NEW VENDOR FORM

www.riversideca.gov

RETURN FORM TO:

CITY OF RIVERSIDE
City Manager's Office
Finance/Accounts Payable
3900 Main Street, 6th Floor
Riverside, CA 92522

VENDOR INFORMATION

SECTION 1

1. Social Security Number (Owner SSN required for sole proprietorship and DBA's) ___ - __ - ____
2. Taxpayer Identification Number (Federal TIN used to file Federal tax return) __ - _____
3. Business Name (If operated as DBA, enter the DBA name)
4. Business phone number ( ) -
5. Contact Name
6. Street Address
7. City
8. State
9. Zip -
10. Fax Number ( ) -
11. Email Address

VENDOR PROFILE AND TAX ACKNOWLEDGEMENT

SECTION 2

12. What does your business provide? (Check all that apply)
- ☐ Services
- ☐ Supplies

12a. Incorporated?
- ☐ Yes (Go to 14)
- ☐ No (Go to 12)

12b. LLC (Limited Liability Corporation)?
- ☐ Yes (Go to 12a)
- ☐ No (Go to 13)

12c. LLC formed as:
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation (Go to 14)

13. Business Type (LLC's must also fill out this section) (Box 1 in Section 1 must be filled in.)
- ☐ Sole Proprietorship (Enter owner's name) _____
- ☐ Operated as a DBA (*see instructions for requirements*)
- ☐ Partnership (Enter name used to file tax return) _____

STATE OF CALIFORNIA INCOME TAX WITHHOLDING REQUIREMENT

14. Out of State vendor?
- ☐ Yes (Go to 14a)
- ☐ No (Go to 15)

14a. Office in California?
- ☐ Yes (Go to 15)
- ☐ No (Go to 14b)

14b. Physically perform service in the State of California?
- ☐ Yes (Go to 14c)
- ☐ No (Go to 15)

14c. California State Form 587 required

You must fill out California State Form 587. You may request a form from Accounts Payable at (909) 826-5548, or view links to this form and additional information on the internet at: http://www.ftb.ca.gov/individuals/wsc/ic.html

CITY OF RIVERSIDE BUSINESS TAX REQUIREMENT

15. Office in the City of Riverside?
- ☐ Yes (Go to 15b)
- ☐ No (Go to 15a)

15a. Physically perform service in the City of Riverside?
- ☐ Yes (Go to 15b)
- ☐ No (Go to 16)

15b. Business tax has been paid to the City of Riverside, and certificate is not expired?
- ☐ Yes (Go to 15d and 15e)
- ☐ No (Go to 15c)

15c. Business Tax Application required

You must fill out a Business Tax Application. This form is available on the City's website, or you may obtain a form by visiting City Hall. http://www.riversideca.gov/finance/app.pdf

15d. Business Tax License #

15e. Expiration Date

NOTE: It is unlawful for any person to carry on any business in the City without a valid business tax certificate.

PAYMENTS TO YOU MAY BE WITHHELD UNTIL DELINQUENT BUSINESS TAXES ARE RESOLVED.

DIRECT DEPOSIT AUTHORIZATION

CITY VENDORS ARE ENCOURAGED TO RECEIVE PAYMENTS BY DIRECT DEPOSIT.

SECTION 3

16. Financial institution name
17. Phone number ( ) -
18. Name on account
19. Address
20. City
21. State
22. Zip -
23. Routing transit number (See instructions)
24. Customer account number (See instructions)
25. Type of Account ☐ Checking ☐ Savings

DIRECT DEPOSIT AGREEMENT

I authorize the City of Riverside (City) City Manager/Finance to deposit by electronic transfer payments owed to me by the City and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The City shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until canceled in writing. I must initiate and complete a new authorization form if I change my account, close my account, or change financial institutions.

26. Authorized Signature
27. Printed Name
28. Date

Company contact information for notification and details of direct deposit payments

29. Contact Name
30. Phone number ( ) -
31. Email address for payment notification

FOR CITY USE ONLY

SECT 4

32. PEID
33. Signature
34. Date
35. Prenote

NEW VENDOR FORM - Instructions

CITY OF RIVERSIDE
City Manager/Finance
Accounts Payable
3900 Main Street 6th Floor
Riverside, CA 92522

Questions: (951) 826-5548
Fax: (951) 826-5683
www.riversideca.gov

Section 1 - VENDOR INFORMATION

Box 1: Social Security Number (SSN)

The primary's owner's SSN is required if the vendor is

1) a sole proprietorship;
2) a sole businesses operating under a DBA; or
3) a Limited Liability Corporation formed as a sole proprietorship.

Box 2: Taxpayer Identification Number (Federal TIN)

Enter the Federal ID used on the Federal tax return for the business. (The Federal TIN is also required for businesses operating under a DBA.)

Box 3: Business name

Enter the full legal name of the business as shown on the business license. (If the business is operating under a DBA, enter the DBA name.)

Box 4: Business phone number

Enter the primary phone number for the business.

Box 5: Contact name

Enter the name of the primary contact person for the business.

Boxes 6 through 9: Street address, City, State, Zip

Enter the physical location of the business. If you prefer communication to be sent to a PO Box, you may additionally enter that information. A physical location of the business is, however, required.

Section 2 - VENDOR PROFILE AND TAX ACKNOWLEDGEMENT

Box 10: What does your business provide?

Indicate whether your business provides services, supplies, or both; check both boxes if your business provides services and supplies.

Example of Services: Personal services, such as installation, maintenance or repair, consulting, legal or financial services, training, or other on-site work.

Example of Supplies: Sale of inventory items, computers, equipment, furniture, uniforms, chemicals, etc.

> If you provide supplies and are interested in providing supplies to the City, you should also fill out a Supplier Application form for the Purchasing Department. This application is kept on file in the Purchasing Department and is referred to when a specific type of supplies are required by the City. It will enable us to inform you of bid opportunities that may pertain to you. You may obtain this form from the Purchasing Department (909-826-5561) or online at:
>
> http://www.riversideca.gov/finance/purchasing/suppliers_app.pdf

Example of Services and Supplies: Selling and installing equipment, or providing any combination of the services and supplies described above.

Box 11: Incorporated?

Indicate whether your business type is a corporation. If the business is a corporation, proceed to Box 14. (LLC's formed as a corporation should check No and proceed to Box 14.)

Box 12: LLC (Limited Liability Corporation)?

Indicate whether your business is a Limited Liability Corporation. If No, proceed to Box 13. Otherwise, proceed to box 12a.

Box 12a: LLC formed as:

If you checked Yes in Box 12, indicate the taxation option used by the LLC. If the LLC taxation option is NOT corporation, go to Box 13. Otherwise, proceed to box 14.

Box 13: Business type:

If the business is not a corporation (you checked No in Box 11), indicate the business type in this Box. If the business is a Limited Liability Corporation formed as a sole proprietorship or partnership, provide the information requested below.

Sole Proprietorships: Enter the primary owner's full name as shown on the business license. Note: The primary owner's SSN must be entered in Section 1, Box 1. This requirement also applies to LLC's formed as sole proprietorships.

Operated as a DBA: If the business is operated under a DBA, please ensure that the fields listed below were filled out as indicated:

Section 1:

Box 1: If the business is a sole proprietorship operating as a DBA, enter the owner's SSN.

Box 2: Enter the TIN used by the business.

Box 3: Enter the DBA name.

Section 2:

Box 13: If the business is a sole proprietorship operating as a DBA, check the Sole Proprietorship box and enter the owner's name.

Partnerships: Enter the business name as shown on the business license or Federal tax returns.

Box 14: Out of State vendor?

If the primary or home office of the business is physically located in California, check No and proceed to Box 15. Otherwise, check Yes and proceed to Box 14a.

Box 14a: Office in California?

If the business has a physical location in California, either a primary or home office or a satellite or branch office, check Yes and proceed to Box 15. Otherwise, check No and proceed to Box 14b.

Box 14b: Physically perform service in the State of California?

Some businesses may not have a physical office or location in the State of California, but their employees may travel to California to provide services for their customers. If any employees of the business travel to the State of California to provide services, check Yes and proceed to box 14c. Otherwise, check No and proceed to Box 15.

Box 14c: California State Form 587 required

The City is legally required by the State of California to withhold California income tax from payments made to out-of-state vendors that provide services in the State of California. You may obtain additional information online at http://www.ftb.ca.gov/individuals/wsc/ic.html including waiver requests. If you currently file California tax returns, you may present California State Form 590 (Withholding Exemption Certificate) to the City.

Box 15: Office in the City of Riverside?

If the business has a physical location in the City of Riverside, either a primary or home office or a satellite or branch office, check Yes and proceed to Box 15b. Otherwise, check No and proceed to Box 15a.

Box 15a: Physically perform service in the City of Riverside?

Some businesses may not have a physical office or location in the City of Riverside, but their employees may travel to Riverside to provide services for their customers. If any employees of the business travel to the City of Riverside to provide services, check Yes and proceed to Box 15b. Otherwise, check No and proceed to Box 16.

Box 15b: Business tax has been paid to the City of Riverside, and certificate is not expired?

Business tax must be paid to the City of Riverside on an annual basis. Check your most recent certificate from the City's Business License department to determine whether your business tax is current. If your business tax has expired or you have never paid business tax to the City, check No and proceed to Box 15c. Otherwise, check Yes and proceed to Box 15d.

Box 15c: Business Tax Application required

A Business Tax License is required in two circumstances:

- ? The business has a physical location in the City of Riverside; or
- ? the business provides services within the city limits of Riverside. (Refer to the instructions for Box 10 for a definition of "services".)

You may obtain additional information online at the following links:

Business Tax forms and contact information: http://www.riversideca.gov/finance/Default.htm#
(Choose an item from the Business Tax link.)

Taxes, Licenses and Regulations portion of the City Code:
http://www.riversideca.gov/finance/TAXES,%20LICENSES%20AND%20REGULATIONS.pdf

Box 15d: Business Tax License

If your license is current or your renewal is pending, enter the Business Tax License number in Box 15d. If your first-time application for Business Tax License is being processed, write "pending" and proceed to box 15e.

Box 15e: Expiration Date

If your license is current, enter the expiration date of the Business Tax License in Box 15e. If your first-time Business Tax License is being processed or your renewal is pending, write the date on which you submitted your application.

NOTE:

Business Tax Licenses must be renewed annually with the City of Riverside. If it is determined that your business meets the circumstances in which a business license is required, and the business license is not current at the time that payment is requested of the City, the City may seek to withhold payments owed to the business until the Business Tax License is renewed. It is your responsibility to ensure that the business tax is current both at the time of filling out the New Vendor Form and at the time you request payment from the City.

If you have not yet applied for a Business Tax License, or your license is pending, you may still complete and submit this New Vendor Form.

Section 3 - DIRECT DEPOSIT AUTHORIZATION

Boxes 16 and 17: Financial institution name and Phone number

Enter the name and phone number of the financial institution that holds the account in which payments made to you by the City will be deposited.

Box 18: Name on account

Enter the name on the account in which payments made to you by the City will be deposited. This should be the exact account name as displayed on the checks or bank statements for the account.

Boxes 19 through 22: Address, City, State, Zip

Enter the branch address of the financial institution that holds the account in which funds will be deposited. If this is a checking account, enter the bank's address as displayed on the checks. If this is not a checking account, enter the bank address displayed on the bank statements that you receive for the account.

NEW VENDOR FORM - Instructions

Boxes 23 & 24: Routing transit number, Customer account number

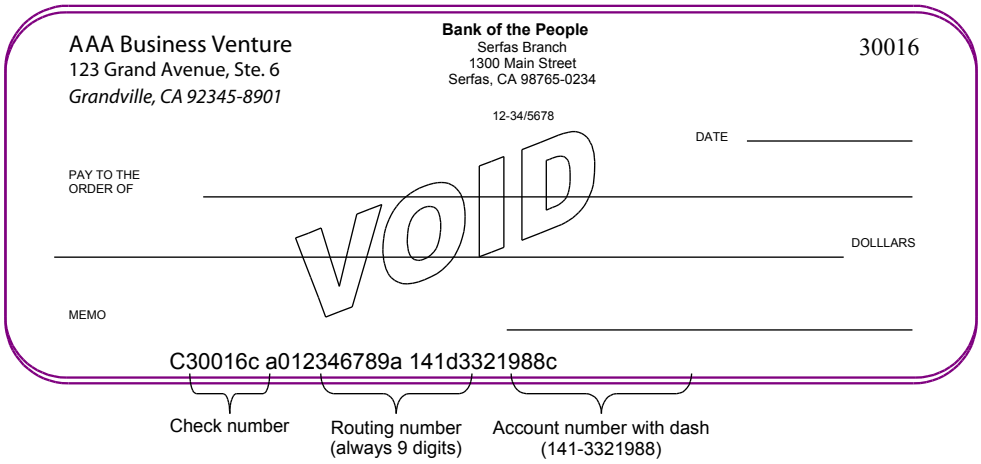
Routing transit number: For both business and personal checking accounts, the routing number is always a nine digit number listed on the bottom of the check. Refer to the check samples shown below. For savings accounts, contact your bank for the routing number.

Customer account number: This set of numbers is separated from the routing number by a unique character. This number should match your bank statement. If the dash character (D) is included in the account number on the check, write a dash character when entering the account number on the New Vendor Form. Refer to the check samples shown below.

If desired, you may attach a VOIDED check to your New Vendor Form, and we will verify the information that you have entered in Section 3 by comparing your entries to the check.

IMPORTANT: Use a permanent marker or pen to write "VOID" in large letters across the check. Do not write over the account holder name, bank address, or routing and account numbers.

Sample Business Check

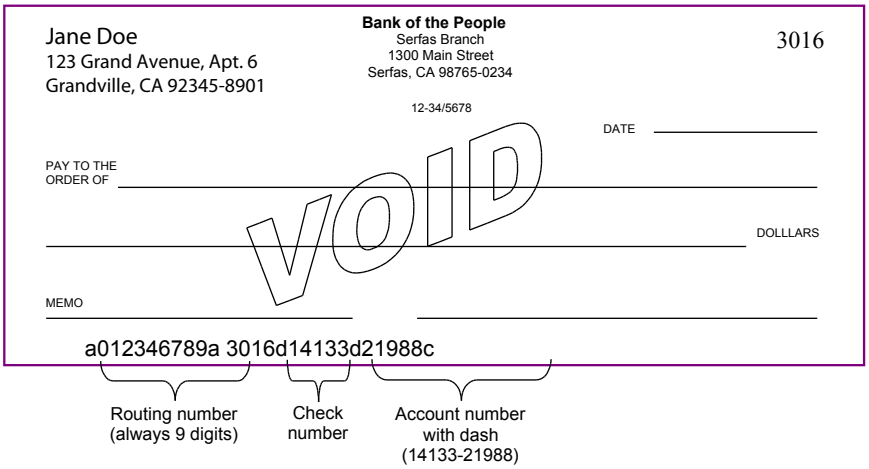


As entered in New Vendor Form:

23. Routing transit number (See instructions)	24. Customer account number (See instructions)
0 1 2 3 4 6 7 8 9	1 4 1 - 3 3 2 1 9 8 8

NEW VENDOR FORM - Instructions

Sample Personal Check



As entered in New Vendor Form:

23. Routing transit number (See instructions)	24. Customer account number (See instructions)
0 1 2 3 4 6 7 8 9	1 4 1 3 3 - 2 1 9 8 8

Box 25: Type of Account

Indicate whether the direct deposit account is a savings or checking account. If you are uncertain of the account type, contact your bank. If this is erroneously indicated, the direct deposit will not be successful!

Boxes 26 through 28: Authorized signature, Printed name, Date

Read the Direct Deposit Agreement. If you agree with the terms and conditions set forth, a person designated as an authorized signer for your bank transactions should place his/her signature in Box 26, print his/her name in Box 27, and write the current date in Box 28.

Boxes 29 & 30: Contact name and Phone number

We may need to contact the business regarding a direct deposit payment. Enter the name and phone number of the person who should be contacted in this event.

Box 31: Email address for payment notification

We may choose to notify you via email of a payment made by direct deposit. This email will include the total deposit amount and the invoices and invoice amounts to which the payment applies. Enter the email address to which this notification should be sent.

Section 4 - FOR CITY USE ONLY

Boxes 32 through 35:

Do not make entries in these boxes; these boxes are for City use only.

RETURN COMPLETED FORM TO:

City of Riverside
City Mgr/Finance, Accounts Payable
3900 Main Street, 6th Floor
Riverside, CA 92522

QUESTIONS? CONTACT:

Accounts Payable
(909) 826-5548