

STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM
INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it **NEW**?
- b. Adding location? (a sub/child entry to another existing.)
- c. **CHANGES** to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

❖ **NOTE: Provide only ONE or the other do NOT give us both. If one is not provided the form is NOT processed.**

- Your social security number if you are an individual and being paid as such.
- OR**
- Your EIN if you're a company and being paid as such.

NOTE: follow ACROSS the paper – do not cross over between the types.

3. SOCIAL SECURITY NUMBER

- a. TIN TYPE - Social Security Number – if you gave SSN above.
- b. ORGANIZATION TYPE – Individual
- c. CLASSIFICATION – choose one (individual/sole prop/st employee/estate/non-res alien)

4. EMPLOYER ID NUMBER

- a. TIN TYPE- if you gave EIN above.
- b. ORGANIZATION TYPE – Company
- c. CLASSIFICATION – choose one (corporation/partnership/trust/estate/other non-prof org/other gov't/fed gov't/st gov't/other/foreign)

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. **ALIAS/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** post office 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.
- d. 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–d above in reference to contracts.

❖ **NOTE: addresses may be different between payment & procurement/physical**

11. AUTHORIZED SIGNATURE, TITLE & DATE

a person authorized to make changes for individual (self if form is for self) or company.

The image shows a sample of the State of Maine Substitute W-9 & Vendor Authorization Form. Red circles and numbers 1 through 11 are overlaid on the form to indicate key areas and instructions.

- 1: TYPE OF REQUEST (New Request, New Location/Additional Entry, Change)
- 2: TAXPAYER ID NUMBER (TIN) (Provide ONE only)
- 3: TIN Type (Social Security No., Employer ID No.), Organization Type (Individual, Company, etc.), and Classification (Individual, Sole Proprietorship, etc.)
- 4: Employer ID No. and Company/Partnership/Trust/Other Gov't/Federal Gov't/State Gov't/Other/Foreign (W9 required)
- 5: LEGAL NAME (Must provide: Legal name, tied with IRS tied to the ID number, SSN=first & last name; EIN=business name)
- 6: Other Info (Vendor/Client/Provider Number)
- 7: Payment Address (Address, City/State/Zip, Phone, Billing/Admin Address)
- 8: Contact (Name, Phone, Ext, Email)
- 9: Procurement/Physical Address (Address, City/State/Zip, Phone, Billing/Admin Address)
- 10: Contact (Name, Phone, Ext, Email)
- 11: Authorized Signature, Title & Current Date

 The form also includes a disclaimer about backup withholding and a footer with office use only information.