



State of Maine Substitute W-9 & Vendor Authorization Form

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."

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

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

<u>TIN Type *</u> choose ONE	<u>Organization Type *</u> choose ONE	<u>Classification *</u> choose ONE	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input checked="" type="checkbox"/> Social Security No.	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Employer ID No.	<input type="checkbox"/> 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)

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#

Account/Client/Provider Number (if known)

Payment Address*

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)

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, 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
State Agency & SHS #

Information on State Agency Submitting Vendor Form
Agency Contact Person Name & Title

OFFICE USE ONLY
Contact's Phone #

Ethics, 135 SHS

Julie Aube, 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.**
- The taxpayer identification number (TIN) is the candidate's social security number (SSN). Do not use the treasurer's SSN or an Employee ID No.
- "The "Legal Name" must match the candidate's name used to get a SSN. If the candidate is using a "DBA" committee, **the "Legal Name" is still the candidate's name.**
- **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.
- 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.
- If you would like to receive email notifications of direct deposit/EFT transactions, check the box in the "Contact" section.
- "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 135 SHS, Augusta, Maine 04333-0135, the physical address is 45 Memorial Circle, 2nd Floor, Augusta, ME.
- If you need to make any changes to your vendor information, please contact the Commission first.