INDIVIDUAL PAYEE (NON-BUSINESS)
SUBSTITUTE IRS FORM W-9 for U.S. PERSONS

STATE OF NORTH DAKOTA
SFN 54309 (12-2007)

FOR REGISTRY USE ONLY

☐ Approved ☐ Rejected	Date
Name	Vendor Number

If you are not a U.S. person, do not complete this form. Please complete a W-8BEN available on our web site at http://www.nd.gov/spo/

COMPLETE, SIGN AND MAIL OR FAX

In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory 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.

1. * Name

* Name (as shown on your income tax return)	*Social Security Number

2. * Mailing Address

Address 1	Address 2		
Address 3	City	State	Zip Code
Email Address	Telephone Number	Cell Telephone Number	

3. Automated Clearing House Information

Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information

Bank Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number

4. General Information

Are You an Employee of the State? ☐ No ☐ Yes - Indicate the agency:	Are You an Employee of Higher Education? ☐ No ☐ Yes - Indicate the institution(s):

5. *IRS Form 1099 Information (This form is being used to collect information for IRS form 1099)

Are you tax exempt? ☐ No - Complete the applicable boxes below ☐ Yes - Supply your tax-exempt number

Tax Exempt Number

Please mark any payments made to you by the State of North Dakota that fall into any of the following categories:

- ☐ 01-Rent - Are you a real estate agent? ☐ No ☐ Yes
- ☐ 02-Royalties — Type of Royalties
- ☐ 06-Medical
- ☐ 07-Non-Employee Compensation
- ☐ 07-Legal Services
- ☐ 07-Repair Services
- ☐ 07-Consulting
- ☐ 14-Gross Attorney Proceeds
- ☐ Other - Please Explain

6. *Affidavit

By completing, signing, and filing this request, the individual payee: (1) certifies that the information given above is current and true to the best of their knowledge and in no way misleading; (2) ensures that 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.

7. *IRS Form W-9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding - (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 I am a U.S. person (including a U.S. resident alien).

If Exempt, Indicate Type of Entity

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

8. *Signature (Required)

Signature	Date
Please type or print the name of the person signing above	Title

Individual Payee (Non-Business) Substitute IRS Form W-9 Instructions

The following instructions are to assist in the completion of the Individual Payee (Non-Business). If you would like to be registered as a business, use the Business Payee Registration Substitute IRS Form W-9, SFN 53656. Asterisked (*) sections or items are mandatory and require completion. Sections or items that have no asterisk are optional. Failure to supply mandatory information will result in the form being returned for the complete information.

1. *Name:

Name (as shown on your tax return): This field is mandatory.
Social Security Number: This field is mandatory.

What Name and Number To Give:

For this type of account:	Give name and Social Security Number of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor
4a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
4b. So-called trust account that is not a legal or valid trust under State law	The actual owner

2. *Address Information: Enter your most current address. All transactions will be handled through this address.

3. ACH (Automated Clearing House) Information: This section is optional, but should the individual elect to take advantage of direct deposit payments, the following fields are mandatory:

a. Bank Name: Enter the name of the bank where your account is held.
b. Account Type: Please indicate whether the account is checking or savings.
c. Bank Account Number: Enter your bank account number.
d. Routing Transit Number: For accounts at banks in the United States, enter the 9-digit Routing Transit Number found in the lower left-hand corner of your checks.

4. General Information: Please answer these questions.

5. *IRS Form 1099 Tax Certification: Fill out this portion as completely as possible, as it will be used when issuing 1099s from the State. The following categories are not listed on the form. If you need to use these categories, please enter them in Other and provide an explanation.

a. 03-Other Income
b. 08-Substitute Payments
c. 10-Crop Insurance Payments
d. 13-Excess Golden Parachute Payments

For information defining the above categories or the categories listed on the application, use the IRS web site http://www.irs.gov/pub/irs-pdf/i1099msc.pdf, the definitions begin on page 3. For those who cannot access the web site, refer to "2007 Instructions for Form 1099-Misc (Revised April 2007)".

***Signature:** Please sign to verify all information is correct.

The Vendor Registry, State of North Dakota, complies with Title VI of the Civil Rights Acts of 1964, as codified in 42 U.S.C. 2000D, which state that:
No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. The Vendor Registry, State of North Dakota, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its program or activities and is in compliance with ADA (American with Disabilities Act of 1990) 42 U.S.C. 12101.

Questions concerning the completion of this form can be directed to 701-328-2683 or email spovendor@nd.gov