

VENDOR & CLIENT REQUEST FORM

Please be sure to submit a signed, legible, **W9** to the finance dept for vendor set up.
The vendor account **will not** be set up without one unless they are an employee or a direct assistance client.

PLEASE SEND FORM TO: finance@cssalaska.org

Name:

W9 Address:

Remittance Address:

Phone number:

Email address (1099 submittal):

Please select a category below:

Description of Other

DA client:

Interpreter:

Landlord:

Other:

*IF WE HAVE VENDOR THAT IS GETTING DIRECT ASSISTANCE PAYMENTS AND BEING PAID FOR OTHER SERVICES (Interpreter, farmer, part time office work, etc),
TWO VENDOR ACCOUNTS WILL NEED TO BE SET UP FOR TAX REPORTING PUPOSES. DIRECT ASSISTANCE VENDORS **DO NOT** GET ISSUED A 1099. OTHER SERVICES
PROVIDED ARE **TAXABLE** AND THE VENDOR WILL BE SENT A 1099.

PLEASE KEEP THESE VENDOR ACCOUNTS SEPARATE WHEN ENTERING CHECK REQUESTS.

CLIENT SET UP REQUEST FOR INTACCT

First Name:

Last Name:

Apricot number:

Project number: