



# INSTRUCTIONS FOR COMPLETING THE VENDOR AND INDEPENDENT CONTRACTOR PACKET

- A Vendor/Independent Contractor (IC) packet is required for all providers listed on the Purchasing Plan that are an Agency, Vendor, or IC, including Emergency Back Ups (EBU's). **Includes the following 5 forms:** 
  - 1. Vendor / Independent Contractor Information Form
  - **2.** Internal Revenue Service (IRS) Form W 9\* (for Vendors/IC's not a corporation)
  - 3. Background Screening Clearance Letter (sent in for IC's)
  - 4. Affidavit of Good Moral Character (notarized) (sent in for IC's)
  - 5. Direct Deposit Form (EFT) & include a copy of a pre-printed voided check

\*The IRS Form W-9 is required to be completed by all Independent Contractors and Agency/Vendors who are not a corporation. The purpose of this form is for your providers to tell you their correct Tax ID Number (TIN) and the kind of business they operate – self-employed, partnership, or Limited Liability Company. This information tells the APD F/EA Unit whether or not to send the business a Form 1099-MISC at the end of the year. If **APD fails to properly report income because of misinformation provided by the consumer/representative, the consumer/representative will be personally responsible for paying the fines charged by the IRS.** 

While is it is not required that an Agency/Vendor send in a copy of the Background Screening Clearance letter or Affidavit of Good Moral Character for their employees, the consumer/representative may request a copy of these documents for the specific employees that will be providing care.

- Place all documents together in the order shown below, along with an updated Purchasing Plan or Quick Update form, and submit to your CDC+ consultant.
- If an independent contractor has a NAME change, a Change of Name/Address form AND a new Independent Contractor Packet must be completed and submitted TOGETHER to APD. This will prevent the creation of a duplicate ID number for the provider.

## Vendor / Independent Contractor Information Form (1 page)

- ☐ Fill in all items of this form with the information requested.
- □ Make a copy of this form for your files.

## **IRS Form W-9 (1 page with 3 additional pages of support material)**

- Have the Vendor or IC complete all requested information.
  - Only enter a business name if different from his or her name.

- Specify vendor provider type must select one.
- Address is the provider's business address or own address depending on how this information is set up with the IRS.
- Requestor's address is the CDC+ consumer's address.

Part I: the Vendor or IC enters the Tax ID Number (either his or her Social Security Number OR Federal Employer Identification number, **Do not enter both!** – it depends on how the provider has set up his business with the IRS).

In Part II: the Vendor or IC signs and dates the form.

□ In the <u>margin</u> at the bottom of the form, print the LAST NAME of the consumer and their CDC+ ID #. (APD needs to be able to link this paperwork with the consumer)

## Direct Deposit / rapid! PayCardr Visar Payroll Card Request Form (2 pages)

- **G** Follow the instructions that are printed on the form.
- Uvendor or Independent Contractor selects **one** of the two pay options.
- Attach a preprinted, voided check if selection is Direct Deposit.
- □ Make a copy of this form for your files.

## Affidavit of Good Moral Character

- Independent Contractor signs form and has it notarized.
- □ Make a copy of the Affidavit for your files.

## **Background Screening Clearance Letter**

□ Make a copy of the letter for your files.