

# Charleston County Vendor Information Form

For Internal use:  
New Vendor ID: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Name of Company\*: \_\_\_\_\_

Doing Business As or other Names: \_\_\_\_\_

Please select the correct Federal Tax Classification for this company\*:

Individual/sole Proprietor or single-member LLC  C Corporation  Partnership  S Corporation  Trust/Estate  
 LLC, please enter the tax classification (C, S, or Partnership): \_\_\_\_\_  Other: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_ or EIN/TIN Number\*: \_\_\_\_\_

Does this company need a 1099? \*  Yes  No (Please see 1099 form definition at the bottom of this page)

Please select the category that best describes the area of the business industry this company is part of\*:

Architect  Construction  Engineer  Good/Supplies  Prof. Svcs  Other Services, please describe \_\_\_\_\_

Primary Physical Address\*:

Address line 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address line 2: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Order From Address:

Address line 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address line 2: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Remittance Address:

Address line 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address line 2: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Please describe the demographic regarding the ownership of the company and select all the apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White Male __%   | <input type="checkbox"/> Hispanic/Latino Male __%   | <input type="checkbox"/> American Indian/Alaskan Native Male __%     |
| <input type="checkbox"/> White Female __% | <input type="checkbox"/> Hispanic/Latino Female __% | <input type="checkbox"/> American Indian/Alaskan Native Female __%   |
| <input type="checkbox"/> Black Male __%   | <input type="checkbox"/> Asian Male __%             | <input type="checkbox"/> Native Hawaiian/Pacific Islander Male __%   |
| <input type="checkbox"/> Black Female __% | <input type="checkbox"/> Asian Female __%           | <input type="checkbox"/> Native Hawaiian/Pacific Islander Female __% |
- Not applicable because we are a non-profit / government / publicly traded corporation / etc.

Please select if applies:

### Charleston County has established a Small Business Enterprise Program.

The four eligibility requirements are that your business: 1) Be a for-profit business, 2) Have an annual gross sales volume not exceeding \$7.5 million/year (averaged over the previous three years), 3) Be actively managed and controlled on a day-to-day basis by the owner(s) and 4) Have been actively earning for at least one year.

- We are a SCDOT Certified Disadvantaged Business Enterprise (DBE)
- We are already a County SBE  We are interested in becoming SBE
- We do not qualify for SBE

Under penalties of perjury, I certify that: The number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, I am a U.S. citizen or other U.S. person, and I am legally doing business in the State of South Carolina.

Your Name: \_\_\_\_\_

Point of contact for finance\*:

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

\*Required fields must be completed. Failure to complete may delay payments.

1099 Form: A collection of tax forms documenting different types of payments made by an individual or a business that typically isn't your employer. The payer fills out the form with the appropriate details and sends copies to you and the IRS, reporting payments made during the tax year.

Please email the completed form to JoTavia Aaron at [jmcperson@charlestoncounty.org](mailto:jmcperson@charlestoncounty.org) and Shakayla Pride at [spride@charlestoncounty.org](mailto:spride@charlestoncounty.org)