

# 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.)**

 New Request

 New Location/Additional Entry

 Change

- Legal Name     Phone #     Contact Info     Payment Address  
 DBA Name     Care Of     Email Only     Ordering Address

**TAXPAYER ID NUMBER\* (TIN) (Provide ONE only)**

Social Security # (person) or a  
Federal Employer ID # (business)

TIN

|  |                                    |  |  |  |
|--|------------------------------------|--|--|--|
| <b>TIN Type *</b><br><small>choose ONE</small> | <b>Organization Type *</b>         | <b>Classification *</b><br><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

OFFICE USE ONLY  
State Agency & SHS #

Information on State Agency Submitting Vendor Form

Agency Contact Person Name & Title

OFFICE USE ONLY  
Contact's Phone #