



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

See Instructions on Back!

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)

Committee's Federal Employer ID Number (FEIN)

Organization Type * choose ONE Individual/Candidate

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

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

Completed by Ethics or DAFS

Payment Address* where bank statement is mailed

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 SKIP THIS SECTION

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 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 #

ETHICS, 135 SHS

Lorrie Brann, Commission Assistant

(207) 287-4179

INSTRUCTIONS FOR COMPLETING VENDOR FORM

This Vendor form must be submitted to the Commission in order for the State to issue a payment of Maine Clean Election Act funds to a candidate. Please submit this form when you register. You do not need to set up a campaign bank account before submitting this form.

- All candidates participating in the Maine Clean Election Act program must submit this form **when they register** with the Commission. Check “New Request.”
- 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 campaign committee’s FEIN.

The legal name must match the name used to get an SSN or an FEIN, if you have a campaign committee. If the candidate is using a “DBA” committee, the “Legal Name” is still the candidate’s name. A committee’s name can be entered as a “Legal Name” only if a committee has an FEIN.

- **The address on this Vendor form must be the same address on your candidate registration for either you or your treasurer or your campaign committee.** If you use EFT/direct deposit to receive your payments, the “Payment Address” on the Vendor form and the “Address of Payee” on the EFT/direct deposit form must match. Please notify the Commission if an address change is needed on your registration.
- **Do not fill out the “Physical Address” section (grayed area).**
- 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 about 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 considered 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 at the above addresses.
- **Faxed or scanned copies will not processed. The complete and signed original is required.**
- If you need to make any changes to your vendor information, please contact the Commission first.