# State of Maine Substitute W-9 & Vendor Authorization Form

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.

Reset Form

**All items with an asterisk ( * ) must be completed.**

**TYPE OF REQUEST*: (Must select one.)**

☐ **New Request** | ☐ **New Location/Additional Entry** | ☐ **Change (Choose)** ◯ Legal Name ◯ DBA Name ◯ Payment Address ◯ Ordering Address ◯ Contact Info

**TAXPAYER ID NUMBER* (TIN)** ***(Provide ONE only)***

Social Security Number (SSN) ___ - ___ - ___ OR Federal Employer ID Number (FEIN) ___ - ___

Organization Type * choose ONE ◯ Individual OR ◯ Company

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 _____

**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 witholding, 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 # _____