Automated Clearinghouse (ACH) Enrollment Complete this form and return it to: **Hennepin County - Accounts Payable Government Center MC 131** OBF.Internet@hennepin.us OR 300 South 6th Street Minneapolis MN 55487-0131 **Payee Name** Address City / State / Zip Code Area Code & Phone Number E-mail Address for Remittance Advice New ACH Enrollment - or -Routing # to remove _____ Account # to remove ___ I authorize Hennepin County and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below for the purpose of receiving payment for billed goods/services. I understand that payment will be made by an ACH transaction and that the remittance information will be sent via email. Remittance information will not be provided in any other format. This authority will remain in effect until canceled in writing. Type of account: Checking – Enclose a voided blank check (preferred) or print the account and routing numbers legibly below. oxdot Savings – Print the account and routing numbers legibly below **Financial Institution Account Number at Financial Institution** (not needed if enclosing a voided blank check) Transit Routing Number (ABA) (not needed if enclosing a l: I: voided blank check): Authorized By – Print Name, Title & Date

Authorized Signature

Hennepin County General Accounting A-13 Government Center MC 131 300 South 6th Street

Minneapolis, MN 55487-0131 -or- Email: OBF.internet@hennepin.us

SUBSTITUTE FORM W-9 and Vendor Information **Form**

IMPORTANT TAX INFORMATION - PLEASE READ THIS NOTICE CAREFULLY

This form was developed to comply with Internal Revenue Service (IRS) regulations and Minnesota statute and to assist Hennepin County in paying providers and vendors for their goods and services. You, as a payee, are required by law to provide us, as payer, your correct Taxpayer Identification Number (TIN). This information will only be shared with the IRS. The Minnesota Government Data Practices Act classifies the Social Security Number as private. Unless otherwise provided by law, the home address is also private. Direct questions to 612-348-2976.

Failure to respond to this request can result in IRS-mandated withholding on future payments as well as other penalties.

Name (Businesses must use the legal name as shown on your business income tax return. If you are an individual or sole proprietor, name must match your social security card.)				
Business name, if different from above.				
Federal Tax Classification (check one only): ☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation				
□ Partnership □ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership):				
☐ Trust/Estate ☐ Other (specify):				
Remit Address: number, street, and apt. or suite no.		Order Address: if different from remit		
City, State and ZIP code		City, State and ZIP code		
Remit Phone #:		Order Phone #:		
How do you want to receive purchase orders? US Mail Email (specify address):				
Taxpayer Identification Number (TIN) Enter your social security number (SSN) if an individual or federal employer identification number (EIN) if a business.				
SSN:	or EIN	N: -		
Number of employees: (so	IAICS code(s) ee www.naics.com/s	earch):		
Eertification: Under penalties of perjury, I certify that:				

- The number shown on this form is my correct taxpayer identification number, and the name shown is the correct corresponding name.
- I am a U.S. person (including a U.S. resident alien). 3) 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 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.

Certification Instructions: You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return.

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Print and Sign Here:	Name Printed:	Title Printed:			
	Signature:	Phone:	Date:		

HENNEPIN COUNTY CONTRACTOR AFFIRMATIVE ACTION (AA) CLASSIFICATION

The information requested below is used internally by Hennepin County to monitor and report on participation in county contracting. Your cooperation in completing this form is greatly appreciated. Vendors who do not complete this information may be contacted by Hennepin County to provide the information requested. If you have questions completing this side of the form, please call: (612) 348-3181.

1)	Company type - check one:
	Publicly held company ¹
	Non-profit entity If you chose one of these, STOP HERE .
	Government entity
	Other } If you chose "Other" please answer all remaining questions.
2)	Are you a small business certified by the CERT Program ² ?
	Yes
	No
3)	Check one:
	Veteran-Owned Business certified by the MnDOA ³
	Service Disabled Veteran-Owned Business certified by the MnDOA ³
	NOT a MnDOA ³ certified Veteran-Owned Business
4)	Check one gender of majority owner:
	Male
	Female
	Nonconforming
5)	Check one ethnicity/race of majority owner ⁴ :
	Black/African American
	Hispanic
	Asian or Pacific Islander
	American Indian or Alaskan Native
	White/Caucasian

¹ A Publicly Held Company is a company whose stock is traded on the open market.

² Small Business Enterprise Certification:

While certification is not necessary to do business with Hennepin County, only CERT certified businesses can be counted toward the goal for Small Business Enterprise (SBE) participation in county contracting. Certification also boosts market exposure and qualifies businesses to access SBE program services. For further information about certification, please call 651-266-8900 or visit the Central Certification (CERT) Program's website at: https://cert.smwbe.com/ 3 Veteran-Owned Business Certification: While certification is not necessary to do business with Hennepin County, only the participation of businesses recognized as certified by the State of Minnesota Department of Administration can be counted as a Veteran-Owned Business (VOB) or Service Disabled Veteran-Owned Business (SDVOB) for county purposes. For further information about certification and advantages thereof, please contact the Office of Equity and Procurement (OEP) at: https://mn.gov/admin/business/vendor-info/oep/sbcp/ 4

Ethnicity and Racial Group Definitions:

Black/African American: All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American descent or other Spanish culture of origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands, including, for example, China, Japan, Korea, Hawaii, Guam, the Philippine Islands and Samoa. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain tribal affiliation or community attachment.

White/Caucasian: All persons with origins in any of the original peoples of Europe, North Africa or the Middle East.