

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

**RETURN TO:**  
by mail  
the agency who  
requested the form  
or sent it to you, or  
the agency you're  
doing business with.  
(ie.. DHHS/Labor/  
DEP/Education/etc)

PURPOSE: To establish or update an account with the State of Maine's accounting system.  
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.

**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."**

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

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

- |                                      |  |                                 |                                     |                                  |                                       |   |
|--------------------------------------|--|---------------------------------|-------------------------------------|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> New Request | <input type="checkbox"/> New Location/Additional Entry | <input type="checkbox"/> Change | <input type="checkbox"/> Legal Name | <input type="checkbox"/> Phone # | <input type="checkbox"/> Contact Info | <input type="checkbox"/> Payment Address  |
|                                      |  |                                 | <input type="checkbox"/> DBA Name   | <input type="checkbox"/> Care Of | <input type="checkbox"/> Email Only   | <input type="checkbox"/> Ordering Address |

**TAXPAYER ID NUMBER\* (TIN) (Provide ONE only)** Social Security # (person) or a Federal Employer ID # (business) TIN

<b>TIN Type *</b> <small>choose ONE</small>	<b>Organization Type *</b>	<b>Classification *</b> <small>choose ONE</small>	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input type="radio"/> Social Security No. ➡	<input type="radio"/> Individual ➡	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<input type="radio"/> Employer ID No. ➡	<input type="radio"/> Company ➡	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
			<input type="checkbox"/> Estate	<input type="checkbox"/> Other Non-Profit Org
			<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)

**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 withholding, 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

<b>OFFICE USE ONLY</b> State Agency & SHS #	<b>Information on State Agency Submitting Vendor Form</b>	<b>OFFICE USE ONLY</b> Contact's Phone #
<input style="width: 150px;" type="text"/>	Agency Contact Person Name & Title <input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>