SUBSTITUTE IRS FORM W-9

OFFICE OF MANAGEMENT AND BUDGET
CENTRAL SERVICES - VENDOR REGISTRY
SFN 53656 (9-2015)

VENDOR REGISTRY USE ONLY

Date	Initials
Vendor Number	

***Indicates Required Field**

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to section 6109 of the Internal Revenue Code if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification **only** and will not be disclosed to the public.

COMPLETE, SIGN, AND MAIL OR FAX

***Legal Name (As registered with IRS or SSA) Individual or Sole Proprietorship, enter your Last Name, First Name, and Middle Initial**

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

***Taxpayer Identification Number (TIN) - Provide Only One**

If you are an Individual or Sole Proprietor, please enter your Social Security Number (SSN). If you are a partnership or corporation, please enter your Federal Employer Identification Number (FEIN or EIN). This number must belong to the Legal Name listed above. See instructions on next page for sole proprietorships.

Federal Employer Identification Number (FEIN) – Or Social Security Number –

***Tax Classification - Check Only One**

- ☐ Individual
- ☐ Sole Proprietorship/Single Member LLC
- ☐ Partnership
- ☐ Estate or Trust
- ☐ Government Entity

Corporation:

- ☐ Corporation
- ☐ Corporation that provides Legal Services
- ☐ Corporation that provides Medical Services

Limited Liability Company Taxed As:

- ☐ Corporation
- ☐ Disregarded Entity
- ☐ Partnership

Non-Profit:

☐ Incorporated ☐ Unincorporated

Is your non-profit organization federally exempt?

☐ No ☐ Yes

Attach a copy of your IRS tax-exempt determination letter.

***Primary Address** - Address where correspondence, payment(s), purchase order(s) or 1099(s) should be sent.

*Street Address	*PO Box (if applicable)	*City	*State	*ZIP Code

***Remittance Address** - Address where payment(s), if different from primary address, should be sent.

*Street Address	*PO Box (if applicable)	*City	*State	*ZIP Code

Business Email (notification of direct deposit will be sent here, if applicable)

***Contact Information**

Contact Name (if different than Legal Name)	Telephone Number
Fax Number	Business E-mail

Payment Method

I will accept the following types of payments:

☐ Check ☐ MasterCard ☐ Direct Deposit (ACH) ☐ All

Note: If you check ACH or ALL, please provide direct deposit account information AND a VOIDED check OR savings withdrawal slip.

ACH (Direct Deposit) Account Information

* Apply Payment Information to Which Programs (Funds)

☐ All Payments ☐ Only from the following agencies/programs:

*Financial Institution Name	*Type of Account ☐ Business Checking ☐ Personal Checking ☐ Savings
*Account Number	*Bank Routing Number (exactly 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 Vendor Registry 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**

* Signature of Authorized Agent	*Date	*Telephone Number
*Printed Name	*Title	

Return completed form either by mail or electronically to the ND state agency that sent you this form or you are seeking to receive payment from.

Please direct any questions on completing this form to :

Telephone: (701) 328-2773
Email: spovendor@nd.gov

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.