



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see pages 2 and 3 for instructions.

<p>➤ Legal Name (as shown on your income tax return)</p> <hr/> <p>➤ Business Name, if different from above (use if doing business as DBA, or enter business name of Sole Proprietorship)</p> <hr/> <p>➤ Order-From Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit-To Address (where payments should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ Exemptions (see instructions, page 3) Exempt payee code (if any) Exemption from FATCA reporting code (if any)</p>	<p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company – Individual</p> <p><input type="checkbox"/> Limited Liability Company – Partnership</p> <p><input type="checkbox"/> Limited Liability Company – Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long-Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> Other Entity (specify, e.g., 501(c)(3), etc):</p> <hr/> <p>➤ Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester. <u>Required</u></p> <hr/> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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➤ **Certification** (see instructions on page 2)
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (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, AND
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Printed Title	Telephone Number ()
Signature of U.S. Person		Date (mm/dd/yyyy)

➤ **Optional Direct Deposit Information** (all fields required to receive electronic payments)

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Bank Account	Bank Routing No. (9-digit ABA #)
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THIS IS A:
 new direct deposit change of existing additional direct deposit email change only

E-mail address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://Bfm.SD.gov/Vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you.