



THE CITY OF **DOTHAN, ALABAMA**

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

LISA H. REEDER, CGFM
FINANCE DIRECTOR-TREASURER

ROMONA L. MARCUS
ASSISTANT FINANCE DIRECTOR

KIMBERLY D. ARNOLD
UTILITY COLLECTIONS MANAGER

SAMANTHA K. PHELPS
ACCOUNTING MANAGER

CHARLOTTE L. LANGFORD
PURCHASING AGENT

Dear Vendor,

The City of Dothan Finance Department needs your help to ensure that the City is in compliance 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. In order 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 a penalty of 31% of the amount paid to the vendor and is authorized to withhold 31% 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 form that will provide the information needed to prepare an accurate Form-1099.

We will need the information included on the attached form 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 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 question, please call Madison Milner, Accountant, at 334-615-3158. You may also e-mail this information to accountspayable@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		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> LLC	<input type="checkbox"/> 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 _____	<input type="checkbox"/> Checking
Bank Address _____ (City) (State) (Zip)	<input type="checkbox"/> Savings
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 _____
Fax _____	Email _____