

State of Arizona Substitute W-9 & Vendor Authorization Form



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

- Instructions:** Complete form if
1. You are a U.S. person (including a resident alien);
 2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
 3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.



Social Security Number (SSN) **OR Employer Identification Number (EIN)**

Entity Type Must select one of the following (Coding (X#) is for internal purposes only)

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I) State of Arizona employee (1E) HRIS EIN
 Corporation NOT providing health care, medical or legal services (5A) LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)
 Corporation providing health care, medical or legal services (5M) LLC, PLLC organized as corporation providing health care, medical or legal services (5M)
 Partnership, LLP or Partnership organized as LLC or PLLC (5C) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
 An international organization or any of its agencies/instrumentalities (5U) Other: Tax Reportable Entity (5P) Description
 The US or any of its political subdivisions or instrumentalities (2G) Other: Tax Exempt Entity (5H)

Name (First, Middle, Last)

Business Name

Main Address Where tax information and general correspondence is to be mailed

Address
 City State Zip code

Remittance Address Where payment is to be mailed Same as Main

DBA/Branch/Location
 Address
 City State Zip code

Vendor Contact Information

Name
 Title Phone # Ext.
 Email Fax

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

- Small Business (01)
- Small Business- African American (23)
- Small Business- Asian (24)
- Small Business - Hispanic (25)
- Small Business- Native American (27)
- Small Business- Other Minority (05)
- Small, Woman Owned Business (06)
- Small, Woman Owned Business- African American (29)
- Small, Woman Owned Business- Asian (30)
- Small, Woman Owned Business- Hispanic (31)
- Small, Woman Owned Business- Native American (33)
- Small, Woman Owned Business- Other Minority (11)
- Woman Owned Business (03)
- Woman Owned Business- African American (17)
- Woman Owned Business- Asian (18)
- Woman Owned Business- Hispanic (19)
- Woman Owned Business- Native American (21)
- Woman Owned Business- Other Minority (08)
- Minority Owned Business- African American (04)
- Minority Owned Business- Asian (32)
- Minority Owned Business- Hispanic (74)
- Minority Owned Business- Native American (15)
- Minority Owned Business- Other Minority (02)
- Non-Profit, IRC §501(c) (88)
- Non-Small, Non-Minority or Non-Woman Owned Business (00)
- Individual, Non-Business (00)

Certification Under Penalties of perjury, I certify that: **Exempt from backup withholding**

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. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

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

Signature Title Date

STATE OF ARIZONA AGENCY USE ONLY VENDOR: DO NOT WRITE BELOW THIS LINE

Agency Authorization: Print Name Signature Title
 AGY Phone # Email Date

STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching Corporation Commission HRIS Vendor Number Processed by Date Processed
 GAO-03 Other