

VENDOR INFORMATION

We would like to welcome you as a new vendor to the City of Lafayette. In order to facilitate doing business together, please adhere to the following:

- As a municipality, the City of Lafayette is exempt from sales tax. Attached please find our W-9 and ST-105.
- City of Lafayette purchases require the use of Purchase Orders. Please designate our account as "PO REQUIRED". Invoices without a purchase order cannot be processed promptly.
- Due to the requirement of obtaining Board of Works, Board of Parks and Redevelopment Board approval for all payments, the City of Lafayette does not pay service, late or finance charges.
- Terms are Net 30

To ensure prompt payment, all invoices and statements should be sent to the following email or address:

munisap@lafayette.in.gov

Attn: Accounts Payable
City of Lafayette
20 N 6th Street
Lafayette, IN 47901

Accounts Payable/Payment questions:

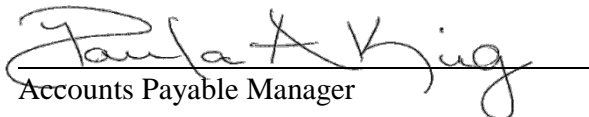
Accounts Payable Manager Paula King (765) 807-1013
Controller fax (765) 807-1024

Purchasing questions may be directed to the following:

Purchasing Manager Rick Morrissey (765) 807-1151
Purchasing fax (765) 807-1024

A list of shipping addresses, bank references, and vendor references is included.

Thank you for your cooperation.


Accounts Payable Manager



VENDOR INFORMATION FORM

VENDOR NAME: _____ INCORPORATED? YES NO

FEDERAL ID# or SSN: _____

Note: If the information requested above does not reach this office **before** the first invoice is received, legally, backup withholding tax may be deducted.

VENDOR ADDRESS: _____
Street Address

City State ZIP

REMIT ADDRESS: _____
(if different) Street Address

City State ZIP

CONTACT PERSON: _____
Sales or Customer Service Accounts Receivable (if different)

PHONE NUMBER: _____
Sales or Customer Service Accounts Receivable (if different)

FAX: _____
Sales or Customer Service Accounts Receivable (if different)

EMAIL ADDRESS: _____
Sales or Customer Service Accounts Receivable (if different)

PURCHASE ORDER-SPECIFIC EMAIL ADDRESS: _____
(REQUIRED)

TYPE OF PRODUCT(S) OR SERVICE(S): _____

FOR CITY USE ONLY***DEPT REPRESENTATIVES PLEASE COMPLETE *******
DEPT: _____ JUSTIFICATION -SPECIFIC PRODUCT(S)/SERVICE(S): _____

FOR PURCHASING USE ONLY *****

PURCHASING APPROVAL _____ DATE _____ VEND # _____

COMMODITY CODES: _____

City of Lafayette
Departmental Address Listing

City Hall Offices

20 North 6th Street
Lafayette, IN 47901

Mayor
Clerk
Controller
Engineering
Information Technology

Human Resources
Police
Purchasing
Water Billing Office

Outlying Offices

- | | |
|--|---|
| 1) Community Development/Redevelopment
515 Columbia St
Lafayette, IN 47901 | 6) Street & Sanitation
260 S 3 rd Street
Lafayette, IN 47901 |
| 2) Facilities Department
2630 Elmwood Avenue
Lafayette, IN 47904 | 7) Traffic Improvement
258 s 3 rd Street
Lafayette, IN 47901 |
| 3) Fire Department
443 N 4 th St
Lafayette, IN 47901 | 8) Water Pollution Control
1700 Wabash Avenue
Lafayette, IN 47909 |
| 4) Fleet Maintenance
2208 N 9 th St
Lafayette, IN 47904 | 9) Water Works Plant
1020 Canal Road
Lafayette, IN 47904 |
| 5) Parks Department/Sub-Departments | |
| a) Columbian Park and Maintenance
1915 Scott St
Lafayette, IN 47905 | |
| b) Central Maintenance
2216 N 9 th St
Lafayette, IN 47905 | |
| c) Columbian Park Zoo
1915 Scott St
Lafayette, IN 47905 | |
| d) McAllister Center
2351 N 20 th St
Lafayette, IN 47904 | |

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CITY OF LAFAYETTE	
	2 Business name/disregarded entity name, if different from above SAME AS ABOVE	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ GOVERNMENT	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 20 N 6TH STREET	
	6 City, state, and ZIP code LAFAYETTE IN 47901	
	7 List account number(s) here (optional)	

Requester's name and address (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.

Social security number									
or									
Employer identification number									
3	5	-	6	0	0	1	0	8	0

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.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/5/15
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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.

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.

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)

Name of Purchaser CITY OF LAFAYETTE

Business Address 20 N 6TH STREET City LAFAYETTE State IN Zip 47901

Purchaser must provide minimum of one ID number below.*

Provide your Indiana Registered Retail Merchant's Certificate
TID and LOC Number as shown on your Certificate..... 0035023410 - 018
TID# (10 digits) LOC# (3 digits)

If not registered with the Indiana DOR, provide your State Tax
ID Number from another State..... _____
*See instructions on the reverse side if you do not have either number. State ID# State of Issue

Section 2

Is this a blanket purchase exemption request or a single purchase exemption request? (check one)

Description of items to be purchased. _____

Section 3

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

Sales to a retailer, wholesaler, or manufacturer for **resale** only.

Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.

Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)

Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT# _____

Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale. **Note:** A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.

Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).

Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).

Sales to the **United States Federal Government** - show agency name. _____ **Note:** A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.

Other - explain. _____

Section 4

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser J. Michael Jones Date 1-1-2015

Printed Name J MICHAEL JONES Title CITY CONTROLLER

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

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	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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Social security number									
				-			-		
or									
Employer identification number									
				-					

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.

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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.

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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.



Bank References

Peg Richardson
J P Morgan Chase
201 Main Street
Lafayette, IN 47901
(765) 423-0378

Bob Smith
Old National Bank
3553 Promenade Parkway
Lafayette, IN 47909
(765) 471-3998

Brad Marley
Lafayette Community Bank
301 South Street
Lafayette, IN 47901
(765) 429-7200

Vendor References

Von Tobel Lumber
319 N. Earl Avenue
Lafayette, IN 47905
(765) 448-1525

Kirby Risk Supply
1815 Sagamore Parkway North
Lafayette, IN 47904
(765) 448-4567

Smith Office Plus
311 Sagamore Parkway North
Lafayette, IN 47904
(765) 447-3171