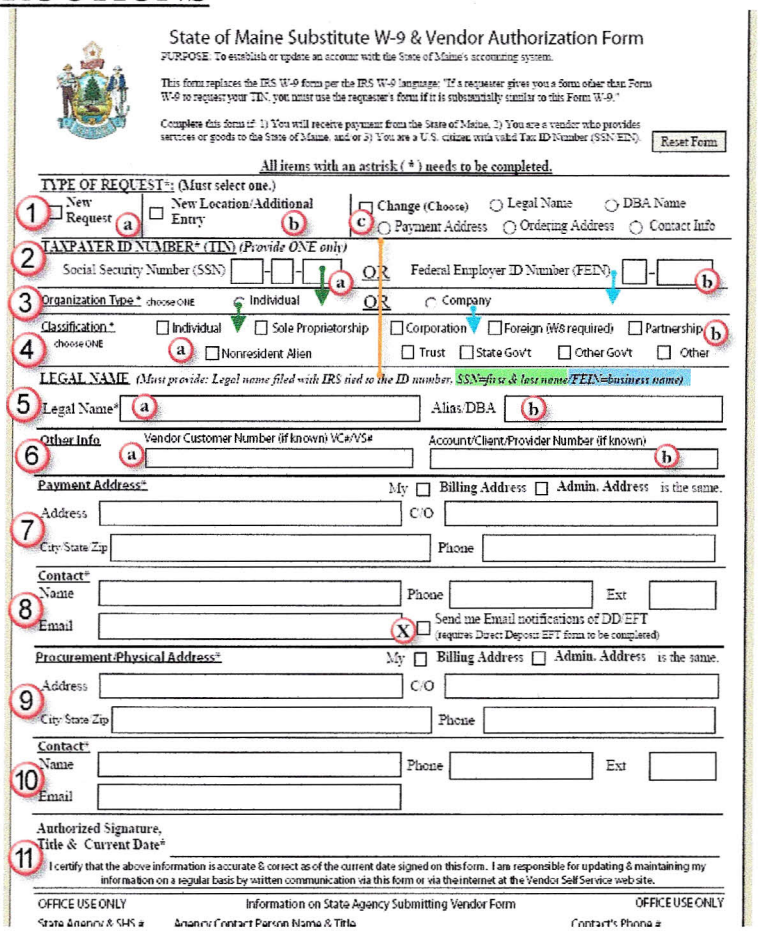
STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM

INSTRUCTIONS

1. TYPE OF REQUEST
   - *a. Is it NEW?*
   - *b. Adding location? (a sub entry to another existing.)*
   - *c. CHANGES to existing? Checkmark a type.*
2. FEDERAL TAXPAYER ID NUMBER
   - *a. This is your social security number if you are an individual and being paid as such. OR*
   - *b. This is your EIN if you're a company and being paid as such.*
     - ❖ *NOTE: pick ONE or the other do NOT give us both. If one is not provided the form is NOT processed.*
3. ORGANIZATION TYPE
   - *a. Individual if you gave SSN above.*
   - *b. Company if you gave EIN above.*
     - ❖ *NOTE: pick one that matches to the number above it. (see arrows)*
4. CLASSIFICATION TYPE
   - *a. SSN = Individual = Individual / Sole Prop. / NonRes Alien ~ (Use person's first & last name in legal name field.)*
   - *b. EIN = Company = Corporation / Foreign / Partnership / Trust / St Gov't / Other Gov't / Other ~ (Use company's name in legal name field)*



State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE: To establish or update an account with the State of Maine's accounting system.

This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

Complete this form if: 1) You will receive payment from the State of Maine, 2) You are a vendor who provides services or goods to the State of Maine, and/or 3) You are a U.S. citizen with valid Tax ID Number (SSN/EIN).

Reset Form

All items with an astrisk (*) needs to be completed.

1 TYPE OF REQUEST*: (Must select one.) ☐ New Request (a) ☐ New Location/Additional Entry (b) ☐ Change (Choose) ○ Legal Name ○ DBA Name ○ Payment Address ○ Ordering Address ○ Contact Info (c)

2 TAXPAYER ID NUMBER* (TIN) (Provide ONE only) Social Security Number (SSN) ☐-☐-☐ (a) OR Federal Employer ID Number (FEIN) ☐-☐ (b)

3 Organization Type * choose ONE ○ Individual OR ○ Company

4 Classification * choose ONE ☐ Individual (a) ☐ Sole Proprietorship ☐ Nonresident Alien ☐ Corporation ☐ Foreign (W8 required) ☐ Partnership (b) ☐ Trust ☐ State Gov't ☐ Other Gov't ☐ Other

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number. SSN=first & last name/FEIN=business name)

5 Legal Name* (a) Alias/DBA (b)

6 Other Info (a) Vendor Customer Number (if known) VC#/VS# Account/Client/Provider Number (if known) (b)

7 Payment Address* My ☐ Billing Address ☐ Admin. Address is the same. Address C/O City/State/Zip Phone

8 Contact* Name Phone Ext Email X ☐ Send me Email notifications of DD/EFT (requires Direct Deposit EFT form to be completed)

9 Procurement/Physical Address* My ☐ Billing Address ☐ Admin. Address is the same. Address C/O City/State/Zip Phone

10 Contact* Name Phone Ext Email

11 Authorized Signature, Title & Current Date* I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY — Information on State Agency Submitting Vendor Form — OFFICE USE ONLY

State Agency & SHS # — Agency Contact Person Name & Title — Contact's Phone #

5. LEGAL NAME
   - *a. LEGAL NAME: Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.*
   - *b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.*
6. OTHER INFO (add in addition to TIN. NOT instead of)
   - *a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number.* ***(if known)***
   - *b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI.* ***(if known)***
7. PAYMENT ADDRESS
   - *a. Address = Street OR PO Box address* ***(NOT both)***
   - *b. C/O = Care Of or attention to(ATTN) goes in this space.*
   - *c. City, State, & Zip*
   - *d. Phone = the phone number of the legal name above.*
     - ❖ *My BILLING and/or Admin Address is the same.(Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)*
8. CONTACT
   - *a. Contact name for above address that we can contact in reference to payments.*
   - *b. Contact phone number & extension for above address.*
   - *c. Contact's Email for above address.*
     - ❖ *Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)*
9. PHYSICAL / PROCUREMENT ADDRESS ~ *follow#7's a –d above in reference to contracts.*
10. CONTACT ~ *follow#8's a –c above in reference to contracts.*
11. AUTHORIZED SIGNATURE, TITLE & DATE (within 3 mths)
    a person authorized to make changes for individual (self if form is for self) or company.