



THE CITY OF **DOTHAN, ALABAMA**

POST OFFICE BOX 2128 • DOTHAN, ALABAMA 36302 • 334-615-3000

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ACCOUNTING MANAGER

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PURCHASING AGENT

Dear Vendor,

The City of Dothan Finance Department needs your help to ensure that the City is compliant with the Internal Revenue Service's regulations concerning the preparation of Form-1099.

The City is responsible for preparing and submitting, to the IRS, a Form-1099 for all payments made to Vendors that meet the IRS criteria. For the Form-1099 to be complete, we must include the vendor/payee's Taxpayer Identification Number (TIN) or Social Security Number (SSN). If the City does not have the TIN/SSN on file to be provided to the IRS, the City will be subject to penalties and is authorized to withhold such penalties from the vendor's payment.

One of our goals in the Finance Department is to assist the City in making wise expenditures of public funds. To achieve this goal, we need to ensure that we have a TIN/SSN on file for each vendor with whom we do business. Consequently, we are asking each of our vendors to complete the enclosed forms that will provide the information needed to prepare an accurate Form-1099.

We will need the information included on the attached form and IRS Form W-9 in order to process our accounts payable checks. Your prompt attention to this request will be helpful in avoiding delays in the preparation of our vendor checks. Please complete the enclosed form and return it along with W-9 at your earliest convenience. Return FAX to 334-615-4139 or mail to:

**City of Dothan
Accounts Payable Accountant
P. O. Box 2128
Dothan, AL 36302**

In addition, if you would like to be paid by EFT (Electronic Funds Transfer), please complete the section entitled City of Dothan Vendor Authorization Agreement for Automatic Deposits. We will email your remittance advice to you for each direct deposit payment after we test your information. Please complete an updated form regardless of whether you want direct deposit or not.

If you have any questions, please call the Finance Department at 334-615-3140. You may also e-mail this information to accounts payable@dothan.org.

FINANCE DEPARTMENT

126 NORTH SAINT ANDREWS STREET • DOTHAN, ALABAMA 36303
PHONE 334-615-3140 • FAX 334-615-4139

The City of Dothan, Alabama
Post Office Box 2128, Dothan, Alabama 36302

Vendor Name: _____

D/B/A: _____

Contact Name: _____

Physical Address: _____
(City) (State) (Zip)

Remittance Address _____
(City) (State) (Zip)

Bid and Purchase Order Address: _____
(City) (State) (Zip)

City of Dothan Business License Number:/Does your company have a physical presence in Dothan? _____
(Yes) (No)

Federal Identification # or SS #: _____

Please check appropriate classification

Individual Corporation Other (Specify)

LLC Partnership

City of Dothan, Alabama
Vendor Authorization Agreement for Automatic Deposits (ACH Credit)

I hereby authorize the City of Dothan, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account (only one account type allowed) indicated below and authorize the Depository named below to credit and/or debit the same to such account.

Bank Name _____ Checking

Bank Address _____ Savings
(City) (State) (Zip)

Note: Please verify with your Depository the exact format required for the following numbers. If leading zeroes are necessary to complete the account number for ACH transmittal, please include them when you fill in the account number below.

Bank Routing Number/Transmit/ABA No: _____

Account Number _____

Email Address for Remittance: _____

Please attach a VOIDED check for the account to this form*. * Areas required for direct deposit.

This is to certify that the information in this report is true and correct to the best of my knowledge.

Signature _____ Title _____

Telephone _____ Date _____