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).

Reset Form

All items with an astrisk (*) needs to 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* _____

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 # _____