To create an electronic Florida Substitute W-9, access the State of Florida Vendor Website. The web address is: <u>https://flvendor.myfloridacfo.com</u>. The main page of the website is shown below.

	Vendor Pa	yments Sunshine Spendi
nformational Links	State of Florida	
₽3% Withholding Website	Vendor Website	Not Registered?
Pirect Deposit	Welcome to the Department of Financial Services Vendor Portal!	Click here to Register
Vendor Payment History	This page provides information and links to items important to vendors doing business with the State of Florida. Vendors can use this site to register and electronically submit a Florida Substitute Form W-9. Requirements for W-9 submission can be found at the link on the left side of this page.	Sign On Click here to Sign On
formational Documents	News and Notes	
🕫 Website Requirements 🔀	Do you know that on January 1, 2013 certain vendor payments from government entities may be subject to 3% Withholding?	Contact Us
<sup>™</sup> FAQ's for 3% Federal Withholding <mark>™</mark>	For more information click on <b>3% Withholding Website</b> under the Informational Links section. Due to this new federal requirement, the State of Florida will be requiring all vendors to submit a new Substitute Form W-9 during the 2011 calendar year.	<ul> <li>Need to update Taxpayer Identification Number</li> <li>General Questions</li> </ul>
<sup>™</sup> FAQ's for Substitute Form W-9 1	Website Training	Vendor Management Section (850) 413-5519
	Do you want more information on using this website?	Email Vendor Management

1. Step one is to register. Click on the link to begin. Note: after a business/individual has registered, a user ID will be sent automatically to the registrar's email address. That user ID is then used to sign on and complete the Substitute W-9.

Jeff Atwater, Chief Financial Officer					
Vendor Payments Sunshine Spending 3% Withholding					
Profile Registration					
Complete the information below and click the Registration button. Your registration will be processed and you will be sent an email containing your User ID.					
* Required					
Taxpayer Identification Number (TIN) * Federal Employer Identification Number (FEIN) 59 - 9999999 Social Security Number (SSN) IBS Name: * Acme Office Supply Company of Florida In					
(enter the first 40 characters exactly as shown on your tax return)					
Contact Information Password Information					
Name: * <ul> <li>Password will be case sensitive</li> <li>Must be eight (8) characters</li> <li>Must begin with a letter</li> <li>Must contain at least one uppercase letter (A-7)</li> </ul>					

- 2. Click on the appropriate "button" indicating whether the registration is for a FEIN or SSN.
- 3. After clicking on the appropriate button, enter the FEIN or SSN.

4. Enter the first 40 characters of the IRS name for the company or individual associated with the FEIN or SSN. This must match with IRS records. If unsure of the exact IRS name call the IRS customer service line: 1-800-829-0115 to obtain the IRS name.

(Name: *	<ul> <li>Password will be case sensitive</li> </ul>
John Q. Public	<ul> <li>Must be eight (8) characters</li> </ul>
Title (required for business entities) : Manager	Must begin with a letter     Must contain at least one uppercase letter (A-Z)     Must contain at least one (1) number     May not contain spaces
	<ul> <li>May not contain any of the following characters: \$ ^ ' = " { }</li> </ul>
Phone: *	<ul> <li>The first three characters must be different from each other</li> </ul>
850-555-5555	<ul> <li>We recommend that the password contain at least one special character (such as: &amp;, @, %)</li> </ul>
Extn:	Password: * ••••••• 6
Email Address: *	Re-enter Password: *
PublicJQ@hotmail.com	Password Hint: * City nickname 7
PublicJQ@hotmail.com	Note: You will be required to use your password to login to the Vendor website. Please make note of your password.
	8 Check Password
	9 Register

- 5. Fill out the required fields: Name, Title, Phone, Email Address, Re-enter Email Address.
- 6. Create a password and re-enter the password (note the password requirements indicated on the screen)
- 7. Create a password hint.
- 8. Click the Check Password button. (A confirmation message will display if the password meets the required standards.)
- 9. Click register to complete the registration process. A user name will be emailed to the email address provided.

From: FLW9@myfloridacfo.com Sent: Mon 6/27/2011 2 O: John Q Public	:05 PM
us Subject: User-ID for the Florida Vendor Website	
Thank you for registering ACME OFFICE SUPPLY COMPANY OF FLORIDA IN with the State of Florida Vendor Website.	<b>^</b>
Your User-ID is: FLSO999 10	
The password will be the same one you created when you registered for access.	
The following information will be needed to complete a Substitute Form W-9:	
<ul> <li>* IRS Name as shown on your Federal Income Tax Return</li> <li>* Primary mailing address for your tax information</li> <li>* Any "Doing Business As" names that you wish to add for your business</li> <li>* Business designation for your business (e.g., individual, sole proprietor, partnership, corporation, etc.) If you need additional information on business designations, the main page of the Vendor website contains a link to a list of descriptions.</li> </ul>	
Once you have this information, go to <u>https://flvendor.myfloridacfo.com</u> , to sign on, complete, and submit a Substitute Form W-9, as well as access to other features of the Vendor Website.	
If you have any questions contact the Vendor Management Section at Phone: (850) 413-5519 Email: <u>flw9@myfloridacfo.com</u> Fax: (850) 413-5550	
Sincerely, Vendor Management Section	•

10. Shortly after registering on the Vendor Website an email will be sent to the registrant containing the User ID to be used to complete the Substitute W-9.



11. Return to the Vendor Website main menu and click: Sign On

Jeff Atwater, Chief Financial Officer Florida Department of Financial Services		^
Vendor Payments	Sunshine Spending	
Vendor Sign On		
Complete the information below and click the Sign-On button.		
Note: MyFloridaMarketPlace User ID will <b>not</b> work for this website. If you have not already done so, click <u>here</u> to register with us.		Ш
11 User ID: FLSO999 Password: •••••••		
12 Sign-On		
Help!! I forgot my password!		
o Forgot User ID		
<ul> <li>Need to update Taxpayer Identification Number</li> <li>General Questions</li> </ul>		~

- 11. Enter the User ID (from step 10) and the password created in Step 6.
- 12. Click Sign-On



13. Click the link: Form W-9 Main Menu.

	Vendor Payments	Sunshine Spending	3% Withholdi
Stat	e of Florida		
Chief	Financial Officer		
Departmen	t of Financial Services		
Burea	au of Accounting		
200 E	ast Gaines Street		
Tallahas	see, FL 32399-0354		
Telephone:(850)	413-5519 Fax: (850) 413-5550		
Subeti			
Substi	tate i onni w-s		
to determine whether you will receive a Form 1099 for payment(s) subject to Federal withholding. The information provided below m Federal law requires the State of Florida to take backup withholdir requested.	made to you by an agency of the Sta ust match the information that you p g from certain future payments if yo	te of Florida, and whether pay rovide to the IRS for income ta u fail to provide the informatic	ments are ix reporting. on
Taxpayer Identification	n Number (FEIN): 59-99999	99	
	* Required		
PART 1			
PART 1	· · · · · · · · · · · · · · · · · · ·		
PART 1 IRS Name: * ACME OFFICE SUPPLY COMPANY OF FLORIDA IN	Doing Business As Name:		

14. Enter the IRS Name (same as step 4). Enter a "Doing Business As Name" when appropriate (not required).

IRS	Name: * ACME OFFICE SUPPLY COMPA (first 40 characters exactly as s	NY OF FLORIDA IN Doing Business As Name	e:		
	* Primary Addre	ss Information (Address where Form 1099 should I	be mailed)		
	<ul> <li>United States (Includes U.S. Possessions &amp; APO/FPO/DPO)</li> <li>Foreign Country</li> </ul>				
Atte	ention of:	In Care of:			
A	ddress: * 1234 MAIN STREET	City: * TALLA	HASSEE		
16	16         State: * FLORIDA         Zip Code: * 32302         -				
PART	Γ2	* Business Designation			
		(click <u>here</u> for Business Designation definition	s)		
	C Corporation	O Nonresident alien	<ul> <li>Indian Tribal Government</li> </ul>		
17	S Corporation	○ Partnership	O Non-Corporate Rental Agent		
	Government Entity	Limited Liability Company Pick One	Individual		
	Foreign Corporation or Entity	Sole Proprietor	O Trust or Estate		

- 15. Indicate whether the primary address for the company or individual is in the United States or a foreign country.
- 16. Enter the street address, state, city, and zip code.
- 17. Indicate the appropriate business designation.

	PART 3	Certification Statement		
		(click here for Backup Withholding explanation)		
	Under penalties of perjury, I certify that:			
	1. The number shown on this form is my correct	taxpayer information AND		
10	2. O I am subject to backup withholding OR			
10	<ul> <li>I am not - subject to backup withholding because:         <ul> <li>(a) I am exempt from backup withholding</li> <li>(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result or failure to report all interest or dividends, or</li> <li>(c) the IRS has notified me that I am no longer subject to backup withholding AND</li> </ul> </li> </ul>			
	<b>Certification Instructions:</b> To certify the statement above, complete your information below, as preparer, and then re-enter your password to submit your electronic signature.			
	Preparer's Name: * (first last)	Preparer's Title: (required for business e	entities)	
	Telephone Number: *	Extn: Email: *		

18. Indicate whether the company or individual is subject to backup withholding. To get information regarding backup withholding, click the link provided at the top of the screen.

	<ul> <li>I am not - subject to backup withholding because:         <ul> <li>(a) I am exempt from backup withholding</li> <li>(b) I have not been notified by the Internal Revenue Service or failure to report all interest or dividends, or</li> <li>(c) the IRS has notified me that I am no longer subject to be</li> </ul> </li> </ul>	e (IRS) that I am subject to backup withholding AND	o backup withholding as a result
	3. I am a U.S. citizen or other U.S. person (including U.S. resident a	alien)	
	Certification Instructions: To certify the statement above, complete your submit your electronic signature.	information below, as prep	parer, and then re-enter your password to
	Preparer's Name: * John Q. Public	Preparer's Title:	Manager
19	(first last)		(required for business entities)
	Telephone Number: * 850-555-5555 Extn:	Email	: * PublicJQ@hotmail.com
	NOTE: Please review the information you have provided above on yo the Internal Revenue Service for verification. During this verification p your Form W-9. You will receive an email when the verification proce	ur Form W-9 before subm rocess, which takes appr ess is complete.	nitting it. The information you provided will be sent to roximately 4 days, you cannot make any changes to
20	Password: * ••••••• 21 Submit	Cancel	

19. Enter a name, phone number and email address in the spaces provided.

20. Enter the password created in step 6.

21. Click the Submit button when ready.

Winde	Windows Internet Explorer				
THIL.					
	Thank you for completing your Florida Substitute Form W-9. The Vendor Management Section will cond you as amail within 4 business days regarding your verification.				
	22 ок				

## 22. Click OK when this message displays.

rom:	FLW9@myfloridacfo.com	Sent: Thu 6/30/2011 9:03 AM				
0:	John Q. Public	23				
ubiect:	State of Florida Substitut	e Form W-9 for STATE OF FLORIDA ILISTICEADMINISTRATIVE				
abject.	State of Honda Substitut					
Thank yo W-9. Inf matching	Thank you for registering with the Florida Department of Financial Services (DFS). We received your completed Florida Substitute Form W-9. Information from this form was submitted to the Internal Revenue Service (IRS) for Taxpayer Identification Number (TIN) matching.					
The resul activated	lts from the IRS Tin I your Florida Substit	Matching show your IRS Name/TIN combination matches their records. Based on this match we have ite Form W-9. There are no further actions required at this time.				
If you ne	ed to update your Fl	orida Substitute Form W-9 for any of the following reasons, please return to the Florida Vendor Website:				
* You h * You c * You a * You a	<ul> <li>* You have a change in business designation (i.e., you incorporate your sole proprietorship).</li> <li>* You change your address, telephone number or e-mail address.</li> <li>* You are notified by the IRS that you are subject to backup withholding.</li> <li>* You add a Doing Business As (DBA) Name.</li> </ul>					
NOTE: If <u>FLW9@m</u>	NOTE: If you change your TIN or sell or close your business, please contact the Vendor Management Section at (850) 413-5519 or <u>FLW9@myfloridacfo.com</u> . Please do not include Social Security Numbers in any emails sent to the Vendor Management Section.					
Thank Yo	<sup>Thank You</sup> 23. When this email is received by the vendor this is their verification/					
Vendor M	Vendor Management Section confirmation that the Substitute W-9 has successfully been					
Florida D	Florida Department Of Financial Services					
Fax: (8	Eax: (850) 413-5550 Completed. NOTE: It can take up to four business days to receive this					
Email: FL	W9@myfloridacfo.co	m verification/ confirmation email.				
FLW9@m Thank Yo Vendor M Florida Do Phone: ( Fax: (8 Email: FL	Rorez: If you change your first of close your business, please contact the vendor Management Section at (850) 413-5519 of FLW9@myfloridacfo.com.         Thank You         Vendor Management Section         Florida Department Of Financial Services         Phone:       (850) 413-5519         Fax:       (850) 413-5550         Email:       FLW9@myfloridacfo.com					

To print a copy of the Substitute W-9, return to the State of Florida Vendor Website. The web address is: <u>https://flvendor.myfloridacfo.com</u>. See below.

Jeff Atwater, Ch Florida Department of Finance	ief Financial Officer	
	Vendor Pa	yments Sunshine Spending
Informational Links	State of Florida	
₽3% Withholding Website	Vendor Website	Not Registered?
🗗 Direct Deposit	Welcome to the Department of Financial Services Vendor Portal!	Click here to Register
Vendor Payment History	doing business with the State of Florida. Vendors can use this site to register and electronically submit a Florida Substitute Form W-9. Requirements for W-9 submission can be found at the link on the left side	Sign On Click here to Sign On 24
MyFloridaMarketPlace	of this page.	
Informational Documents	News and Notes	
🕅 Website Requirements 🚺	Do you know that on January 1, 2013 certain vendor payments from government entities may be subject to 3% Withholding?	Contact Us
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FAQ's for Substitute	Website Training	Vendor Management Section (850) 413-5519
	Do you want more information on using this website?	🖻 Email Vendor Management

## 24. Click the Sign On link.

Jeff Atwater, Chief Financial Officer Florida Department of Financial Services		
	Vendor Payments	Sunshine Spending
Vendor Sign On		
Complete the information below and click the Sign-On button.		
Note: MyFloridaMarketPlace User ID will <b>not</b> work for this website. If you have not already done so, click <u>here</u> to register with us.		
25       User ID:         26       Password:		
27 Sign-On		
Help!! I forgot my password!		
Contact Us • Forgot User ID • Need to update Taxpayer Identification Number • General Questions		

25. Enter the user name previously assigned.

26. Enter the password previously used.

27. Click Sign-On.



## 28. Click Form W-9 Main Menu.



29. Click View/Print Substitute Form W-9.



30. Click the printer icon to print the Substitute Form W-9.