



# 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, 2) You are a vendor who provides services or goods to the State of Maine, and/or 3) You are a U.S. citizen with valid Tax ID Number (SSN/EIN).

**All items with an astrisk ( \* ) needs to be completed.**

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

<input type="checkbox"/> <b>New Request</b>	<input type="checkbox"/> <b>New Location/Additional Entry</b>	<input type="checkbox"/> <b>Change (Choose)</b>	<input type="radio"/> Legal Name	<input type="radio"/> DBA Name
		<input type="radio"/> Payment Address	<input type="radio"/> Ordering Address	<input type="radio"/> 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**

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign (W8 required)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Nonresident Alien		<input type="checkbox"/> Trust	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Other Gov't
		<input type="checkbox"/> 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\***

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS #

Agency Contact Person Name & Title

Contact's Phone #