



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

| | |
|---|---|
| <p>➤ Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</p> <hr/> <p>➤ Trade Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>➤ Order Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit Address (where payments should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> | <p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company – Individual <input type="checkbox"/> Limited Liability Company – Partnership <input type="checkbox"/> Limited Liability Company – Corporation <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long-Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other Entity (specify, e.g., 501(c)(3), etc):</p> <hr/> <p>➤ Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester. <u>Required</u></p> <hr/> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p> |
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➤ **Certification** (see instructions on page 2)
 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.

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

| | | |
|---------------------------------|---------------|-------------------|
| Printed Name | Printed Title | Telephone Number |
| Signature of U.S. Person | | Date (mm/dd/yyyy) |

➤ **Optional Direct Deposit Information** (all fields required to receive electronic payments)

| | | | |
|--------------------------|---|----------------------|----------------------------------|
| Your Bank Account Number | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Name on Bank Account | Bank Routing No. (9-digit ABA #) |
|--------------------------|---|----------------------|----------------------------------|

THIS IS A:

new direct deposit change of existing additional direct deposit email change only

E-mail address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://www.state.sd.us/bfm/vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you.