

BUTLER COUNTY COMMISSIONERS  
*T.C. Rogers Cindy Carpenter Donald L. Dixon*

## **INVITATION TO BID**

ITB NO. BCSO-2026-03-01

BUTLER COUNTY SHERIFF'S OFFICE  
2026 SAFETY EQUIPMENT FOR VEHICLES  
(PARTS AND LABOR)

BID DATE AND TIME:  
WEDNESDAY, APRIL 1, 2026  
10:30 A.M. (EST)

BIDS MUST BE RETURNED TO:  
BUTLER COUNTY COMMISSIONER'S OFFICE  
ATTN: CLERK OF THE BOARD  
315 HIGH STREET, 6<sup>TH</sup> FLOOR  
HAMILTON, OH 45011

**LEGAL AD AND NOTICE TO BIDDERS**  
**ITB NO. BCSO-2026-03-01**

Sealed Bids will be received at the office of the Butler County Commissioner's Office, Attn: Clerk of the Board, 315 High Street, 6<sup>th</sup> Floor, Hamilton, Ohio 45011 until 10:30 a.m. EST on Wednesday, April 1, 2026 and will be opened and read aloud at 10:45 a.m. or shortly thereafter in the Butler County Commissioners Chambers on the 2nd Floor in the Butler County Government Services Center, for the Butler County Sheriff's Office 2026 Safety Equipment for Vehicles (Parts and Labor) in accordance with specifications under ITB No. BCSO-2026-03-01

Specifications may be obtained by query at <https://bids.bcoho.gov>. To access the ITB packet on the Butler County Board of Commissioners website, please scroll down until the project is found: Butler County Sheriff's Office 2026 Safety Equipment for Vehicles (Parts and Labor), ITB No. BCSO-2026-03-01, or by query at [www.butlersheriff.org/category/request-for-bids/](http://www.butlersheriff.org/category/request-for-bids/). To access the ITB packet on the Butler County Sheriff's Office, scroll down until the project is found.

Bidders are required to complete and submit with the bid ALL forms that are included with the specifications packet. Bidders are required to use the forms furnished by the County when submitting their bid.

The Board of Butler County Commissioners reserves the right to waive informalities, to reject any and all bids, to accept the bid which is in the best interest of the County as determined by the Board, and to hold bids valid for ninety (90) days from the bid date.

Butler County reserves the right to award partial bids to multiple vendors. Bidders may receive bid awards for some but not all of the items on the specified list.

Bids are to be SEALED and delivered to the office of the Butler County Commissioners, and each bid shall bear on its face the name and address of the bidder and shall be plainly marked "Bid on ITB No. BCSO-2026-03-01 Butler County Sheriff's Office 2026 Safety Equipment for Vehicles (Parts and Labor)".

By order of the Board of Butler County Commissioners:

T. C. Rogers, President  
Cindy Carpenter, Vice President  
Donald Dixon, Member

Attest: Emily Appel, Clerk

Publish 1 time: Wednesday, March 4, 2026  
*Hamilton Journal-News*

# PLEASE NOTE

**BID MUST BE SEALED, DELIVERED TO, AND RECEIVED IN THE BUTLER COUNTY BOARD OF COMMISSIONERS OFFICE ON THE SIXTH FLOOR OF THE BUTLER COUNTY GOVERNMENT SERVICES CENTER, 315 HIGH STREET, HAMILTON, OHIO, BY**

***10:30 a.m. local time on***

***Wednesday, April 1, 2026***

**ANY BID DELIVERED AFTER THE TIME SPECIFIED, ACCORDING TO THE CLOCK IN THE COMMISSIONER'S OFFICE, WILL NOT BE ACCEPTED FOR ANY REASON.**

**BUTLER COUNTY COMMISSIONERS  
BID REQUEST**

DATE: March 3, 2026

ITB NUMBER: BCSO-2026-03-01

**BIDS MUST BE RETURNED TO:**  
**BUTLER COUNTY COMMISSIONER**  
**ATTN: CLERK OF THE BOARD**  
**315 HIGH STREET, 6<sup>th</sup> FLOOR**  
**HAMILTON, OHIO 45011**

**FOR FURTHER INFORMATION CONTACT:**

Kaitlyn Jarvis  
PHONE NO. (513) 785-1014

Sealed bids will be received in this office until: 10:30 a.m., April 1, 2026

Using Department: **BUTLER COUNTY SHERIFF'S OFFICE**

Delivered To: BUTLER COUNTY GOV'T SERVICES CENTER, 315 HIGH STREET, 6<sup>TH</sup> FLOOR,  
HAMILTON, OHIO 45011

---

Your written bid is requested for the following:

The Butler County Sheriff's Office is requesting bids specific to emergency vehicle equipment in two (2) categories. Each bidder is requested to bid on any or all of the categories and equipment items.

1. The first category is a bid for "parts" only.
2. The second category is for "labor" only which would be the total cost of installation of all parts on an individual vehicle and may include customer provided radar and/or portable radio charging docks. BCSO may decline to install radars on some or all vehicles in which case the radar installation cost will not be included on the vehicle equipment installation invoice.

Parts shall be delivered to the vendor selected for labor/installation portion of this bid, either by drop shipment directly to their location or delivery by BCSO. The labor/installation vendor will be responsible for receipt and accuracy of all parts shipped to their location. Vehicles will be delivered to the labor/installation vendor at time of installation, unless other arrangements are made between BCSO and the labor/installation vendor. BCSO prefers that the installation vendor be within a 60-mile radius of 705 Hanover Street, Hamilton, Ohio. BCSO will arrange all warranty work, inspection of installation, and necessary follow-up maintenance with the labor/installation vendor. Installation of equipment shall commence within ninety (90) days of receipt of all equipment. Completion of vehicle equipment installation shall be within a reasonable period of time after installation begins, not to exceed two weeks per vehicle. Exceptions to this timeline are at the discretion of BCSO.

Butler County reserves the right to award partial bids to multiple vendors. Bidders may receive bid awards for some but not all of the items on the specified equipment list.

The total bid package is on particular law enforcement equipment to be installed on **up to** nine (9) marked Dodge Durango vehicles, identified on the BID FORM. The total number of vehicles listed is subject to change.

Please see Exhibit A for the specific listing of equipment items required. Each bidder is invited to bid on **any** or **all** of the two (2) **categories**. All equipment needs are included on Exhibit A.

Total cost for labor/installation is to be shown on the **BID FORM** provided.

Bid shall be SEALED and bear on its face the NAME and ADDRESS of the bidder and be plainly marked **"BID ON ITB BCSO-2026-03-01 – Butler County Sheriff's Office 2026 Safety Equipment for Vehicles (Parts and Labor)"**.

Any questions concerning specific parts and/or labor items should be directed in writing to Lieutenant Jeff Schuster at [jschuster@butlersheriff.org](mailto:jschuster@butlersheriff.org) Fleet Manager Josh Readnower at [jreadnower@butlersheriff.org](mailto:jreadnower@butlersheriff.org) or Kaitlyn Jarvis, Financial Specialist, at [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org).

---

Bidders Please Note: Butler County is an equal opportunity employer and has specific certifications regarding equal opportunity that are applicable to all contracts/purchases in excess of \$2,000.00.

A copy of the Bid Tabulation may be obtained by sending an email to [kjarvis@butlersheriff.org](mailto:kjarvis@butlersheriff.org).

*IMPORTANT:* Bids to be sealed and endorsed on the outside of the envelope with the name of the bidder and item bid upon.

Bidder is required to use the County Bid Form.

**Bid Form**  
**BUTLER COUNTY SHERIFF'S OFFICE 2026 SAFETY**  
**EQUIPMENT FOR VEHICLES**

**Labor Cost**

ITB No. BCSO-2026-03-01

March 4, 2026

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

Contact Name & Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

**TOTAL COST OF EQUIPMENT FOR NINE (9) MARKED DODGE DURANGOS – (PARTS ONLY)**

**\$** \_\_\_\_\_

**TOTAL COST OF INSTALLATION OF EQUIPMENT FOR NINE (9) MARKED DODGE DURANGOS – (LABOR ONLY)**

**\$** \_\_\_\_\_

**TOTAL COST OF EQUIPMENT AND INSTALLATION FOR NINE (9) MARKED DODGE DURANGOS - (TOTAL PARTS AND LABOR)**

**\$** \_\_\_\_\_

Submitted By: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_  
Date

**BUTLER COUNTY SHERIFF'S OFFICE  
2026 SAFETY EQUIPMENT FOR VEHICLES  
(Parts and Labor)**

**ITB NO. BCSO-2026-03-01**

BUTLER COUNTY SHERIFF'S OFFICE  
Deadline for Bid Submission: 10:30 a.m., April 1, 2026

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I.R.S. EMPLOYER IDENTIFICATION NO.: \_\_\_\_\_

WORKERS' COMPENSATION NO.: \_\_\_\_\_

YEAR COMPANY FOUNDED: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CONTACT PERSON FOR BID: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT FAX: \_\_\_\_\_

CERTIFICATION: This bid has been completed in accordance with the Specifications for ITB No. BCSO-2026-03-01. 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/PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Butler County Sheriff's Office ITB No. BCSO-2026-03-01  
2026 Dodge Durango Pursuit (Marked)  
Exhibit A**

<u>Item Number</u>	<u>Part Number</u>	<u>Manufacturer</u>	<u>Description</u>	<u>Quantity for All Vehicles</u>	<u>Total Cost per Part</u>	<u>Total Cost per Vehicle</u>
1	ENNLB01D0N-3K6	Sound Off	nForce nxt Lightbar - R/W, B/W, Amber A/S, Black lid, tinted lower lenses	9		
2	*Included in Lightbar*	Sound Off	nForce mounting kit for Durango	9		
3	ESLRL61158	Sound Off	SL Running Light - R/B/W	9 PAIRS		
4	PSLVBK04	Sound Off	SL mounting kit for Durango	9 PAIRS		
5	EMPS2STS5RBW	Sound Off	4" Mpower LED lighthouse - Stud Mount - R/B/W (On Hatch, In Hatch, 1/4 Windows, Behind grille, Fr. Bmpr off axis)	90		
6	PMP2BKDGAI	Sound Off	4" Mpower 90 degree adjustable bracket	72		
7	ETTFK02	Sound Off	Taillight Flasher - Plug n Play - For OEM outer ring	9		
8	EXFS10002-J	Sound Off	XF Series Flush Mount Lighthouse (Rear Hatch Open)	18		
9	EBSDL0002-D	Sound Off	Headliner flush mount prisoner light - R/W	9		
10	ECVDMLTST4G	Sound Off	Hatch open dome light	9		
11	ENGSA5100RSR	Sound Off	500 Series Siren/Switch Control System - Remote Head with Knob	9		
12	ENGLMK002	SoundOff	BluePrint Link Module	9		
13	ENGND04102	SoundOff	BluePrint Remote Node	9		
14	ENGHNK05	Sound Off	BluePrint Remote Node Harness	9		
15	ETSS100J	Sound Off	100 Watt Siren Speaker with Universal bracket	9		
16	ETSSVBK05	Sound Off	Vehicle Specific Siren Speaker mounting bracket	9		

17	CG-X	Havis	Chargegard	9		
18	C-VS-0410-DUR-PM	Havis	Center Console with internal printer mount	9		
19	CUP2-1004	Havis	Console Cupholder	9		
20	C-AP-0325-1	Havis	Console Accy. Pocket	9		
21	C-ARM-103	Havis	Console Armrest	9		
22	KB-1003	Havis	Keyboard - Rugged, Chiclet style	9		
23	PKG-ARM-0603-KBM	Havis	Package - Swivel arm and keyboard mount w/6" base, 3" extension	9		
24	C-HDM-307	Havis	Heavy Duty adapter plate for swivel arm mount	9		
25	DS-DELL-902	Havis	Docking Station for Dell 7230 Tablet w/ standard port replication and internal power supply	9		
26	C-HDM-145	Havis	Passenger seat floor mount base for Durango	9		
27	C-HDM-203	Havis	12' Heavy Duty telescoping pole	9		
28	C-HDM-401	Havis	Heavy Duty stability side arm	9		
29	C-HDM-409	Havis	Offset Plate	9		
30	C-HDM-301	Havis	Heavy Duty fixed top offset platform	9		
31	C-MD-207	Havis	Tilt/Swivel motion device for Tablet Dock	9		
32	PK1185DUR11	Setina	10XL -C2 Poly Partition	9		
33	QK0634DUR11	Setina	Full Transport Replacement Seat WITH center pull seat belt system	9		
34	WK1491DUR11T	Setina	Poly Window Barriers - Tinted	9 PAIRS		

35	PK0316DUR112ND	Setina	Rear Cargo Poly Partition	9		
36	GK10301S1UHK	Setina	Dual T-Rail Vertical Mount Gun Rack with (1)small lock and (1) large handcuff lock	9		
37	PJ822	Brother	PocketJet 8 Printer WITH 12 volt power cable	9		
38	20702	Streamlight	Streamlight SL20L with 12 volt charging sleeve	9		
39	T0712011	Tiger Tough	Seat Cover - Black - Drivers Side ONLY	9		
40	W399	Weather Tech	All Weather Floor Mats - Black - Driver/ Pass Only	9		
41	782-1635	NAPA Auto Parts	Single Accessory Outlet	18		
42	950961	MPH Industries	Visor Antenna Mount Radar Bracket	9		



**Nancy NIX**  
Butler County Auditor CPA

Butler County Auditor's Office  
130 High Street / 3rd-4th Floors  
Hamilton, Ohio 45011  
Phone: 513-887-3154

Dear New Butler County Vendor:

In addition to the information provided on the IRS W-9, the Butler County Auditor's Office must collect certain data to satisfy the requirements of the Ohio Public Employees Retirement System (OPERS). Please complete the IRS W-9 AND either the Non-Member Acknowledgement Form (PEDACKN) OR complete the section below that provides the reason why you are exempt from the PEDACKN form.

**CRITICAL INFORMATION: IF YOU ARE RECEIVING A PENSION BENEFIT FROM OPERS OR ANOTHER OHIO PENSION SYSTEM YOUR BENEFITS MAY BE IMPACTED IF YOU PERFORM SERVICES FOR BUTLER COUNTY AS A VENDOR. CONTACT OPERS BEFORE YOU START PROVIDING SERVICES AT 1-800-222-7377. IF YOU CHOSE TO PROVIDE SERVICES, YOU MUST COMPLETE THE SR-6 FORM AND INCLUDE THAT WITH YOUR NEW VENDOR PAPERWORK. PLEASE KEEP IN MIND THE SR-6 MUST BE COMPLETED AND RETURNED TO THE COUNTY BEFORE THE END OF THE MONTH YOUR SERVICES START.**

The Non-Member Acknowledgement Form (PEDACKN) is to be completed if you are an individual who begins providing personal services to a public employer on or after January 7, 2013, but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. *(If you're a vendor with less than five employees, and even if you have been assigned a Federal Tax Identification Number or Employer Identification Number, you must complete the Non-Member Acknowledgement Form (PEDACKN) per Ohio Revised Code 145.036-145.038.* All fields on the PEDACKN form must be completed. We will be unable to accept incomplete forms. If the services performed do not have a definitive end date you may write "on going" in that field.

***If you meet one of the following criteria, you are exempt from completing the OPERS Non-Member Acknowledgement Form (PEDACKN). Please indicate the reason you are exempt below and return this signed letter to the County Agency you are working with for services along with your W-9. Please do not send any of the vendor forms to the Auditor's Office directly unless you are contracting with our office.***

- A Company performing services through a business entity (paid using an IRS FID#) with five or more employees including corporations, associations, firms, limited liability companies and partnerships.
- Federal, State or Local Government
- Individuals or businesses that supply goods only and do not offer options for services
- Easement or Mortgage/Tax foreclosure Payments
- Foster/Adoptive Parent Payments
- Rental Assistance Payments (Rent payments that are not for County occupied buildings)
- Incentive Program (JFS/Children Services)

Vendor Name	Date
Signature	Name Printed

Please note we will not be able to set you up as a vendor to process purchase orders or checks for goods or services until these forms have been completed and returned. These forms should be completed before any services start with Butler County.

Butler County does offer electronic payment options for vendors. If you would like to sign up for this opportunity, please complete the attached payment authorization form. If you prefer to be paid via a paper check, please provide the remittance address on the payment authorization form if it is different than the address on the IRS W-9.

Thank you for your prompt attention to this matter.



**Nancy NIX**  
Butler County Auditor CPA

Butler County Auditor's Office  
130 High Street / 3rd-4th Floors  
Hamilton, Ohio 45011  
Phone: 513-887-3154

### Payment Authorization/Change Form

Butler County provides two payment options for vendors. In addition to paper checks, we provide ACH payments. ACH (electronic) payments can be deposited into a checking or savings account of your choice. If you choose ACH payments, you will be notified of any payment by e-mail, or we can provide addenda information in a specific format to meet your company's needs. The e-mail option will provide a PDF image of the electronic check stub. To receive payments electronically, you must complete this form and return it with your W-9 to the agency you are working with along with a voided check or bank letter containing routing/account information. The first payment processed after we receive new ACH documentation will be a paper check. Once we can verify the banking information provided, all future payments will be sent electronically.

**Remittance Address**

Please provide your remittance address information below **if** the address is different than the address on the W-9 provided. This will ensure the correct mailing address is set up in our vendor master for payments.

Vendor Name \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**ACH Payment Detail (Optional)**

Action:  Add  Change/Update  Inactivate

Vendor Name \_\_\_\_\_

SSN \_\_\_\_\_ OR FEIN \_\_\_\_\_

Email Address (Required if you want a check stub sent) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_  Checking  Savings

Account Number: \_\_\_\_\_

ACH Authorization: This authorizes the Butler County Auditor's Office to send payment electronically 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. This authorization will be in effect until the Butler County Auditor's Office receives this form inactivating the ACH payments from myself and has a reasonable opportunity to act on it.

**Please attach a voided check or bank letter containing account and routing information. If you are making updates to an existing ACH account, please be aware your payments will be changed to a paper check until our fraud validation process is complete.**

Print Name:	Title:
Signature:	Date:

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	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.)			
	<b>2</b>	Business name/disregarded entity name, if different from above.			
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4 Exemptions</b> (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>	
	<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) _____ <i>Note:</i> 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) _____				
	<b>3b</b>	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"/>			
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code			
<b>7</b>	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-						
	-		-							
<b>or</b>										
<b>Employer identification number</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>										

## 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](http://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

# NON-MEMBER ACKNOWLEDGMENT



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

Employer Services: 1-888-400-0965  
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 (e.g., you are an independent contractor) and will not have contributions made to OPERS.

**Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to [employeroutreach@opers.org](mailto:employeroutreach@opers.org).**

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

## STEP 1 Personal Information

First Name MI Last Name

Date of Birth: Month Day Year  
/ /

## STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

B U T L E R C O U N T Y

Employer Contact

First Name MI Last Name  
J I L L M C O L E

Employer Code

Employer Contact Phone Number

2 0 2 5

5 1 3 — 8 8 7 — 3 1 5 5

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 classified 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 this service. 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. **A copy of this form must be sent to OPERS.**

Signature \_\_\_\_\_

Do not print or type name

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



# NOTICE OF RE-EMPLOYMENT OR CONTRACT SERVICES OF AN OPERS BENEFIT RECIPIENT

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

Employer Services: 1-888-400-0965  
www.opers.org



## STEP 1: Benefit Recipient's Personal Information

Social Security Number

OPERS ID

— —

-OR-

First Name

MI

Last Name

Address

City

State

ZIP Code

Date of Birth

/ /

## STEP 2: Employment Information

Beginning date of re-employment:

/ /

Title

## STEP 2: Employment Information Continued

- 1. A benefit recipient hired as a public employee or elected to office.
- 2. A benefit recipient hired under a personal service contract as an independent contractor.

In all cases of doubt, the OPERS Board shall determine whether any person is a public employee, and its decision is final. An independent contractor is not a public employee and shall not become a contributor to the retirement system. Generally, independent contractors are not included on the employer's payroll and receive a Form 1099-MISC for income tax reporting purposes.

To the extent an employer improperly classifies the benefit recipient as an independent contractor on this form, and the benefit recipient receives (1) a monthly retirement benefit from the retirement system, or (2) reimbursements from the OPERS HRA or the OPERS RMA, the employer and/or the individual may be liable to OPERS and/or the applicable plan(s) for any amounts incorrectly paid under the plan(s) and the employer may also be liable to OPERS for any unpaid employee or employer contributions to the retirement system.

- 3. A benefit recipient employed in a position described in Ohio Revised Code Section 101.31, 121.03, or 121.04, or as the head of a division of a state department, or in a position to which appointment is made by the governor with the advice and consent of the Senate.
- 4. A retired judge assigned to active duty by the Chief Justice of the Ohio Supreme Court. Please forward a copy of the assignment papers.
- 5. A benefit recipient re-employed or re-hired in the same position by a public employer in a position that is customarily filled by a vote of the members of a board or commission or by the legislative authority of a county, municipal corporation, or township and the following conditions have been met.
  - a. Not less than 60 days before the employment as a re-employed benefit recipient commenced, the public employer gave public notice (containing the time, date, and location at which a public meeting was to take place) that the benefit recipient would be receiving a benefit and was seeking employment with the public employer; and
  - b. Between 15 and 30 days before the employment as a re-employed benefit recipient commenced, the public employer held a public meeting on the issue of the benefit recipient being employed by the public employer.
- 6. An elected official receiving a benefit who is elected or appointed to the same position for the remainder of the term or the term immediately following retirement. Please mark a, b, c or d below.
  - a. The director of the Board of Elections has been notified in writing, at least 90 days prior to the primary election for the next term, of the elected official's intent to retire.
  - b. The elected official was already retired at least 90 days prior to the general election.
  - c. The appointing authority has been notified that the official was already retired or intends to retire prior to the end of the term.
  - d. None of these apply.
- 7. An elected official receiving a benefit who is elected or appointed to a different elected office.

**STEP 3: Employer Certification of Health Care Coverage**

Will the employer's health care coverage be available to the re-employed benefit recipient listed on this form?

Yes  No

If "yes," when will this coverage first become available?

/ /

**STEP 4: Fiscal Officer Certification**

I certify that the employment or contract information provided on this form is accurate to the best of my knowledge. I understand that failure to timely or accurately report a benefit recipient's service to OPERS may result in employer liability to OPERS for overpaid benefits and/or unpaid contributions. In any case of doubt, it is the employer's obligation to request a determination of whether the benefit recipient is a public employee who should be contributing to OPERS for his/her service.

Employer

Employer Code \_\_\_\_\_

Address

City

State

ZIP Code

Signature of Fiscal Officer  
Reporting to OPERS \_\_\_\_\_

Do not print or type name

Today's Date

/ /

Fiscal Officer Reporting to OPERS First Name MI Last Name

Title

Work Phone Number \_\_\_\_\_

## CIVIL RIGHTS COMPLIANCE

Vendor agrees that in the performance of this agreement 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.

\_\_\_\_\_  
Signature of Representative of Vendor

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

\_\_\_\_\_  
Date

Attachment A



