



Rebecca Smiley Jackson County Auditor

State law requires us to notify vendors who we have a contract with to fill out a Form 1295 and if your agreement is attached to a Grant, you will need to verify your S.A.M.

Jackson County is updating all vendor information. Please complete a Vendor Packet for the current year by visiting our website at <https://www.co.jackson.tx.us/page/jackson.Forms> then to **QUICKLINKS > Forms & Publications > W-9 Forms > Vendor Packet**. Jackson County has transitioned to a purchase order system.

When returning the Vendor Packet, please verify it is complete and includes all of the below:

- Vendor Registration Form
 - 1295 Form Certificate Number
 - SAM Certificate Number
- ACH Form
- Conflict of Interest Questionnaire (CIQ)
- W-9 Form
- Certificate of Liability Insurance
- Executed Contract Agreement if applicable

All Vendor Packet information MUST be emailed to: jcpurchasing@co.jackson.tx.us

When emailing the information back please title use VENDOR PACKET as the subject line.

ALL invoices MUST have a Purchase Order Number and be emailed to: jcinvoices@co.jackson.tx.us

By mailing your Vendor Packet and/or Invoices items will be delayed.

Please mail to: ATTN: Department, 411 N. Wells St., Rm 201, Edna, TX 77957.

Jackson County strongly encourages the use of electronic payments via ACH. ACH payment provides both the sender and receiver with the advantages of improved controls, reduced chances for check fraud, better cash management and greatly reduced bank charges. *When emailing the request back, send an **encrypted email**.*

On April 4, 2022, the U.S. government switched from using the DUNS Number to a new Unique Entity ID (SAM), also known as a UEI. Please make sure you are registered; an active registration with [Home | SAM.gov](https://sam.gov) is required to do business with the federal government and is required should you do business with any county entity who is using federal funds and/or grant monies to use your services or purchase your products. This info can be provided on the Vendor Registration form.

A new House Bill 1295 went into effect January 1, 2016. This Bill added section 2252.908 to the Texas Government Code and requires that a governmental entity receive a Disclosure of Interested Parties (Form 1295) before entering into a contract with a vendor that requires an action by Commissioners' Court. Accordingly, we need your assistance in complying with Form 1295 requirements. Completed the form electronically on the Texas Ethics Commission website. Here is the link to the website there are videos explaining how to complete and file Form 1295. The videos on the State Ethics Commission website are highly informative. Here is the quick link [1295 Filing Info](#) the Get Started and videos.

A 1295Form **CAN ONLY** be completed electronically. You will need a contract number, use **2026CompanyName**. Once completed please put the Certificate Number on the Vendor Registration Form along with the company SAM if applicable.

All awarded bids are available on the County's website at: [Jackson County, Texas](#) under the current year Bids and Bid Results tab. If you have any questions, please do not hesitate to contact my office. Thank you for your prompt attention to this matter.

Rebecca Smiley
Jackson County Auditor

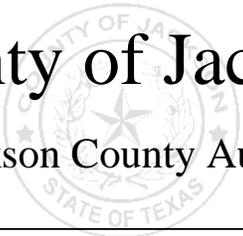
Attachment via the website: Vendor Packet, Explanation of IPF Form 1295, Simple Step-by-Step Process

*Though purchases may be on a new contract,
no payment will be processed until the County has received all the requested information.*

Jackson County Auditor
411 N. Wells, Room 201
Edna, Texas, 77957

County of Jackson

Jackson County Auditor



Phone: 361.782.2072
Fax: 361.782.0856
e-mail: jcpurchasing@co.jackson.tx.us

Vendor Registration Form

1. Identify area(s) of your organization’s specialization

2. Complete the following information:

Legal Company Name:	
Alternate Name (if applicable/DBA):	
Street Address	
City/State/Zip:	
Remittance Address (if different):	
Federal EIN/SSN:	
Unique Entity ID (SAM or UEID):	
1295 Form Certificate Number:	
Certificate of Insurance Liability:	
Sales Rep. Contact Person:	
Telephone:	
Email:	
Accounting (PO) Contact:	
Telephone:	
Email:	
Other Contacts: Name, Email, PH#:	

3. With this registration form, please include a complete ACH, W-9, Conflict of Interest Questionnaire, Certificate of Liability Insurance, Form 1295 and SAM# if applicable.

Emailed to: jcpurchasing@co.jackson.tx.us

Mailed to: Jackson County Auditor
411 N. Wells St., Rm. 201
Edna, Texas 77957

RETURN THIS PAGE

INTERNAL USE ONLY	<u>Vendor ID</u>	<u>Date Received</u>	<u>Vendor Class</u>
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Though purchases may be on the new contract, no payment will be processed until the County has received all the forms requested.



**JACKSON COUNTY, TX
AUDITOR**

ACH AUTHORIZATION
All fields are required

Vendor Information

Vendor Name:			
Address:	City:	ST:	Zip:
Accounting/PO Contact Name:		Phone:	
Email for Remittance:			

Commercial Personal Checking Savings Change

Banking Information

Name on Bank Account:			
Address:	City:	ST:	Zip:
Bank Contact Name:		Phone:	
Email:			
ABA Routing#:		Account#:	

If you change banks or accounts, please provide at least thirty (30) days' written notice.

Vendor Authorization: Above named Vendor hereby authorizes Jackson County to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/ reimbursement of goods and/or services.

Authorized Name

Title

Authorized Signature

Date

RETURN THIS PAGE

Jackson County Auditor Use Only:	Date Received	Date Entered	Entered by
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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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

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

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Name of signatory

Signature

Date

OFFICE USE ONLY

Certificate Number
Send Jackson County
the number that is assigned

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

SAMPLE

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

FORM MUST BE
SUBMITTED

5 Check only if there is NO Interested Party

ELECTRONICALLY

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

ADD ADDITIONAL PAGES AS NECESSARY

Certificate of Interested Parties Form 1295

WHO IS REQUIRED TO FILE FORM 1295 CERTIFICATE OF INTERESTED PARTIES?

In 2015, the Texas Legislature adopted House Bill 1295, which added Section 2252.908 of the Government code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties (Form 1295) to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Commission.

WHAT CONTRACTS DOES FORM 1295 APPLY TO?

The law applies only to a contract between a governmental entity or state agency and a business entity at the time it is voted on by the governing body or at the time it binds the governmental entity or state agency, or whichever is earlier, including an amended, extended, or renewed contract, of a governmental entity or state agency that either:

- (1) Requires an action or vote by the governing body of the entity or agency before the contract may be signed; or
- (2) Has a value of at least \$1,000,000.00.

A contract does not require action or vote by the governing body of a governmental entity or state agency if:

- (1) the governing body has legal authority to delegate to its staff the authority to execute the contract;
- (2) the governing body has delegated to its staff the authority to execute the contract; and
- (3) the governing body does not participate in the selection of the business entity with which the contract is entered into.

1 T.A.C. § 46.1(c). Info from the [Texas Ethics Commission Website](#)

HOW DO I FILE FORM 1295 CERTIFICATE OF INTERESTED PARTIES?

Form 1295 must be filed with the Texas Ethics Commission prior to submission to the Town of Argyle with proposed contracts.

A business entity must file Form 1295 electronically with the Texas Ethics commission using the online filing application. Follow this link to their website to begin the process: [Form 1295 Certificate of Interest Parties Filing](#).

After registering and filing the form online with the Texas Ethics Commission, you will print the resulting form and submit to jcpurchasing@co.jackson.tx.us .