



120 Maple Street  
Wadsworth, Ohio 44281  
PH 330-335-2743  
FX 330-335-2718  
Vendorinfo@wadsworthcity.org

To Whom It May Concern:

Thank you for your interest in doing business with the City of Wadsworth. In order to set up your account with the City and to process payments to your organization, we will require the following enclosed paperwork regarding your organization:

- City of Wadsworth Vendor Information form
- Federal Form W-9
- Ohio New Hire Reporting Form **(If Applicable)**
- Independent Contractor Acknowledgment **(If Applicable –see below\*)**

**\* The Independent Contractor Acknowledgement is required by Ohio Revised Code to be completed by independent contractors, other individuals performing services for the City and by each employee of a business with less than five employees.**

The City of Wadsworth is required by federal law to have on file a Form W-9 with the Taxpayer Identification Number (TIN) for any business or individual to whom we make payments. **If the information requested is not provided, federal laws obligate us to withhold 28% from each reportable payment due you, and you may be subject to a \$50 penalty imposed under Section 6723 of the Internal Revenue Code.**

The Independent Contractor Acknowledgment form states that you have not been classified as a public employee and that no OPERS contributions will be made on your behalf for these services. This form only needs to be completed by independent contractors within 30 days of the date on which the individual commences the services.

Please complete all of the attached forms as soon as possible and return by mail to 120 Maple Street, Wadsworth, OH 44281, fax to 330-335-2718 or e-mail to vendorinfo@wadsworthcity.org. **Failure to complete these forms could result in a delay of payment or the nullification of a contract.**

We thank you for your cooperation. If you have any questions or concerns, please do not hesitate to contact Lisa Jones directly at 330-335-2743.

Sincerely,

City of Wadsworth Finance Department

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## NEW VENDOR APPLICATION

<b>Vendor Information</b>			
Vendor Name:			
Federal Tax I.D. #		Social Security #	
Address:			
City:	State:		Zip:
Phone:		Fax:	
Contact Person (s):			
Phone:			
Email:			
City contact and/or city department you are working with:			
If service provider, will any work be performed inside the city? <b>If yes, you must register your business for income tax purposes at <a href="http://www.ritaohio.com">www.ritaohio.com</a>.</b> YES      NO      N/A			
Type of Organization (Please circle one): Corporation                  Partnership                  Sole Proprietor                  Limited Liability			
If you are an independent contractor – i.e. sole proprietor or business with a single owner, <b>you must also complete the Ohio New Hire Reporting form and OPERS Acknowledgment form.</b> YES                                  NO			

X \_\_\_\_\_  
 Signature of Authorized Individual

\_\_\_\_\_  
 Title of Authorized Individual

X \_\_\_\_\_  
 Print Name of Authorized Individual

\_\_\_\_\_  
 Date

<b>City of Wadsworth Use Only</b>		
<input type="checkbox"/> Application	<input type="checkbox"/> Form W-9	<input type="checkbox"/> Additional Forms







### STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

In accordance with Ohio Administrative Code section 145-1-42(A)(2), an independent contractor means an individual who:

- Is a party to a bilateral agreement which may be a written document, ordinance or resolution that defines the compensation, rights, obligations, benefits and responsibilities of both parties;
- Is paid a fee, retainer or other payment by contractual arrangement for particular services;
- Is not eligible for workers' compensation or unemployment compensation;
- May not be eligible for employee fringe benefits such as vacation or sick leave;
- Does not appear on a public employer's payroll;
- Is required to provide his own supplies and equipment, and provide and pay his assistants or replacements if necessary;
- Is not controlled or supervised by personnel of the public employer as to the manner of work; and
- Should receive an Internal Revenue Service form 1099 for income tax reporting purposes.

An independent contractor is not a public employee and shall not become a contributor to the retirement system. If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination. Under the OPERS Health Reimbursement Arrangement (HRA) and the OPERS Retiree Medical Account (RMA), re-employed retirees who are not independent contractors are not eligible for a monthly allowance or reimbursement of any medical expenses incurred during the re-employment period. If you are not an independent contractor and receive an allowance or reimbursements, you may be liable to OPERS and/or the applicable plan.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. If you entered into a contract to provide services as an independent contractor, you are acknowledging that you meet the requirements of an "independent contractor" as that term is defined in Ohio Administrative Code section 145-1-42(A)(2). If you begin to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, you are acknowledging the pension portion of your benefit will be forfeited during the period of the contract. You are acknowledging that the annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract, and you may be liable to the retirement system for any amounts incorrectly paid from the plan(s). You are also acknowledging that you are not eligible for a monthly allowance or reimbursement of medical expenses incurred during the period you are providing services under the OPERS HRA or the OPERS RMA, and you may be liable to OPERS and/or the applicable plan for any allowance or reimbursements received. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **A copy of this form must be sent to OPERS.**

Signature \_\_\_\_\_

Do not print or type name

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_