



STATE OF DELAWARE SUBSTITUTE FORM W-9

Reset

The State of Delaware requires the following information for all vendors (payees) before any payments can be made. This information is used to populate and maintain the State's vendor file.

New Vendor Change Profile Additional Address

*Taxpayer ID: SSN

OR

EIN

*If a Foreign company, use IRS
Form W-8 available at IRS.gov*

***Payment Method:**

The State reserves the right to provide payment by any of the following methods:
credit card, ACH or by check, at the State's option.

*Can you accept payment by credit card? Yes No

Comments:

Applicant Information:

* Applicant Name (individual or entity):

Name on IRS record (if different from above):

Applicant Remittance Address:

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip: -

* Contact Name:

* Phone #: () - Extension:

Fax #: () -

Contact E-mail address:

Applicant Ordering Address:

Check if same as Remittance Address (above)

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip: -

* Contact Name:

* Phone #: () - Extension:

Fax #: () -

Contact E-mail address:

Additional Reporting Elements:

Please check all that apply:

Women-Owned Minority Owned Small business

* 1099 Withholding Type and Class:

<input type="radio"/> 1099	<input type="checkbox"/> Rents	<input type="checkbox"/> Gross Attorney Proceeds	<input type="checkbox"/> Other Income
	<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Medical & Health Care	
<i>(Default reportable status is Non Employee Compensation)</i>			
<input type="radio"/> 1099 G	<input type="checkbox"/> Agriculture Payments		
<input type="radio"/> 1099 I	<input type="checkbox"/> Interest		
<input type="radio"/> Not subject to 1099 reporting because business is incorporated and not providing legal or medical services			

* Indicates a required field

Certification

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 (defined below).

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in regulations section 301.7701-7)

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

Signature:

Date:

Contact Information:

Email: FSF_Vendor_Maintenance@state.de.us

Phone: (302) 672-5000

Return Completed Form:

Fax to: (302) 736-7909

Mail to: ERP Project / Division of Accounting
Attn: FSF Vendor Staff
800 Silver Lake Blvd.
Suite 100
Dover, DE 19904