



ENUMCLAW FIRE DEPARTMENT
1330 Wells Street Enumclaw, WA 98022
Telephone (360) 825-5544 Fax: (253) 856-6341
EFD@EnumclawFire.org
www.enumclawfire.org

VENDOR SETUP INFO

MRSC Rosters Registration

RCW 52.14.110 Purchases and public works, requires the Fire District to maintain vendor rosters for small works, consultants, and general purchases vendors.

Enumclaw Fire Department uses MRSC Rosters' shared online database for our Small Public Works Roster, Consultant Roster, and Vendor List Roster. To be eligible to work on projects using the roster process and/or to be one of our suppliers, you are required to register (for free) at www.mrscrosters.org. Click on the blue Business Membership button on the right, create an account and select Enumclaw Fire Department in your account. If you are already a member of MRSC Rosters, simply just select Enumclaw Fire Department in your account. For registration questions, please contact MRSC Rosters at mrscrosters@mrsc.org or 206-436-3798.

Taxpayer ID Number

Please complete, sign, and return the enclosed Vendor Form. Make sure to complete each section of the entire form, incomplete forms will not be accepted.

The Enumclaw Fire Department is required by Federal Law to obtain the Federal Taxpayer Identification number for each vendor with whom we do business. If this number is not provided, the District is required by Federal Law to withhold taxes at the rate of 31% on all future payments to the vendor. In addition, the IRS could also provide penalties against any vendor not providing this information.

The Internal Revenue Code requires the Enumclaw Fire Department to furnish information returns, Form 1099, to every person or business other than a corporation to whom the District has paid \$600 or more for goods or services during the calendar year.

Prevailing Wages

Public works contractors shall pay prevailing wages and shall comply with chapter RCW 39.12 and chapter RCW 49.28. A Notice of Intent to Pay Prevailing Wages and prevailing wage rates for the project must be posted on the project site. The contractor and its subcontractors shall submit Intents and Affidavits of Wages Paid to the Department of Labor and Industries for certification by the director. Final payment shall be withheld until certification by the director has been received by Enumclaw Fire Department that the prevailing wage requirements of the statute have been satisfied. The contractor attests that it has not been cited for two violations within the last five (5) years, and is not prohibited from public works contracts. The contractor will use no sub-contractor who is prohibited. If contractor is exempt from paying prevailing wages, complete attached form.

Additional information regarding Prevailing Wages (including Prevailing Wage Rates) can be found at:
<https://lni.wa.gov/licensing-permits/public-works-projects/contractors-employers/>

Vendor Payments

Enumclaw Fire Department processes checks for vendors once per month, invoices must be submitted to our business office by the second Wednesday of each month to give adequate time for approval and processing. Checks are typically mailed the Friday following our Board of Commissioners Meeting (3rd Wednesday of month).

For prompt processing please email invoices to EFD@enumclawfire.org or mail to

Enumclaw Fire Department
Attn: Accounts Payable
1330 Wells St
Enumclaw, WA 98022

Please contact me at 360-825-5544 with any questions. We appreciate the goods and services you provide and look forward to working with you!

Respectfully,

Ashley Winter, Office Manager

Enumclaw Fire Department

EMAIL: EFD@EnumclawFire.org PHONE: (360) 825-5544 FAX: (253) 856-6541

Billing: Enumclaw Fire Department
1330 Wells St
Enumclaw, Wa 98022
OR
Email: EFD@EnumclawFire.org

Shipping: Enumclaw Fire Department
1330 Wells St
Enumclaw, Wa 98022

VENDOR SET-UP FORM

Please fill out completely. An incomplete form will create a delay in our payment(s) to you and your payments(s) could be subject to the IRS required back up withholding.

NAME (Associated with Federal Tax ID Number)

PAYEE NAME (if different than Tax ID Name)

BUSINESS ADDRESS

PAYMENT ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

PHONE NUMBER / FAX NUMBER

EMAIL ADDRESS

Vendor Type: Check the appropriate box

- Corporation Partnership Individual/Sole Proprietor Non-Profit Other _____
 LLC _____ (if LLC please, provide your tax classification (C= C Corporation, S= S Corporation, P= Partnership))

Check One: This business is: (Please complete entire section)

- Minority Owned Women Owned Both Minority and Women Owned Neither
Do you pay sales tax to the State of Washington? Yes No

Check One: This business is EXEMPT from Form 1099 reporting?

Yes No

Check here If EXEMPT from Form 1099 reporting, check your qualifying exemption reason below:

1. Corporation, except there is not exemption for medical and healthcare payments or payments for legal services
 2. Tax Exempt Charity under 501(a), or IRA
 3. The United States or any of its agencies or instrumentalities
 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
 5. A foreign government or any of its political subdivisions

Payment Terms: NET 30

Social Security #

Or Federal TIN:

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.
3. I am a U.S. citizen or other U.S. person (as defined in W9 general instructions).

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

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.

Sign Here

Signature ➤

Date ➤



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PREVAILING WAGES – EXEMPTION

The Contractor represents under penalty of perjury of the laws of the state of Washington, that the only individuals providing services under this contract are exempt from prevailing wages pursuant to WAC 296-127-026 as either the sole owner or spouse of the owner of Contractor's company, a partner owning at least thirty percent of Contractor's Company or the president, vice president or treasurer of the Contractor's corporation if such officer owns at least thirty percent of the corporation.

Signature of Contractor

Date

Print Name of Contractor

Date