



SUBSTITUTE IRS FORM W-9
 OFFICE OF MANAGEMENT AND BUDGET
 VENDOR REGISTRY
 SFN 53656 (10-2022)

COMPLETE ALL REQUIRED FIELDS AND RETURN TO AGENCY ISSUING PAYMENT
 (*indicates fields that must be completed)

*Legal Name (As registered with IRS or SSA) Individual or Sole Proprietorship, enter name: LAST, FIRST, MIDDLE INITIAL

Trade Name - If Doing Business As (D.B.A.) or business name of Sole Proprietorship

*Taxpayer Identification Number (TIN) - **Provide Only One**
Partnership or Corporation: enter your Federal Employer Identification Number (FEIN or EIN). **Individual or Sole Proprietor:** enter your Social Security Number (SSN). This number must belong to the Legal Name listed above. See instructions on next page for Sole Proprietorships.

Federal Employer Identification Number (FEIN) (NN-NNNNNN)	OR	Social Security Number (NNN-NN-NNNN)
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*Tax Classification (check only one) <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietary/Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Government Entity	Corporation: <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation that provides Legal Services <input type="checkbox"/> Corporation that provides Medical Services	Limited Liability Company Taxed As: <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership	Non-Profit: <input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated Is your non-profit organization federally exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes - attach a copy of your IRS tax-exempt determination letter.
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***PRIMARY ADDRESS - Address where correspondence, payment(s), purchase order(s) or 1099(s) should be sent.**

*Street Address	*City	*State	*ZIP Code
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***REMITTANCE ADDRESS - Address (if different from primary address) where payment(s) should be sent.**

*Street Address	*City	*State	*ZIP Code
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Email Address (notification of direct deposit will be sent here, if applicable)

***CONTACT INFORMATION**

Contact Name	Telephone Number	Email Address
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PAYMENT METHOD

I will accept the following types of payments:
 Check MasterCard Direct Deposit (ACH) All

Note: If you check ACH or ALL, provide copy of voided check matching ACH information provided below.

ACH (DIRECT DEPOSIT) ACCOUNT INFORMATION

*Payment Information Applied to <input type="checkbox"/> All Payments <input type="checkbox"/> Only the following agencies/programs:	
*Bank Name	*Type of Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
*Account Number	*Bank Routing Number (9 digits)

***AFFIDAVIT**

By completing, signing, and filing this form, the payee applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) ensures that the correct information will be immediately forwarded to the **agency issuing payment** should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

***IRS FORM W-9 CERTIFICATION**

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.
3. I am a U.S. person (including a U.S. resident alien).
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.

***SIGNATURE**

*Printed Name	*Telephone Number
*Signature	*Date

RETURN COMPLETED FORM TO:

State Agency issuing the payment

Substitute IRS Form W-9 Instructions

Do not send these instructions with your completed form. The following instructions are to assist in the completion of this form. Asterisked () sections are mandatory and require completion.*

Purpose of Form

The State of North Dakota is required to obtain your correct taxpayer identification number (TIN) to file an information return with the IRS.

***Legal Name**

Individuals: Fill in the name as shown on your income tax return.
Businesses: Fill in the name as shown on your business IRS filing.

Trade Name

Individuals: Leave blank
Businesses: If your firm operates under another name state it here.

***Taxpayer Identification Number**

Individuals: Enter the social security number (SSN) that matches the legal name.
Sole Proprietor: Enter the social security number (SSN) or Federal Employer Identification Number (FEIN) that matches the legal name.
All Other Businesses: Enter the Federal Employer Identification Number (FEIN) that matches the legal name.

***Tax Classification**

Check the IRS tax classification box that matches the legal name entered on this form. For Non-profit organizations claiming the federal tax exempt status under IRS Code section 501, you must provide a copy of the IRS tax-exempt determination letter. To obtain a copy of your organization's letter, contact the IRS Tax Exempt and Government Entities Customer Account Services found on the www.irs.gov website. An affirmation letter will be prepared for you during your phone call. The affirmation letter serves the same purpose as the original determination letter. You can expect to receive the letter from the IRS within 10-14 days from the completion of your phone call.

***Primary Address**

Individuals: Enter your primary residence address.
Businesses: Enter your headquarters address.

***Remittance Address**

Enter the address where you would like payments or notice of payments sent. A physical address or PO box is required; an email address alone is not sufficient.

***Contact Information**

Businesses: Enter the contact person for information provided on this form.

***Payment Method**

Indicate the types of payment you will accept. If this section is not completed, all payments will be made by check.

ACH (Direct Deposit) Account Information

Apply payment information to which program funds - If you only want the direct deposit information provided to affect specific payment types from specific agencies, specify the programs or agencies here. If no program or agency names are provided, the account information specified will be applied for all payments.

- Account Number: Enter your bank account number legibly.
- Routing Number: Enter the 9-digit routing transit number.

Affidavit

Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

***IRS Form W-9 Certification**

This certification is copied from the IRS Form W-9. Check the following website for verification and further clarification:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

***Signature**

Establishes that you are a U.S. person, or resident alien with authority to make changes as designated on this form for this profile. This application will be rejected if not authenticated accordingly.