

San Carlos Apache Tribe Vendor Registration Form B

This form is to be completed by the recipient as part of the vendor registration process. The form must be completed, signed and forwarded to the Finance Department before any checks or purchase orders can be processed. Registration information will be used for both financial tracking and tax reporting to the Internal Revenue Service. Departments submitting requisitions for a vendor not registered will have the requisition returned to the Department.

Vendor registration forms are requested yearly following the IRS calendar year; January to December. **Please print clearly.**

Vendor Information:

Company Name (Business Name): _____

Owner's Name (s) _____ Phone: _____

Main Company Address: _____ Email: _____

City: _____ State: _____ Zip _____

Duns and Bradstreet Number _____

Remittance Address & Check Payable Name (If different from business address please indicate reason ei: corporate name, dba):

Check payable to: _____

Company Address: _____

City: _____ State: _____ Zip _____

Payment Processing: The Department of Finance and Revenue Accounts Payable process payments through Automatic Clearing House Electronic Funds transfer. Please fill out the attached form. **Circle type of payment ACH / CHECK.**

Business Type: Choose which business type best describes your company. You may choose more than one.

Type:	Goods	Service	Non Profit	Construction
	Tribal Department/Group		Tribal Enterprise/Organization	
Preference:	Native American	Tribal Member	AZ Tribes	US Tribes
	Small Disadvantaged Businesses		Minority Owned Business	

Parent or Legal Guardian Release: Minor (18 years old or below, parents must sign form)

I release information of my minor child listed above.

Parent or Legal Guardian Signature

Date

Tax Identification Number: Identify the tax reporting number for the Tribe to use in reporting income to IRS. Submit signed form W-9.

_____ I am not subject to Federal Withholding requirements. _____ I am subject to Federal Withholding requirements.

Submit all documentation to verify the information.

Debarment:

Federal Executive Order (E.O.) 12549 “Debarment and Suspension “requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Failure to comply will disqualify request to be entered as a vendor in our accounting system. Information on debarment is available at the following websites: www.sam.gov

Your signature certifies that you or your principal is **NOT** presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

____ (Name)
____ (Company)
____ (Address)
____ (Address)
PHONE _____ -- FAX _____
EMAIL _____

TRIBAL TAX**1. First step, determine the location of delivery of the purchase of goods and services:**

- A. _____ Purchase of goods and services is not within the San Carlos Apache Reservation boundaries. (Tribal tax does not apply)
- B. _____ **Purchase** of Goods and Services **within** the San Carlos Apache Reservation boundaries. (5% Tribal tax applies)
- C. _____ Goods and Services **ordered from and delivered** to the San Carlos Apache reservation. (5% Tribal tax applies)

2. If Subject to Tribal tax, vendors must obtain a Tribal business license from the General Manager’s office.

San Carlos Apache Tribal Business License No _____ Effective Dates _____ *Expiration Date:* _____

3. If subject to Tribal Tax, select one option below.

Tribal Tax: Option 1: Tribal Finance will deduct the Tribal tax of five (5%) percent from all payments and pay you only for the cost of your product or service. The total amount of payment including Tribal tax deduction will be reported to the IRS. You will be issued a debit memo for your IRS reporting.

- _____ **A.** I elect to include Tribal tax on my invoices.
- _____ **B.** I elect to have the San Carlos Apache Tribe to write the 5% Tribal tax on my invoices.

Tribal Tax: Option -Other Tribal Sales Tax Exemptions:

- 2A. The sale of unprepared whole food products to Women and Infant Children program recipients or to the individuals seeking to make payments with federal Food Stamps;
- 2B. Goods purchased for resale;
- 2C. Charges for actual freight costs incurred on the shipment of tangible personal property to the purchaser;
- 2D. Fuel; and
- 2E. Sales of goods and services by itinerant or residential businesses.

In terms of Tribal tax, I elect for option (for example: 1A, 1B, 2A, 2B, 2C, 2D, or 2E- select one)

Payment Terms: Net 30

In the event, the vendor's business is based off the San Carlos Apache reservation and work is performed within the reservation boundaries, the vendor will be required to identify how much work is performed within the San Carlos Apache reservation boundaries. The vendor's invoices must reflect this information. Appropriate tax rates apply. Tribal tax is calculated above the vendor's goods and service rate. Tribal tax is paid from the funding source. Shipping is not included in calculations of Tribal tax.

Vendor - Authorized Signature: _____ Date _____

Conflict of Interest:

Conflict of Interest –Disclosure statement required if a member of your immediate family is employed or contracted with San Carlos Apache Tribe or any of its subsidiaries. Please fill out the Related Party Disclosure form. Please return with the Vendor Registration packet.

*“Immediate family” shall mean parents, wife, husband, children and brothers and sisters.
SCAT Employment Policies and Procedures Manuel 7-5-2022*

Your signature certifies that neither you, the legal owners, the board members or your principal has any known conflict of interest issue from participation in this transaction by any Tribal department or agency. If there are **no known conflict of interest** issues, please sign and verify.

Authorized Signature: _____ Printed Name _____

Title: _____ Date: _____

Department Information: List the tribal department are you working with?

Department Name: _____ Contact Name: _____
Email: _____ Telephone: _____

Return Completed Vendor Application to:
Email:vendor.registration@scat-nsn.gov

Finance Department: Reportable income non-reportable income

Entered by: _____ Date: _____

Scanned and attached by: _____ Date: _____