



# REQUEST FOR PROPOSAL

RFP 2022-06-04

**Document Imaging and Quality Control Services**

## PROPOSAL DATE AND TIME

**July 29, 2022**

**1:30 P.M.**

**Proposals must be sealed and submitted to:**

**Butler County Recorder  
130 High Street, 2<sup>nd</sup> Floor  
Hamilton, Ohio 45011**

**Proposals delivered after 1:30 pm on July 29<sup>th</sup>, 2022, will not be accepted.**

**LEGAL NOTICE OF BOARD OF COMMISSIONERS OF BUTLER COUNTY, OHIO**

RFP 2022-06-04

Sealed Proposals will be received at the office of the Butler County Recorder Attn: Denise Goll, County Administrative Center, 130 High Street, 2<sup>nd</sup> Floor, Hamilton, Ohio 45011, until 1:30 pm local time, on July 29th, 2022, for RFP 2022-06-04, Document Imaging and Quality Control Services.

Specifications may be obtained at the office of the Butler County Recorder, Butler County Commissioners; or by query at:  
[www.butlercountycommissioners.org](http://www.butlercountycommissioners.org)

The Board of Butler County Commissioners reserves the right to waive informalities; to reject any and all proposals or any portion of a proposal; or to accept the proposal of the best offeror as determined by the Board.

By order of the Board of Butler County Commissioners:

Donald L. Dixon, President

T. C. Rogers, Vice President

Cindy Carpenter, Member

Attest: Flora R. Butler, Clerk

Publish 1 time: Wednesday, July 13, 2022, *Hamilton Journal-News*

## INTRODUCTION

The Board of County Commissioners of Butler County, Ohio ("County"), on behalf of the Butler County Recorder, is seeking proposals from qualified vendors to scan, convert, and process images from historic books. The County desires the quality of scanned documents and the diligence of quality control to be superior.

## SCOPE OF SERVICES

The successful vendor will scan, convert and process images from books for import into Kofile Technologies County Fusion Records Management System. The project consists of:

- Record Books
  - Deed Books 360-664 - 305 mechanical deed books, size 12x18 with Photostat images.
  - Deed Books 665-1025 - 361 mechanical deed books, size 9x15 with Photostat images.
  - Mortgage Books 500-670 – 171 mechanical books, size 12x18 with Photostat images.
  - Mortgage Books 671-1059 - 389 mechanical books, size 9x15 with Photostat images.
  - Each book contains approximately 700 pages.
- Geographical Index Books
  - Township Index Books – 37 Books, size 12x18, manuscript, approx. 6600 pages.
    - All books are mechanical with the exception of one.
  - City Index Books – 93 Books, size 12x18, 50% manuscript, approx. 29,000 pages.
    - All books are mechanical with the exception of five.

## PROJECT SPECIFICATIONS

- **On-Site Scanning** – The Vendor will provide all necessary hardware, software and staff to perform scanning on-site. On-site Scanning is mandatory; 24 hour access will be permitted, and the media must be scanned by qualified staff who have passed County approved background checks.
- **On-Site Content Inspection** – The Vendor will provide necessary services to ensure that all pages scanned must be accounted for and missed scans are captured prior to the on-site scan team leaving the County.
- **Book Handling** – Pages in removable binders may be removed for scanning but must be returned in sequential page order. All books will be returned onto shelves in their original order.
- **Book Scanning** – The Vendor must scan all books at 300dpi and provide

both JPEG and TIFF images.

- **Automatic Image Enhancement** – The Vendor will automatically deskew and remove borders on each image for optimum file compression. The Vendor will automatically reverse any TIFF image so that negative images with white text become white images with black text. There could also be pages which have marginal notations and dual polarity where additional processing may be required during physical image enhancements.
- **Image Inspection & Poor Quality Reporting** – The Vendor will visually inspect 100% of TIFF images for poor quality by comparing the black and white TIFF images to the JPEG images. Any illegible data must be reported to the County for inspection.
- **Double Image Inspection & Verification** – The Vendor must provide the option to have a second inspection on images, whereby 100% of the images must be inspected by a second inspector and the images must be compared electronically and any mismatches be determined by a third inspector.
- **Excess Border Removal** – The Vendor will provide manual cropping to provide a more accurate original page size, fewer bytes per image and better performance of the system and overall appearance of every image. No data or marginal notations will be removed from the image during this process.
- **Image Enhancement** – The Vendor must have the ability to adjust the poor contrast of an entire page or any specific area on a page (without degrading the quality of the rest of the page) to provide the most legible images possible. If the County is not satisfied with the legibility of any image, at any time, the Vendor will enhance the TIFF image from the JPEG backup image without having to physically rescan the original media.
- **Page Duplication** – Some books may have pages that contain multiple documents on a single page. These pages must be electronically duplicated so that each grouped document has its own set of images.
- **Marginal Notations** – Some pages could possibly contain a white border around a black page. Book-Page number, Reference Book-Page number, and Release information is commonly located in this white border (typically known as Marginal Notations). The Vendor must have the ability to include these notations in the image and make all the background white and all the text and handwriting in black.
- **Dual Polarity Correction** – Some pages could possibly contain a mix of black text on white background and white text on black background. Should these pages be encountered, the Vendor must have the ability to correct this issue, when applicable, and adjust the background polarity so the entire page contains white background with black writing.
- **Formatting** – The Vendor will format the images to the requirements provided by Kofile Technologies. This format includes providing images as Black & White TIFF, 300 dpi, and Group IV compression images with an accompanying index file that defines the Book-Page or Document Number name and file location of each image. Additional information will be provided upon contract award.
- **USB Hard Drives** – At the completion of the project, the Vendor will provide all single page, JPEG and TIFF images as well as all formatted images on

external USB Hard Drives.

- ***Please provide separate pricing for each of the 6 book categories listed under the Scope of Services, as this project may be split into multiple projects.***
- All questions must be emailed to Denise Goll at [denise.goll@bcoho.us](mailto:denise.goll@bcoho.us). The questions and answers will be provided in a separate document on the Commissioners' website where all bidders will have access to this information.

## **MINIMUM PROPOSAL REQUIREMENTS**

### **A. Proposal format**

Proposals shall be printed on 8.5" x 11" plain white paper with margins of 1" on each side. Each page of the Proposal shall be numbered sequentially at the bottom of the page. Proposal content must include a heading which clearly indicates the subject matter. Offerors may secure their Proposals with paperclips or binder clips only, do not use staples, specialized bindings or coverings of any type or form.

### **B. Multiple Copies**

All Offerors shall deliver one (1) original and one (1) copy of the entire written Proposal, and one (1) electronic copy (USB Flash Drive preferred) to the Butler County Recorder's Office, Attn: Denise Goll, by the above referenced deadline. All copies must reference the RFP number. Upon request, a receipt will be issued for proposal received.

### **C. Cover letter and Executive Summary**

Provide an introductory letter and summarize the contents of the proposal.

### **D. Offeror Background**

Provide the name, location, all contact information, and legal nature (corporation, partnership, joint venture, sole proprietor) of the offeror, and information regarding the history of the offeror.

### **E. Target Criteria (if applicable)**

Describe the criteria to be evaluated in data collection and how benchmarks will be established and measured.

### **F. Project Organization (if applicable)**

Provide an organizational chart and identify key personnel assigned and their roles and responsibilities as it relates to this project. Provide detailed biographies/resumes of the project manager, design professional, and any other personnel assigned to the project. Identify who will be responsible for communications and preferred method of communication between the offeror and the County and how the offeror will coordinate with County in identifying needs and goals. Detail the offeror's anticipated workload for the year 2022. Identify proposed outside individual consultants and/or specialists who will be utilized, their qualifications, and what key contributions they will make to the project.

### **G. Project Approach**

Describe the offeror's proposed methodology for scanning, converting and processing the images. What type of work environment will be needed for the on-site portion of the project? Please include a proposed project schedule for each phase. Describe quality assurance procedures for image review, file compression validation and quality control reports.

## H. Experience and References

Provide a full description of at least four (4) similar projects which best demonstrate the Offeror's experience and ability to provide the goods and/or services for this project, including the name of the project owner and contact information for the project owner's representative, the name and location of the project, and a description of the project.

## I. Pricing and Fee Structure

Provide detail for method and amount of compensation for the project. Also include value of added services offered and relationships outside of Offeror which may be utilized to provide greatest value to County. The Offeror must provide a certification the Proposal and pricing will remain in effect and unchanged for a minimum of one hundred eighty days (180) from the date of the Proposal opening.

## J. Optional Information

Include any additional information or description of resources supporting your Offeror's qualifications, provide unique detail to the scope, or any other information you deem appropriate for the Board's selection consistent with the selection criteria.

## K. Other Required Documents

- 1) Submit no less than three (3) references for whom services were provided (similar in nature and functionality to those requested by the Board). References shall include at a minimum, company name, contact person, address, phone number, nature of relationship, services performed and time period of services performed.
- 2) Include current certificate of Workers Compensation insurance. Must disclose any pending or threatened court actions and/or claims against Offeror, parent company or subsidiaries. This information will not necessarily be cause for rejection of the Proposal; however, withholding the information may be cause to reject the Proposal and/or any ensuing contract.
- 3) Include current certificate of professional insurance and commercial general liability insurance with limits of not less than one million dollars (\$1,000,000.00) per claim and three million dollars (\$3,000,000.00) in the annual aggregate per occurrence. If medical malpractice or other professional liability insurance is required for the provision of the referenced services, then your submission should include a copy of the cover sheet of such policies. Additionally, proposer must provide proof of automobile liability / bodily injury liability to cover any employee or contractor who may drive an automobile in the course of provision of these services.
- 4) The Offeror must include completed copies of the following forms, which are included as attachments to this RFP:
  - b. Offeror Information Form
  - c. Civil Rights Compliance
  - d. Delinquent Personal Property Tax Affidavit
  - e. Non-Collusion Affidavit
  - f. Independent Contract
  - g. W-9 Form
  - h. Electronic Payment Form

## I. Registration

**Only Offerors who register for the RFP shall be eligible to submit a proposal.** To register, Offerors shall submit attachments F and G along with principal name, company name and address, and email address. The latest date to register for the RFP is July 22, 2022, at 4:00 pm, EST.

Except during the RFP negotiation process as set forth in R.C. 307.862(B)(10)(c), prospective Offerors or their representatives shall not communicate with any other individual(s) or official(s) associated with this Proposal or other Butler County employees during the RFP process. Any attempted communication with unauthorized individuals will result in rejection of the Offeror's Proposal.

Registered Offerors shall have the opportunity to submit questions or request clarifications regarding the RFP or RFP process. Only Offerors who register for the RFP will receive copies of any questions or requests for clarification as responses or direct receipt of any RFP revision.

All RFP questions, requests for information or clarification regarding the RFP or RFP process from registered Offerors shall be emailed to the contact person listed below no later than July 22, 2022 at 4:00 pm EST.

Denise Goll, Chief Deputy Recorder  
513-887-3195  
denise.goll@bcoho.us

All questions and responses will be distributed to all registered Offerors no later than July 25, 2022.



## MISCELLANEOUS NOTIFICATIONS

### A. Evaluation

Immediately after opening, each Proposal will be evaluated by a team consisting of members of Butler County Recorder's Office. In accordance with O.R.C. 307.862(A)(6), (7) and (8), if necessary, the team will conduct discussions with Offeror(s) for the purpose of ensuring full understanding of, and responsiveness to, the requirements specified in the request for proposals. The evaluation team will accord fair and equal treatment with respect to any opportunity for discussion with Offeror(s) to provide any clarification, correction, or revision of proposals. The evaluation team will not disclose any information derived from proposals submitted by competing Offerors during those discussions. Evaluations will be based upon criterion on Attachment A.

### B. Negotiations

In accordance with O.R.C. 307.862(A)(9) and (10) the evaluation team may negotiate with the Offeror who submits the Proposal the County determines is the most advantageous based on the rankings performed by the County including any adjustment to those rankings based on discussions conducted for clarification purposes as set forth above. The evaluation team will conduct negotiations with only one Offeror at a time.

### C. In accordance with O.R.C. 307.862(B)(10), please be advised:

- 1) The County reserves the right to reject any Proposal in which the Offeror takes exception to the terms and conditions of the request for proposals; fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in the request for proposals; or submits prices that the contracting authority considers to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority;
- 2) The County reserves the right to reject, in whole or in part, any Proposal the County contracting authority has determined, using the factors and criteria set forth above, would not be in the best interest of the County;
- 3) The County reserves the right to discontinue the RFP process at any time based on circumstances or conditions it determines relevant to preserve the interests of the County; and,
- 4) The County may conduct discussions with Offerors who submit Proposals for the purpose of clarifications or corrections regarding a Proposal to ensure full understanding of, and responsiveness to, the requirements specified in the request for proposals.

### D. Offeror withdrawal

An Offeror may withdraw the Offeror's Proposal at any time prior to the award of a contract. The Board may terminate negotiations with an Offeror at any time during the negotiation process if the Offeror fails to provide the necessary information for negotiations in a timely manner or fails to negotiate in good faith. If the Board terminates negotiations with an Offeror, the Board shall negotiate with the Offeror whose Proposal is ranked the next most advantageous to the Board according to the factors and criteria listed above.

#### E. Cancellation and reissuance of RFP

In accordance with O.R.C. 307.862(F), please be advised the Board may cancel or reissue this request for proposals if any of the following apply:

- 1) The supplies or services offered through all of the Proposals submitted to the Board are not in compliance with the requirements, specifications, and terms and conditions set forth in the request for proposals;
- 2) The prices submitted by the Offerors are excessive compared to existing market conditions or exceed the available funds of the Board;
- 3) The Board determines award of a contract would not be in the best interest of the County.

#### F. Proposal and contract execution

The Offeror with his usual signature must sign its Proposal. Proposal by partnerships must be signed with the partnership name and by one of the members of the partnership or by an authorized representative followed by the signature and title of the person signing. Proposals by corporations must be signed with the name of the corporation, followed by the signature and designation of the President, Secretary, or any other individual person authorized to act on its behalf of contracting matters.

#### G. Public Records

Materials received constitute public information as a matter of statutory law and will be made available for public inspection upon request only after an award is made and contract fully executed, pursuant to Ohio Revised Code 9.28. Only vendor financial information will be considered as confidential or trade secret information. Any such portion of the Proposal to be held confidential as trade secret material should be marked "PROPRIETARY" in the upper right corner and will not be considered public record if it clearly falls within an exemption enumerated in ORC 149.43. Pricing pages of the Proposal document shall be considered public information.

#### H. Record Keeping Requirements

The Offeror will keep all financial records consistent with Generally Accepted Accounting Principles (GAAP) during the period covered by the contract. The Offeror is also required to provide the Butler County Board of Commissioners, its Office, their designated representative, authorized representative (for the Offeror), and any other person or agency instrumentally involved in providing financial support for the contract work, access and right to examine any books, documents, papers, or records related to this contract or to conduct a full audit as may be determined necessary by the Board, County or state auditor.

#### I. Indemnification

The Offeror shall assume the defense of, indemnify, and hold harmless Butler County, the Board of Butler County Commissioners and any County agencies receiving services under this contract from any claims or liabilities of any type or nature to any person, firm, or corporation arising in any manner from the Offeror's performance of the work required under this contract and the Offeror shall pay any judgment obtained or growing out of said claims or liabilities.

## J. Equal Opportunity Provisions Required

All Offerors must be willing to enter a contract containing the express language contained in Section 125.111 of the ORC, which requires the following:

Every contract for or on behalf of the State or any of its political subdivisions for the purchase of material, equipment, supplies, contract of insurance, or services shall contain provisions similar to those required by Section 153.59 of the Revised Code in the case of construction contracts by which the Offeror agrees to the following:

That in the hiring of employees for the performance of work under the contract or any subcontract, no Offeror or their subcontractor shall by reasons of race, color, religion, sex, age, handicap, national origin or ancestry, discriminate against any citizen of this State in the Employment of a person qualified and available to perform the work to which the contract relates.

That no Offeror, their subcontractor, or any person acting on behalf of any Offeror or their subcontractor shall, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under the contract on account of race, color, religion, sex, age, handicap, national origin, or ancestry.

The Offeror, their subcontractor, or any person or employee acting on behalf of any Offeror or their subcontractor must have legal status of employment within the United States of America.

## K. Invoices

The Offeror will be required to submit invoices in duplicate (one original and one copy) to the Butler County Recorder, 130 High Street – 2<sup>nd</sup> Floor, Hamilton, Ohio 45011. The Offeror's Federal Tax Identification Number should appear on all statements and invoices. Invoices should include:

- 1) Name and address of Offeror.
- 2) Remittance address.
- 3) Billing period.
- 4) Description of services performed.
- 5) Total charges.

Invoices are routinely paid within forty-five (45) days after receipt by the County. Butler County does not pay any imposed late fees or interest charges.

## ATTACHMENT A

### Scoring - Evaluation Factors and Relative Importance

Items used in ranking may include	Max Points	Total Points
Responsiveness to the bid	15	
References and/or other indicators of satisfactory past performance of service delivery	15	
Capability of the bidder to perform the contracted services/bidder qualifications	30	
Price	25	
Ability to provide greatest value to County	15	
<b>Total</b>	<b>100</b>	

**ATTACHMENT B**

**OFFEROR INFORMATION**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

I.R.S. Employer Identification number: \_\_\_\_\_

Workers' Compensation number: \_\_\_\_\_

Year the company was founded: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Contact person for bid: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Contact fax: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Certification: This proposal has been completed in accordance with the Specifications provided herein.

I hereby certify that, to the best of my knowledge, the information contained herein, is accurate, complete and current as of this date. I also certify that I have the authority to submit this proposal and to negotiate, sign, modify and terminate contracts on behalf of the above named organization.

Signature: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CIVIL RIGHTS COMPLIANCE**

Offeror agrees that in the performance of any agreement, if entered into, there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

Name of Company: \_\_\_\_\_

Signature of Representative of Offeror: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT D**

**DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT**  
(This Affidavit must be executed for the Proposal to be considered.)

STATE of OHIO,  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name of party signing affidavit) (Title)

having affirmed under oath that at the time of proposal for \_\_\_\_\_  
(Project or Item Proposed)

to be opened \_\_\_\_\_, was submitted on \_\_\_\_\_, delinquent personal property taxes  
(Date) (Date)

in the amount of \$ \_\_\_\_\_ (Dollars) were due and unpaid to the County of Butler including the

interest in the amount of \$ \_\_\_\_\_ (Dollars) and penalties in the amount of \$ \_\_\_\_\_ (Dollars).

This document when given to the County Auditor shall satisfy the requirements of ORC 5719.042.

\_\_\_\_\_  
Name of Individual Company

\_\_\_\_\_  
Taxes Filed Under the Name of

\_\_\_\_\_  
Signature

seal

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Telephone

Sworn to and subscribed before me this day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

**NON-COLLUSION AFFIDAVIT**

STATE OF OHIO, COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(name of party signing affidavit) (title)

being duly sworn, do depose and say:

That \_\_\_\_\_  
(Name of Individual Company)

its agent, officers or employees have not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

seal

\_\_\_\_\_  
My commission expires



**A** INDEPENDENT CONTRACTOR  
 ACKNOWLEDGMENT

OPERS Ohio Public Employees Retirement System 277  
 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965  
[www.opers.org](http://www.opers.org)

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

**STEP 1: Personal Information**

Social Security Number

First Name MI Last Name

**STEP 2: Public Employment Information**

Name of Public Employer  
 B U T L E R C O U N T Y O H I O

Employer Contact

First Name MI Last Name  
 JILL M COLE

Employer Code Employer Contact Phone Number  
 2025- 08 513 887 3155

Service Provided to Public Employer

Start Date of Service End Date of Service  
 Month Day Year Month Day Year

### STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Do not print or type name

PLEASE RETURN THIS FORM TO THE BUTLER COUNTY AUDITOR'S OFFICE  
 AT 130 HIGH STREET, 4<sup>th</sup> Floor  
 HAMILTON, OHIO 45011

Form <b>SUB W-9</b> (Rev JUN 2015)	<b>Butler County Ohio</b> <b>Substitute Form W9 / Ohio Reporting Form</b> <b>Request for Taxpayer Identification Number and Certification</b>
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In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to 513-887-3129; or by mail to:  
**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

- To **properly complete** the form, the following information must be provided:
1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
  2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
  3. Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
  4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
  5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

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

Check appropriate box for federal tax classification: (check only one box) If individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC)  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/Estate  
 Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) \_\_\_\_\_  
 Other \_\_\_\_\_  
  Exempt from backup withholding

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)

Requestor's name and address

Address Line 2

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

City, state, and ZIP code

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.  
 For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):  
 [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

and / or  
 Social Security Number (SSN):  
 [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?

- Yes  
 No

If "Yes" is checked, you **MUST** complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.

Printed first name, middle initial, and last name

Date good or service provided (MM / DD / YY)  
 / /

Birth date (MM / DD / YY)  
 / /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?

- Yes  
 No

If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", you must answer this question "Yes" or "No". If you answer "Yes" Please fill out the BR-4 Form (Notice of Re-Employment of an OPERS Benefit Recipient)

**Part V 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).
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 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.
3. I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding 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.

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of  
 U.S. person \_\_\_\_\_

Date \_\_\_\_\_

www.butlercountyauditor.org



Office Phone: 513-887-3154  
 Office Fax: 513-887-3149  
 130 High Street  
 Hamilton, Ohio 45011



For your convenience, the Butler County Auditor's Office offers the opportunity to receive future payments electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information.

Action:	ADD	CHANGE/UPDATE	INACTIVATE	
Payee Name:			Phone No:	
Taxpayer ID:	-		Butler County Employee:	YES
SSN:	-	-		NO
Address:				
Required E-mail Address:				
Bank Name:				
Bank Routing Number:			Savings Acct No:	
			Checking Account No:	

**ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION**

**Authorization:** This authorizes the Butler County Auditor's Office to send credit entries electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print Name:	Title:
Signature:	Date: