

CHARLES COUNTY GOVERNMENT

Department of Public Works
Stephen T. Staples, Chief of Roads
1001 Radio Station Road
La Plata, MD 20646

Date: August 30, 2021

Enclosed are the required forms for your organization to complete and submit to obtain a FY22 contract for snow removal services with the Charles County Department of Public Works. All contract application documents, including the contract for snow removal services form (page 2 & 3), are to be submitted to Jakira Butler no later than October 4, 2021. Documents can be submitted by mailing them to 1001 Radio Station Road, La Plata, MD 20646, faxing to 301-932-3564, or by emailing them to butlerj@charlescountymd.gov. Contractors are required to submit a certificate of insurance prior to the commencement of work (see page 9). Please make sure the information you provide remains consistent on all the forms, including names, addresses, phone numbers, etc.

When completing the forms, please ensure the following:

1. All documents and forms are signed where indicated
2. Mailing address and phone numbers (main and alternate) are listed
3. A photocopy of the vehicle registration for any vehicle listed as a 6-wheeler or larger is attached
4. A picture of each tractor listed is attached

Due to COVID-19 we will **NOT** be holding the mandatory snow meeting this year. Any important or new information will be included with the snow contract. Please review all documents and if you have any concerns or questions, contact Jakira Butler at 301-932-3467. Masks must be worn at all times when interacting with County employees.

Equipment pickups and inspections will be done on an appointment basis only. Please call Jakira Butler at 301-932-3467, to schedule your appointment. Appointments will be scheduled Monday – Friday, between the hours of 7:00 am and 2:00 pm. Appointments will be assigned on a first come, first serve basis. Public Works will be holding an inspection and equipment pickup on the following Saturday ONLY, Saturday, November 13th from 7:00 am – 12:00 noon. Appointments are **required**. When arriving for equipment pickup, inspections, and/or fittings **PLEASE DO NOT ENTER THE BUILDING**, instead please dial 301-932-3481 and let the mechanics know you have arrived. Contractors who are assigned County plows and/or spreaders, please call for an appointment to pick them up ASAP. Any new contractors requiring County owned equipment must bring their vehicle in to be inspected prior to being fitted. To be scheduled for a fitting, please contact John Mudd, Chief of Fleet & Inventory Management, at 301-932-3481. **Inspections, equipment pickup, and fittings are not to be scheduled until all paperwork has been submitted.**

Please feel free to contact Steve Staples, Chief of Charles County Roads, or Jakira Butler, Roads Program Administrator, at 301-932-3467 with any questions you may have. A copy of your signed contract will be available in our office, once fully executed.

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Contract for Snow Removal Services

I certify that all drivers have a valid license and follow all requirements associated with the operation of the equipment to be used in the snow operations.

Signature Date

Print Contractor Name

Print Company Name

Address City

State Zip

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Signed: _____
Director of Public Works Date

Signed: _____
Administrator, Charles County Commissioners Date

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Contract for Snow Removal Services Equipment Sheet

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>	<u>Vehicle #4</u>	<u>Vehicle #5</u>	<u>Vehicle #6</u>
<u>Equipment Type</u> Please indicate if vehicle is a single, tandem, or tri-axle dump truck; a 4-wheel drive truck; or a tractor, grader, or loader						
<u>Make / Model</u>						
<u>Size Capacity</u>						
<u>Year</u>						
<u>Tag #</u>						
Do you have your own spreader?						
Do you have your own plow?						
Do you need a County spreader?						
Do you need a County plow?						

NOTE: If you have more than one vehicle, please indicate the vehicle # (i.e., vehicle #1, vehicle #2, vehicle #3) listed above your truck and place in the lower left side of the driver window. This number will be used on all paperwork concerning this vehicle, so please number vehicles correctly. Returning contractors with equipment that was on a contract during the FY21 snow season will use the same number for the FY22 snow season.

Please attach a photocopy of the vehicle registration for each single, tandem, and tri-axle dump truck listed on the contract. A picture of each tractor is required to be submitted even if you are a returning contractor with the same equipment.

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(A.) Scope of Work

1. The contractor shall provide all labor, equipment, and expertise to perform snow and ice removal operations on roadways designated by Charles County Government (CCG).
2. The contractor shall provide equipment (with operators), according to the specifications found in this contract. The equipment shall be available for work under the direction of CCG for snow and ice removal operations from November 15, 2021, through April 15, 2022. The equipment under contract with CCG shall be available on an “as needed basis” seven (7) days a week, twenty-four (24) hours a day. CCG may seek the services of contractors for rare winter events prior to the November 15th date or after the April 15th date. Each contractor should advise CCG of its interest in performing emergency operations during these dates. Hourly rates will be paid according to the Hourly Rates for Snow Removal section of this contract.

(B.) Contractor’s Responsibilities

1. The contractor’s equipment and operator shall be available on a seven (7) day a week, twenty-four (24) hour a day basis. CCG reserves the right to discontinue using any unit of equipment at any time as field conditions require. CCG will be the sole judge as to whether the unit is performing satisfactorily.
2. The contractor shall establish communications with CCG for the duration of this contract. The contractor must provide contact information, (i.e., home, office, cell number, or answering service), where CCG can contact or leave a message seven (7) days a week, twenty-four (24) hours a day.
3. The contractor is held responsible for having and maintaining all safety equipment as required, including but not limited to working lights, horns, heaters, wipers, and defrosters. The contractor shall furnish and maintain all exterior lighting systems (including overhead emergency amber rotating light or strobe light) connected with this contract. Vehicle headlight beam is required to meet Maryland Motor Vehicle Laws concerning visibility both to and from vehicle with plow attached. The contractor’s equipment and operator shall be required to meet all DOT regulations and motor vehicle laws.
4. CCG will not compensate for down time on trucks and equipment that extend beyond one hour. The contractor shall report to the Charles County Roads Division when its equipment is down for repairs, and when the repairs have been completed and the equipment is operational.
5. All contractor personnel and equipment must be logged in and out at the maintenance shop’s front office or other designated area by County supervision. All tickets/invoices must be signed to receive payment. Upon arrival, contractor personnel shall give his/her cell phone number to their route supervisor.
6. All trucks loaded with chemicals shall be covered during mobilization conditions to prevent freezing.

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(C.) Reporting Times

1. When a contractor is contacted and asked to report at a pre-determined time beyond three hours of the call, his/her time will start at that pre-determined time, provided the truck arrives at or before that time in working order and ready to perform operations. For example, the contractor is contacted at 4:00 p.m. and asked to report at 10:00 p.m., his/her time will start at 10:00 p.m. provided the truck arrives by 10:00 p.m. in working order and ready to perform operations. The contractor will not be compensated for early arrival. Reporting late may be considered a “failure to respond.”
2. When a contractor is contacted between the hours of 6:00 a.m. and 6:00 p.m. and is asked to report immediately for snow removal operations, the contractor’s equipment and operator must report to the Public Works maintenance shop in working order and prepared for emergency operations within three hours of notification. When the contractor receives notification at night between the hours of 6:00 p.m. and 6:00 a.m., contractors and operators must report within two hours. The contractor’s time will start when the truck arrives at the reporting site in working order and ready to perform operations. Reporting late may be considered a “failure to respond.”
 - First time (new) contractors or returning contractors, who are adding new equipment, are required to pass inspection. Contractor equipment, plows, and salt spreaders, if provided, must meet the specifications found in this contract and pass inspection conducted by CCG by November 15, 2021. The contractor must bring each piece of equipment under contract to the La Plata Maintenance Shop at Public Works for inspection. Returning contractors with equipment that previously passed inspection are exempt from re-inspection. Please call Jakira Butler at 301-932-3467 to schedule inspection, hours are Monday – Friday between 7:00 am – 2:00 pm.

(D.) End of Season Retainer Fee

1. Upon successful completion of this contract, as determined by CCG, and by attaining performance measures, the contractor shall receive an end of season retainer fee of \$500.00 for each single axle dump truck (excluding 4-wheel drive trucks), tandem axle dump truck, tri-axle dump truck and farm tractors under contract with CCG. The retainer fees will be paid in their entirety at the end of the winter season provided that:
 - All outstanding invoices from the contractor have been received by CCG. All items for payment require a detailed invoice from the contractor.
 - The contractor reported for work for every call-out in a timely manner as defined in the reporting time, Section C, of this contract.

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- The contractor did not receive a “Notice of Unsatisfactory Performance”. “Notice of Unsatisfactory Performance” is defined as:
 - Equipment reporting to work but unable to plow snow and spread salt as directed by CCG.
 - An equipment operator not following the direction of the County.
 - An equipment operator acting in a manner that is a danger to the public or other County hired equipment and personnel.
 - Contractors with County snow equipment (plow and/or salt spreader) have returned the equipment to the La Plata shop by April 15, 2022. **Plows and spreaders must be clean and free of salt and dirt.**
- 2. Liquidated damages of \$100.00 will be deducted from the end of season retainer due the contractor for each occurrence when the contractor did not respond to a call-out in a timely manner. Liquidated damages of \$100.00 will be deducted from the end of season retainer due the contractor for each occurrence when the contractor receives a “Notice of Unsatisfactory Performance”. The total deductions will not exceed \$500.00. Retainer fee invoices must be submitted by the contractor between March 1st and April 15, 2022. No invoices will be paid after that date.

(E.) Termination of Contract

1. CCG will be the sole judge as to whether the contracted unit and its operators are performing satisfactorily. The County may terminate this contract based on the contractor’s unsatisfactory performance or for any other reasons without showing cause, upon giving written notice to the contractor.
2. CCG can terminate a contractor for failure to respond to an emergency call-out.
3. Upon notification of termination, the contractor shall cease working for CCG and all payments, including the end of season retainer, will be stopped on the date of termination.

(F.) Hourly Rate for Snow and Ice Removal Services

1. The contractor agrees to provide snow/ice removal services at the hourly rental rates for the equipment provided as outlined below. Furthermore, the contractor accepts the contract conditions set forth in this agreement. All rate quotes will include an operator and contractor provided fuel, oil, and maintenance of vehicles. In addition to the above items, the hourly rate for equipment also includes a contractor provided cell phone. Hourly rates for equipment with contractor supplied snowplow, salt spreader, or both include contractor provided and County approved equipment.
2. The Chief of Roads will determine if the contractor equipment meets the basic guidelines to perform as specified in Section F, Snow and Ice Removal Services, based on the equipment types listed below. Any minor discrepancies of the equipment’s load capacity, GVW, truck size based on the number of axles, loader types, or sizes of tractor horsepower is at the sole discretion of the Chief of Roads. Any discrepancies must be resolved prior to the contractor being asked to respond for snow removal operations.

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<u>Single Axle Dump Trucks (GVW Min. 26,000) (Load Capacity Approx. 8 tons/5 yd min)</u>		<u>Hourly Rate</u>
1.	Single axle dump with contractor supplied snowplow & salt spreader	\$150.00
2.	Single axle dump with contractor supplied salt spreader & County supplied plow	\$140.00
3.	Single axle dump with contractor supplied snowplow and County salt spreader	\$140.00
4.	Single axle dump with County supplied snowplow and salt spreader	\$120.00
<u>Tandem Axle Dump Trucks (GVW Min. 55,000) (Load Capacity Approx. 15 tons/10 yd min)</u>		<u>Hourly Rate</u>
1.	Tandem dump with contractor supplied snowplow and salt spreader	\$160.00
2.	Tandem dump with contractor supplied salt spreader & County supplied plow	\$150.00
3.	Tandem dump with contractor supplied plow and County salt spreader	\$150.00
4.	Tandem dump with County supplied snowplow and salt spreader	\$130.00
5.	Tandem dump for hauling salt, abrasives, or snow	\$90.00
<u>Triaxle Dump Trucks (GVW Min. 70,000) (Load Capacity Approx. 22 tons/15 yd min)</u>		<u>Hourly Rate</u>
1.	Triaxle dump with contractor supplied snowplow and salt spreader	\$165.00
2.	Triaxle dump with contractor supplied salt spreader & County supplied plow	\$155.00
3.	Triaxle dump with contractor supplied plow and County salt spreader	\$155.00
4.	Triaxle dump with County supplied snowplow and salt spreader	\$135.00
5.	Triaxle dump for hauling salt, abrasives, or snow	\$100.00
<u>Graders, Loaders, Tractors</u>		<u>Hourly Rate</u>
1.	Graders	\$150.00
2.	Loaders – Medium	\$160.00
3.	Loaders – Large	\$170.00
4.	Liquid applicator truck for anti-icing operations w/contractor equipment	\$170.00
5.	Skid loader	\$90.00

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6.	Backhoe	\$100.00
7.	90+ h/p farm tractor with County supplied snowplow	\$130.00
8.	90+ h/p farm tractor with contractor supplied snowplow	\$150.00
9.	50 h/p – 90 h/p farm tractor with contractor supplied snowplow	\$120.00

<u>4-wheel drive trucks (4x4 pickup style trucks / includes dual wheel ‘dually’</u>	<u>Hourly Rate</u>
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1.	¾ - Two-ton pickup style trucks with contractor supplied snowplow	\$90.00
2.	¾ - Two-ton pickup style trucks with contractor supplied snowplow & salt spreader	\$120.00

<u>Specialty Services</u>	<u>Hourly Rate</u>
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1.	Walk behind snow blower with operator for sidewalks, 8 h/p minimum, 26-inch cleaning width minimum	\$65.00
2.	Ride on snow equipment with operator for sidewalks, 16 h/p minimum, 36-inch cleaning width minimum. Example: mowers and 4 wheelers with snowplows or blowers	\$75.00

(G.) Equipment

1. Charles County owned equipment (plows, spreaders, etc.) shall be installed prior to November 15, 2021, and returned to CCG by April 15, 2022. Once installed, this equipment shall only be used by the contractor for work performed under this contract. The contractor shall be fully responsible for any loss, theft, or damage to the equipment while in the contractor’s possession.
2. This agreement will be null and void if there are any of the following:
 - Any defects with the contractor’s equipment
 - The equipment fails inspection
 - The contractor fails to pick up equipment for the year
3. Please schedule all Charles County owned equipment pickups and drop offs. Hours are Monday – Friday, 7:00 am – 2:00 pm

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(H.) Mobilization Time

1. Mobilization time shall be paid at an hourly rate of 50% of the working rate. Mobilization time is defined as the time designated by CCG for units to report for service until that unit is placed into snow operations, in anticipation of a snow/ice storm. All units listed are subject to mobilization time. CCG reserves the right to place any unit of equipment on mobilization or actual operating time.

(I.) Insurance and Regulations

1. Insurance requirements for each unit of equipment are as follows:

- Certificate of Liability: The contractor shall procure and maintain insurance that will protect them for any claims because of bodily injury (including death) and property damage which may arise from and during the operations of this agreement/contract and shall provide proof of such insurance (certificate) with an insurance carrier acceptable to Charles County Government and satisfactory to the Contracting Officer. As a minimum insurance requirement, the contractor shall always procure and maintain the insurance in force for the life of the contract, contractor's public liability insurance, vehicle liability insurance, and property damage insurance in the following amounts:

Vehicles 1 ton and under:

- \$300,000 for injuries, including accidental death to any person and subject to the same limit for each person, in an amount no less than \$300,000 (per occurrence), and no less than \$100,000 contractor's property damage insurance

Vehicles over 1 ton including dump trucks:

- \$500,000 for injuries, including accidental death to any person and subject to the same limit for each person, in an amount no less than \$500,000 (per occurrence), and no less than \$500,000 contractor's property damage insurance
- Worker's Compensation: Before commencing any work, the contractor shall furnish Worker's Compensation Insurance for Employees engaged in this work and shall comply with the Workmen's Compensation Laws for the State of Maryland
- Certification of Liability Insurance: Selected contractors shall be required to submit proof of coverage (Certificate of Insurance) after notification of award
- Certificate of Liability should show Public Works as the certificate holder.
Charles County Government / Public Works
Attn: Jakira Butler
1001 Radio Station Road
La Plata, MD 20646

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The contractor must list the County as additional insured and provide the County with a certificate of insurance including endorsements.

Insurance must not be canceled during the life of this contract. Should the insurance be canceled by the insurance company, 10 days written notice must be given. The contractor shall not commence operations under the contract until the contractor has provided a valid Certificate of Insurance.

2. The contractor agrees to hold harmless and to indemnify CCG and its officers, agents, and employees against all liability, including costs and expenses, arising out of the contractor's performance of this contract.
3. Indemnification and Hold Harmless: The contractor will be responsible and liable for any and all damage of life and/or property due to their activities or those of their agents, employees, or subcontractors, in connection with the services contained in the agreement; it being expressly understood that the contractor will defend, indemnify and hold harmless CCG and its members, officers, agents, and employees, from and against all claims, suits, judgments, expenses, actions, damages, and cost of every name and description arising out of or resulting from the services contained in this agreement/contract.

(J.) Invoices for Payment

1. The contractor shall, within 5 working days from the completion of the call-out, have their work hours verified and submit an invoice. It is the responsibility of the contractor to submit and verify hours worked and sign the submitting sheet. All final invoices for hours worked shall be submitted to the Chief of County Roads by April 15, 2022.
2. All invoices shall contain either the contractor's federal ID number or social security number. Failure to comply may result in delay of payment.
3. Checks cannot be picked up at Public Works or the Government Building. All checks will be mailed or submitted via direct deposit.

(K.) Basis of Selection

1. Applicants will be accepted, and routes will be assigned based on their experience performing duties like the ones described herein, and the amount, type, and condition of equipment the contractor provides. In the event the number of applicants exceeds the County's initial requirements, those applicants will be placed on a waiting list and contacted (in the order their applications were received) as needed throughout the winter season.

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Application documents are to be returned to the Department of Public Works. **If you are a returning contractor, you must have all information to Public Works by October 1st to keep your routes from the previous year.** Contractors are advised to make certain their names and all other information is consistent on all provided forms.

Please mail, email, or fax all contract application documents to Jakira Butler.

Address: 1001 Radio Station Road, La Plata, MD 20646

Email: butlerj@charlescountymd.gov

Fax #: 301-932-3564

Phone #: 301-932-3467 or Roads Main Office: 301-932-3450

CHECK LIST

- ☐ Contract for snow removal services form (pgs. 2 – 3)
- ☐ Certificate of Insurance for each vehicle prior to commencement of work (pgs. 9 – 10)
- ☐ Copy of each tagged vehicle registration for dump trucks are larger (must be submitted to Public Works each year)
- ☐ Picture of each tractor listed on the equipment sheet located on pg. 2 (must be submitted to Public Work each year)
- ☐ W-9 form
- ☐ Workers Compensation Commission form

First time (new) contractors or returning contractors, who are adding new equipment, are required to pass inspection. Returning contractors with equipment that previously passed inspection are exempt from reinspection. Please call Public Works Roads Division at 301-932-3454 or 301-932-3450 to schedule inspection, hours are Monday – Friday, 7:00 am – 2:00 pm. Public Works will be holding an inspection and equipment pickup on the following Saturday **ONLY**, Saturday November 13th from 7:00 am – 12:00 noon. Appointments are required and scheduled on a first come, first serve basis.

I, _____ have attached all documents above to my contract
Print Name

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-							
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or

Employer identification number

				-							
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

SOLE PROPRIETOR'S STATUS AS A COVERED EMPLOYEE FORM

I hereby represent to the Maryland Workers' Compensation Commission that I am a sole proprietor doing business in and about the State of Maryland, and that on the date set forth below my signature, under the penalty of perjury, the following checked box represents my status as a covered employee.

Check one:

☐ I have elected to become a covered employee under § 9-227 of the Labor and Employment Article, Annotated Code of Maryland, and have submitted the requisite Inclusion form (IC-15R) with the Workers' Compensation Commission.

☐ I have not elected to become a covered employee under § 9-227 of the Labor and Employment Article, Annotated Code of Maryland.

Name of Sole Proprietor

Address

City:

State:

Zip:

I UNDERSTAND THAT IF I HIRE ONE OR MORE EMPLOYEE(S), I MUST OBTAIN WORKERS' COMPENSATION INSURANCE FOR THE EMPLOYEES

I affirm under the penalty of perjury, that the foregoing information is true to the best of my knowledge, information and belief for the following period:

(Effective date) **THROUGH** _____
(Expiration date)

Signature

Date

PAYMODE INDIVIDUAL VENDOR FORM

Reimbursement Agreement

To receive your payments electronically, simply fill out this form and return it to Accounts Payable in Accounting. Please attach a voided check to the form. Please note, a deposit slip is not sufficient. If you wish to deposit to a savings account, ask your bank to give you the Routing / Transit Number for your account. They may not be the same as the number on a savings deposit slip. This will ensure that there will be no delay in the deposits to your account.

PLEASE READ BEFORE COMPLETING AND SUBMITTING.

I hereby authorize Charles County Government (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that the Company (or its payment processing agent) deposits funds erroneously into my account, I authorize the Company (or its payment processing agent) to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Company and my Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and my Bank reasonable opportunity to act on it.

Individual Vendor Name: _____ Vendor ID #: _____

Email: _____

Individual Vendor Signature: _____

Bank Account Information:

Bank Name / City / State: _____

Routing / Transit #: _____ Account #: _____

Account Type: ☐ Checking ☐ Savings

To Be Completed by Finance: Employee PayMode ID: _____._____ A/P Update: ____/____/____ Paymode-X Update: ____/____/____
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