

State of Maine Substitute W-9 & Vendor Authorization Form

RETURN TO:
by mail
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

TIN Type * choose ONE	Organization Type *	Classification * choose ONE	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input type="radio"/> Social Security No. ➡	<input type="radio"/> Individual ➡	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<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"/> Estate	<input type="checkbox"/> Other Non-Profit Org
			<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

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
State Agency & SHS #

Information on State Agency Submitting Vendor Form

Agency Contact Person Name & Title

OFFICE USE ONLY
Contact's Phone #