rejected.
- To ensure bid participation, interested vendors can find details of bids posted on the Spartanburg County website at: [www.spartanburgcounty.org](http://www.spartanburgcounty.org), under section E – Online Services, choose “*bids and “contracts”*”.

County Of Spartanburg, SC  
**VENDOR LIST APPLICATION** FY2016

|                             |       |
|-----------------------------|-------|
| <b>FOR OFFICE USE ONLY:</b> |       |
| VEN #:                      | _____ |
| QS1#:                       | _____ |
| DATE:                       | _____ |

Company Name: \_\_\_\_\_  
**(MUST MATCH THE NAME THAT WILL APPEAR ON INVOICES & W-9 SUBMITTED FOR PAYMENT)**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Payment Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Fax No. (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ : E-Mail: \_\_\_\_\_

Federal Tax ID number: \_\_\_\_\_ Is this a personal Social Security #? yes \_\_\_ no \_\_\_  
**(NOTE: A completed W-9 Form must be returned with this application)**

Is this a Corporation? Yes \_\_\_ No \_\_\_ Small Business? Yes \_\_\_ No \_\_\_ Owned by- Male \_\_\_ or Female \_\_\_

Physical Presence in S.C.? Yes \_\_\_ No \_\_\_ Method of Delivery: \_\_\_ UPS \_\_\_ FedEx \_\_\_ Other

SC Retail License \_\_\_\_, or SC Sales Tax \_\_\_\_, or SC Use Tax \_\_\_ Number \_\_\_\_\_

Minority Vendor? Yes \_\_\_ No \_\_\_ (If yes, attach Certification Certificate.)

**CATEGORY FOR SERVICES OFFERED (CHECK ALL THAT APPLY)**

|   |   |  |
|---|---|--|
| Architecture/Engineering <input type="checkbox"/>       | Environmental Services <input type="checkbox"/>   | Maintenance Repair <input type="checkbox"/>                              |
| Auto – Parts/Repairs/Body Shop <input type="checkbox"/> | Equipment Rental <input type="checkbox"/>         | Medical Supplies <input type="checkbox"/>                                |
| Clothing/Uniforms <input type="checkbox"/>              | Inmate Services <input type="checkbox"/>          | Printing <input type="checkbox"/>  |
| Construction - Major <input type="checkbox"/>           | Information Technologies <input type="checkbox"/> | Safety <input type="checkbox"/>  |
| Construction – Minor <input type="checkbox"/>           | Landscaping <input type="checkbox"/>              | Tele Communications <input type="checkbox"/>                             |
| Copier/Printer Equipment <input type="checkbox"/>       | Law Enforcement <input type="checkbox"/>          | Trade Contractors –<br>HVAC/Plumbing/Electrical <input type="checkbox"/> |
| Other (not listed) <input type="checkbox"/> {describe}  |   |  |

Provide a brief commodity/service description of your business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** Placement on the bidders list is a service provided for your convenience as a courtesy. Inclusion is not a binding assurance of future solicitation. To insure bid participation, check our official website at [www.spartanburgcounty.org](http://www.spartanburgcounty.org) to review posted projects that may be of interest to you.

**INSURANCE:** General Liability & Worker’s Compensation coverage is required for vendors that perform work onsite for Spartanburg County. If not required by South Carolina State Law to have Worker’s Comp, a waiver must be submitted.

Return this completed form and W-9 to:

Mail: Spartanburg County, Purchasing Department, PO Box 5666, Spartanburg, SC 29304  
 Fax: (864) 596-2297 Email: [jhumphries@spartanburgcounty.org](mailto:jhumphries@spartanburgcounty.org)

**ALL PURCHASES MUST BE MADE WITH SIGNED PURCHASE ORDER PRIOR TO AN ORDER BEING PLACED**



**SPARTANBURG COUNTY**  
**WORKERS' COMPENSATION**  
**STATEMENT OF INDEPENDENT CONTRACTOR**

I, \_\_\_\_\_, ( \_\_\_\_\_ ) owner/manager of  
(Name of Contractor) (Federal ID# or SSN)  
\_\_\_\_\_ hereby make the following statement about my relationship  
(Name of Business)  
with Spartanburg County:

1. I employ three or fewer people and I understand that I am not required by state law to carry workers' compensation insurance.
2. I have agreed to perform certain contract work for Spartanburg County. That work is:  
\_\_\_\_\_  
(Brief description of work you are contracted to do)  
When I complete the work, I will then expect to be paid \_\_\_\_\_ in  
(Amount)  
a lump sum. Neither I, nor my employees, will be paid by Spartanburg County on an hourly basis.
3. To the extent that I need equipment or supplies to perform the work I have been contracted to do, I have my own equipment and supplies that I will use to perform the work. I will not use any equipment or supplies owned by Spartanburg County.
4. I will start and stop work and perform the work according to my own methods, means, plans and desires. I will not be supervised or instructed on how or when to perform the work. As long as I complete the work in a workman-like manner and to the satisfaction of Spartanburg County by the agreed time, I can and will do the work when I desire and in the manner I desire. I also understand that if I do not perform to the level of expectation or in a timely manner, that failure will be a breach of contract. I cannot be "fired" because I am not an employee.
5. I do not expect Spartanburg County to withhold any amount that is due me to pay for state or federal income taxes, Social Security contributions, or Employment Security or Workers' Compensation premiums. I expect to receive a 1099 from Spartanburg County at the end of the year showing the amount I received this year from my contract work.
6. When I complete the work that I have agreed to do and receive the payment to which I am entitled, according to the contract, which will terminate my working relationship with Spartanburg County on this contract.
7. My employees and I are not entitled to workers' compensation benefits under Spartanburg County Workers' Compensation coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

|   |  |   |
|---|--|---|
| <b>Print or type<br/>See Specific<br/>Instructions on page 2.</b> | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |
|   | <b>2</b> Business name/disregarded entity name, if different from above  |   |
|   | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |
|   | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i>   |   |
|   | <b>5</b> Address (number, street, and apt. or suite no.)   | Requester's name and address (optional) |
|   | <b>6</b> City, state, and ZIP code   |   |
|   | <b>7</b> 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

|                                       |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>Social security number</b>         |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |
| <b>or</b>                             |  |  |  |  |  |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |  |  |  |  |  |  |
|                                       |  |  |  |  |  |  |  |  |  |

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.