State of Maine Substitute W-9 & Vendor Authorization Form

Reset Form

Return to:
Maine Ethics Commission
135 State House Station
Augusta, ME 04333-0135
207-287-4179

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, and/or 2) You are a vendor who provides services or goods to the State of Maine.

All items with an asterisk (*) must be completed.

TYPE OF REQUEST*: (Must select one.)

☐ **New Request**

☐ **Change (Choose)** ◯ Legal Name ◯ DBA Name ◯ Payment Address ~~Ordering Address~~ ◯ Contact Info

TAXPAYER ID NUMBER* (TIN) ***(Provide ONE only)***

Candidate's Social Security Number (SSN) ☐ - ☐ - ☐ OR Committee's Federal Employer ID Number (FEIN) ☐ - ☐

Organization Type * choose ONE ◯ Individual/Candidate OR ◯ ~~Company~~ **Committee with FEIN**

Classification * choose ONE ☐ Individual ~~Sole Proprietorship~~ ~~Nonresident Alien~~ | ~~Corporation~~ ~~Foreign (W8 required)~~ ~~Partnership~~ ~~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)***

Legal Name* _____ Alias/DBA MCEA CAMPAIGN ACCOUNT

Other Info Completed by Ethics or DAFS

Vendor Customer Number (if known) VC#/VS# _____

Payment Address* where the check will be sent to

Address _____ C/O _____

City/State/Zip _____ Phone _____

Contact*

Name _____ Phone _____ Ext _____

Email _____ ☐ Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Physical Address* if different from payment address

Address _____ C/O _____

City/State/Zip _____ Phone _____

Contact*

Name _____ Phone _____ Ext _____

Email _____

Candidate's Signature & Current Date*

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 witholding, or (b) I have not been notified by the 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 (defined by the IRS). Ref: www.irs.gov

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

State Agency & SHS #	Agency Contact Person Name & Title	Contact's Phone #
ETHICS, 135 SHS	Cyndi Phillips, Commission Assistant	(207) 287-4179

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics
Phone: 207-287-4179 Fax: 207-287-6775

INSTRUCTIONS FOR COMPLETING VENDOR FORM

Please submit completed forms to the Ethics Commission, 135 State House Station, Augusta, ME 04333
Please call the Commission with questions: 207-287-4179.

- All candidates must complete this form at the beginning of each election year (cycle). Check "New Request."
- When updating your information during the election cycle, check the appropriate boxes in the "Change" section.
- The taxpayer identification number (TIN) is either the candidate's social security number (SSN) or a federal employer identification number (FEIN) if you obtained one from the IRS for your campaign committee. Do not use the treasurer's SSN.
- "Organization Type" is either "Individual/Candidate" if SSN used or "Committee with FEIN" if FEIN used. "Classification" is either "Individual" if SSN used or "Other" if FEIN used.
- The "Legal Name" is either:
  a. the candidate's name, if the TIN is the candidate's SSN; or
  b. the committee's name, if the TIN is the committee's FEIN.

  The legal name must match the name used to get a SSN or an FEIN, if you have a committee. If the candidate is using a "DBA" committee, the "Legal Name" is still the candidate's. A committee's name can be entered as a "Legal Name" only if a committee has an FEIN.
- If you have designated your treasurer or committee to receive the check(s) or EFT correspondence, enter the address of your treasurer or committee in "Payment Address" and complete the "C/O" as either "c/o [treasure's name]" or "DBA [committee's name]." The address on this form should be the same address on your candidate registration for you, your treasurer or committee. Please notify the Commission if an address change is needed on your registration. (Please note: "Physical Address" section (grayed area) is not required - leave blank.)
- Complete the "Contact" section with the name, email address, and phone number of the person you want the state's accounting staff to contact concerning questions on your vendor information.
- "Candidate's Signature" section includes a new IRS requirement. State vendor forms must meet IRS W-9 requirements if a W-9 is not used. MCEA payments are coded as "non-reportable funds" in the state's accounting system and therefore are not consider as income and subject to withholding. By signing, you are certifying that the TIN number used on this form is correct and that you are a U.S. citizen.
- Sign and date the form. Please hand-deliver or mail the completed original form to the Commission. Faxed or scanned copies cannot be processed.