



COUNTY OF SONOMA

SUPPLIER REQUEST FORM

EFS SUPPLIER # _____ (only fill this in if you are requesting a change to a supplier already in the system; otherwise, a supplier # will be assigned)

Complete the Supplier section, attach required forms and submit to the Supplier Desk. Email: ACTTC-Claims@sonoma-county.org. Fax to: 707-565-2702. Mail or in person delivery to: Auditor-Controller Treasurer-Tax Collector, 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403-2819.

Supplier must submit:

- Completed Supplier Request Form
- California Form 587 or 590 (Out of State Supplier**)
- ACH Supplier/Payee Payment Enrollment Form(Optional)
- W-9 or Payee Data Record

****Out of state suppliers must submit one of these forms to determine if nonresident withholding of 7% (due to CA FTB) applies. Exception may be granted if registration with CA SOS can be confirmed: <https://businesssearch.sos.ca.gov/>**

LEGAL NAME

Same as line 1 on Form W-9 _____

BUSINESS NAME – (DBA)

REMIT ADDRESS

CITY, STATE AND ZIP CODE

SUPPLIER CONTACT PHONE

BUSINESS EMAIL ADDRESS

SOCIAL SECURITY NUMBER

_____ AND/OR

EMPLOYER TAX IDENTIFICATION NUMBER

Individual/Sole Proprietor Corporation Other _____

Type of Supplier Service:

Medical Attorney Rents Other, Please Specify: _____

Nature of Payment: Refund Reimbursement Other, Please Specify _____

Please check all applicable boxes:

New Supplier Change to existing Supplier

Supplier Persistence Type:

Regular One-Time Employee

Date: _____ **Name:** _____ **Phone:** _____