

**METROPOLITAN GOVERNMENT OF  
NASHVILLE & DAVIDSON COUNTY, TENNESSEE**

**SHORT VENDOR APPLICATION**

MAIL THIS APPLICATION TO: *METRO GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY*  
**DEPARTMENT OF FINANCE/DIVISION OF ACCOUNTS**  
 700 2nd Avenue South Suite 310  
 PO Box 196301  
 NASHVILLE, TENNESSEE 37219-6301  
 FAX TO: (615) 880-1727

**FORM MUST BE COMPLETED IN ENTIRETY FOR SETUP / PLEASE COMPLETE ALL SECTIONS HIGHLIGHTED IN YELLOW**

**To be completed by Metro department requesting setup**

DEPARTMENT: MWS DS @ MOB Contact Name: SHAWNA RODRIGUEZ  
 Phone (615) 862-7170 Date \_\_\_\_\_

**Select appropriate setup type: New \_\_\_\_\_ If Change to existing Supplier, list # \_\_\_\_\_**

**Describe the nature of the transaction:** Property Address, Reason for Refund Request & Permit Number(s)

**ADDRESS INFORMATION**

**PLEASE TYPE OR PRINT** (Address where correspondence etc are to be mailed)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ - \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

COUNTY \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**W9 TAX INFORMATION complete or attach hand signed W9\***

LEGAL NAME ON TAX RETURN FOR IRS \_\_\_\_\_

TYPE OF TAXPAYER (Select one code and fill in ID # information)

- |                          |  |                                   |
|--------------------------|--|-----------------------------------|
| <input type="checkbox"/> | Individual or Sole Proprietor            | Social Security # _____           |
| <input type="checkbox"/> | Non Corporation                          | Federal Tax Id # _____            |
| <input type="checkbox"/> | Corporation (except Medical/Legal)       | Federal Tax Id # _____            |
| <input type="checkbox"/> | S Corporation (except Medical/Legal)     | Federal Tax Id # _____            |
| <input type="checkbox"/> | Partnership or Medical/Legal Corporation | Federal Tax Id # _____            |
| <input type="checkbox"/> | Trust/estate                             | Social Security # _____           |
| <input type="checkbox"/> | Limited Liability Company                | Federal Tax Id # _____ Type _____ |
| <input type="checkbox"/> | Other _____                              | Federal Tax Id # _____            |

Box 1      Box 6      Box 7      Box 14

Type of 1099 to be issued:    Rent      Medical      Non Emp Compensation      Attorney      Not applicable

\* Tax information is requested for IRS reporting purposes. The failure to provide such information may result in a \$50 penalty. \*

**SIGNATURE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_