



Vendor Package

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REQUIRED Submission – Prior to Doing Business with the District:

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ADMINISTRATIVE OFFICES



Bolingbrook Park District

Date: November 2, 2022

Attention: W9 Vendors providing **Social Security Numbers**

From: Bolingbrook Park District Business Office

Re: **Identity Protection**

The District requires all vendors providing Social Security Numbers to submit completed W9 forms **via postal mail services, in person delivery or secured fax**. The purpose of this requirement is to mitigate the risk of identity theft. The District cannot secure your personal data prior to receiving it. If you send the W9 form via email or to our communal fax number, then you are putting your identity at risk of theft. Once your contact at the District or the District's Business Office receives the W9 form, then we will make every effort to secure your data properly as defined in our Identity Protection Policy.

The District recommends consulting a tax accountant about obtaining federal employer tax identification number (EIN) as a measure to protect your identity. For more information on EINs visit the IRS website at www.irs.gov/businesses and do a search on EINs.

Vendors/Individuals submitting a W9 with a Social Security number:

Mail or Deliver to: Bolingbrook Park District
Business Office
201 Recreation Drive
Bolingbrook, IL 60440

Secure Fax Line: (630) 783-1883

ADMINISTRATIVE OFFICES

201 Recreation Drive | Bolingbrook, IL 60440 | P 630.739.0272 | F 630.739.1039 | bolingbrookparks.org

What does the BOLINGBROOK PARK DISTRICT do with your Social Security Number?

Statement of Purpose for Collection of Social Security Numbers Identity-Protection Policy

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government, including the BOLINGBROOK PARK DISTRICT to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the BOLINGBROOK PARK DISTRICT is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the BOLINGBROOK PARK DISTRICT to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Administration purposes;
- Internal verification;
- Vendor services, such as executing contracts and/or billing;
- Child support collection;
- Complaint mediation or investigation;
- Law enforcement investigation; and/or
- Other: _____

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.

We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the Internet unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you unless State or Federal law requires that number to be on documents mailed to you or unless we are confirming the accuracy of your SSN.

Questions or Complaints about this Statement of Purpose

Write to the BOLINGBROOK PARK DISTRICT:

Director of Business and Technology or Superintendent of Business and Finance

201 Recreation Drive

Bolingbrook, IL 60440



Prompt Payment Act

The Bolingbrook Park District is governed by the **Illinois Local Government Prompt Payment Act (SO ILCS 505)**. This law stipulates that local governments must approve or disapprove a bill from a vendor within thirty (30) days after receipt of such bill or within thirty (30) days after the date on which the goods or services were received, whichever is later. Any bill approved for payment shall be paid within thirty (30) days after the date of approval or an interest penalty of 1% or less shall be added per month. For full terms and details of this act visit www.ilga.gov.

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201 Recreation Drive | Bolingbrook, IL 60440 | P 630.739.0272 | F 630.739.1039 |
bolingbrookparks.org

Request for Taxpayer Identification Number and Certification

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

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

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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	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											
				-			-				
or											
Employer identification number											
				-							

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 ▶
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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.



Vendor Information Reporting Form

Please complete and return this form along with your Form W-9 to

ap@bolingbrookparks.org or mail to

Bolingbrook Park District, 201 Recreation Dr., Bolingbrook, IL 60440

Pursuant to Public Act (P.A.) 102-0265, the Bolingbrook Park District is required to make a good faith effort to collect and electronically publish certain data from all vendors and subcontractors doing business with the Park District. Thank you for your cooperation in providing the information requested below.

Company Information

Vendor Code

Company Name

Address

City State Zip Code

Website

Contact Name

Phone Email

Company Status (Please check all that apply)

Certified Small Business / meets certification requirements as a small business under SBA standards
*More information and definitions can be found at <http://www.sba.gov>

Minority-Owned Business - A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily business operations of which are controlled by one or more of the minority individuals who own it.

Women-Owned Business - A business which is at least 51% owned by one or more women, or in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily business operations of which are controlled by one or more of the women who own it.

Veteran-Owned Business - A small business (i) that is at least 51% owned by one or more qualified veterans living in Illinois or, in the case of a corporation, at least 51% of the stock in which is owned one or more qualified veterans living in Illinois; (ii) that has its home office in Illinois; and (iii) for which items (i) and (ii) are actually verified annually by the Commission on Equity and Inclusion.

Does not apply

If applicable, list any certifications your organization holds for the above categories:

Check box if organization is self-certifying.

By signing below, you represent and warrant that the information on this Vendor Information Reporting Form is accurate and complete to the best of your knowledge.

Signature _____

Date _____

Deposit Funds Directly
to Your Bank Account!

No more waiting for
checks to be mailed
or to clear!

Enroll today for fast
and secure payments!

Payment Information

Automatic deposit allows
vendors to have their
payments deposited in an
authorized banking account.

Payments are made via EFT,
Electronic Funds Transfer, on
the Monday following the
3rd Thursday of each month.

A remittance slip with a detail
of invoice and payment
information is sent via email.

Prompt Payment Act Information

The Bolingbrook Park District is governed by the Illinois Prompt Payment Act (50ILCS505). This law stipulates that local governments must approve or disapprove a bill from a vendor within thirty (30) days after receipt of such bill or within thirty (30) days after the date on which the goods or services were received, whichever is later. Any bill approved for payment shall be paid within thirty (30) days after the date of approval.

Mail the completed form with a
voided check to:

Accounts Payable
Bolingbrook Park District
201 Recreation Drive
Bolingbrook, IL 60440

630-739-0272



Bolingbrook Park District
... Enriching the Quality of Life!

201 Recreation Drive
Bolingbrook, IL 60440
(630) 739 - 0272
Fax (630) 739 - 1039

Vendor Enrollment Form - Direct Deposit

New Agreement Change Account Cancel Agreement

Vendor Information

Name / Company Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State & Zip: _____
Daytime Phone No. _____ Fax No. _____

Email (Required - Remittance slip is sent via email)

Bank Information

Name / Company Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____
State & Zip: _____
Phone No. _____

Account Information

Checking Savings

Routing Number

Account Number

Required - Attach a voided check for proper processing.

Authorization

The Bolingbrook Park District will deposit funds in the account listed above via Electronic Funds Transfer (EFT) on Monday following the approval of bills by its Board of Commissioners at their regularly scheduled meetings on the 3rd Thursday of each month and in accordance with the Illinois Prompt Payment Act (50ILCS 505). This authorization will remain in effect until cancelled in writing.

I AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE.

Signature

Date

Print Name

Title

Cancellation

I hereby cancel the Direct Deposit of payments to the enrolled bank account. A notice of cancellation is required 30 days before cancellation of direct deposit is in effect.

Company / Vendor Name: _____

Signature

Print Name

Date