

**COUNTY OF MONTGOMERY, NORTH CAROLINA
DEPARTMENT OF ADMINISTRATION -- FINANCE OFFICE
PAYEE INFORMATION PROFILE**

I. General Payee Information:

Payee #

Date:

As a result of the County's intent to engage you in future transactions or of a payment to you on behalf of a County department, the County requests that you first complete this "Payee Information Profile". Individuals who receive payment for miscellaneous purposes (not providing goods or services) need only complete part I: General Payee Information. All others should complete, sign, and return both pages of the original form to Administration--Finance, County of Montgomery, PO Box 425, Troy, NC 27371-0425. Thank you for your interest in doing business with the County of Montgomery (TIN 56-6000321).

A. Legal Name:

Doing Business As (if different):

B. Additional addresses (for orders, business office, etc.) may be submitted on page 2 or attached separately.

Mailing Address for Remitting Payments (include email):

Contact Name:

Position Title:

Fascimile:

Telephone:

C. Check all descriptions that apply to the payee. The County actively seeks to identify minorities and minority businesses, pursuant to NCGS 143-48. A minority business is defined as a business that is at least 51% owned and controlled by women, disabled persons, and/or ethnic minority group members (such as American Indians, African-Americans, Hispanic-Americans, Asian-Americans, etc).

- Individual Minority or Minority-Owned Business (>51%) Medical/Health Corporation
 Sole Proprietorship Woman or Women-Owned Business (>51%) Nonprofit Corporation
 Partnership Handicapped or Handicapped-Owned (>51%) Nonprofit Not Incorporated
 Corporation Disabled Business Enterprise Government or Authority
 S Corporation Nonprofit work center for the blind and the severely disabled

Please attach a list of partners, corporate officers or members, and board members, if applicable.

D. Social Security Number or Employer Identification Number (SSN or EIN):**E. Check the one description that applies to the payee regarding IRS "backup withholding":**

- Payee IS subject to backup withholding (see provisions of IRC Section 3406(A)(1)(C)).
 Or, Payee IS NOT subject to backup withholding (see provisions of IRC Section 3406(A)(1)(C)) because:
 (a) Payee has not been notified by the Internal Revenue Service (IRS) regarding backup withholding (which usually results from a failure to report all income), or
 (b) Payee is exempt from backup withholding (type of entity _____), or
 (c) the IRS has notified the payee that backup withholding is no longer applicable to payee.

F. By signing below, you certify that the payee's SSN or EIN is correct and that all other information provided above is true and accurate, to the best of your knowledge.

Authorized Signature / Printed Name / Date

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II. Additional Payee Information:

Payee #	Date:
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G. Pursuant to NCGS 105, do you charge and collect North Carolina Sales and Use Tax? (circle response)

Yes	North Carolina Sales and Use Tax Account ID number is: _____
	Local sales tax collected is reported as the County of: _____
	Is local sales tax reported as a group (not by county or municipality): () YES () NO
No	Reference exemption from NCGS Chapter 105-164.13: _____

H. Payment Terms (enter a number for X) Shipping Terms (choose one):

_____ payment in full is due X days from invoice date _____ discount available within X days from invoice date _____ amount of discount (X percent) _____ other terms:	_____ none _____ FOB shipping point _____ FOB destination _____ other terms:
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I. Enter the type of product(s) and/or service(s) that the company would like to offer to the County.

J. Additional addresses (for orders, business office, etc.) may be submitted below or attached separately.

Mailing Address for _____ (include email):	Contact Name: _____
	Position Title: _____
	Fascimile: _____
	Telephone: _____
Mailing Address for _____ (include email):	Contact Name: _____
	Position Title: _____
	Fascimile: _____
	Telephone: _____

K. List three companies, and the address and telephone number, to which you furnish products or services:

1	
2	
3	

**L. At the present time, or at any time during the previous twelve months, has any owner, officer, stockholder, employee, or other person with an interest, either direct or indirect, in the company been connected in any official capacity with, or been employed by, the County of Montgomery (reference NCGS 14-234)?
() NO () YES: please identify relationship:**

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M. By signing below, you certify that the information provided is correct to the best of your knowledge. The County encourages you to contact us to keep your information updated.

Authorized Signature / Printed Name / Date