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.
See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

Type of Request (Must select at least ONE)

(•) New Request | ( ) New Location (Additional Mail Code) | ( ) Change (Select the type(s) of change from the following:

☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator
☐ Main Address ☐ Remittance Address ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) ___ - ___ - ___ OR Federal Employer Identification Number (FEIN) 86 - 6000444

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* Gila County

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

STATE HRIS EIN ___

Description: County Goverment

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)

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

DBA\Branch\Location: Gila Employment and Special Training
Address: 5515 South Apache Ave. Suite 200
City: Globe State: AZ-ARIZONA Zip code: 85501

Remittance Address Where payment is to be mailed

☒ Same as Main

DBA\Branch\Location: ___
Address: ___
City: ___ State: ___ Zip code: ___

Vendor Contact Information

Name: David B. Caddell Title: Program Manager
Phone #: (928) 402-8664 Ext. ___ Fax: (928) 425-9468 Email: dcaddell@co.gila.az.us

Certification ☐ Exempt from backup withholding

Under Penalties of perjury, I certify that:
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 - AGENCY AUTHORIZATION

VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN ___ Print Name ___ Signature ___
AGY ___ Title ___ Phone # ___ Email ___ Date ___

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ GAO-03 ☐ Other

Vendor Number ___ Processed by ___ Date Processed ___