



# State of Maine Substitute W-9 & Vendor Authorization Form

**RETURN TO:**  
by mail  
to the agency who  
requested the form  
or sent it to you, or  
the agency you're  
doing business with.  
(ie.. DHHS/Labor/  
DEP/Education/etc)

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

**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."**

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

### TYPE OF REQUEST\*: (Must select one.)

New Request

New Location/Additional Entry

Change

Legal Name  Phone #  Contact Info  Payment Address

DBA Name  Care Of  Email Only  Ordering Address

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

Social Security # (person) or a  
Federal Employer ID # (business)

TIN

<b>TIN Type *</b> choose ONE	<b>Organization Type *</b>	<b>Classification *</b> choose ONE	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship
<input type="radio"/> Social Security No. ➡	<input type="radio"/> Individual ➡	<input type="checkbox"/> State Employee	<input type="checkbox"/> Estate	<input type="checkbox"/> Nonresident Alien
<input type="radio"/> Employer ID No. ➡	<input type="radio"/> Company ➡	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
		<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)	<input type="checkbox"/> Estate
				<input type="checkbox"/> Other Non-Profit Org

### 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

### Other Info

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

Account/Client/Provider Number (if known)

### Payment Address\*

My  Billing Address  Admin. Address is the same.

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)

### Procurement/Physical Address\*

My  Billing Address  Admin. Address is the same.

Address

C/O

City/State/Zip

Phone

### Contact\*

Name

Phone

Ext

Email

### Authorized Signature, Title & 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 withholding, 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 #