

ATTACHMENT 4

CONTRACTOR IDENTIFICATION FORM

Contractor is exempt.

If not exempt, CONTRACTOR TO COMPLETE:

Company Name	_____		
Company Address	_____ _____		
Taxpayer ID	_____	Company Telephone Number	_____
1. Do you or anyone else own 25% or more of this Contractor/ Company? (Sole Proprietors answer yes)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. If so, is dependent health insurance available to/or through Contractor/Company?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If YES to question #1, please complete the following as to each of these individuals:			
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____ _____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____ _____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____ _____		
Principal Owner Name	_____		
Social Security #	_____	Residence Telephone #	_____
Residence Address	_____ _____		

Completed by: _____ **Date:** _____

DEPARTMENT TO COMPLETE: (Note: This form does not need to be sent to DCSS if exempt but the County Contract Officer may want to keep for their records)

Contract/PO #	Amount Paid/Payable \$	Term
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Department Submitting Information: _____
Department Contact Person: _____
Telephone Number: _____ E-mail Address: _____

