SUBSTITUTE W 9/VENDOR UPDATE FORM

(Please print or type except for signature)

In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. **Failure to provide this information will result in withholding of payment.**

Box A

Are you/Your Business YES NO

Individual [I] ____ ____

Or **Sole Proprietor** [S] ____ ____

Phone

Fax

If the answer to both was **no**, please complete Box B

If you answered **Yes** to either item, please provide your **Social Security** number (Sole Proprietors may enter their EIN, however, the IRS prefers you use your SSN):

SSN

OR EIN

AND Complete the name and address below

Last Name

First Name

Doing Business as

Address:

Address:

City:

State: Zip:

Box B

Is your business YES NO

Corporation **[C]** ____ ____

Partnership **[P]** ____ ____

Estate or Trust **[E]** ____ ____

Government **[G]** ____ ____

Other ____ ____

Please Explain _____

_____

_____

Please provided us with your **Federal Employer Identification Number**:

Phone

Fax

AND

Complete the Name and Address below:

Firm:

Doing Business as:

Address:

City:

State: Zip:

Certification Must Be Signed By Vendor

Certification – 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 subjected 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.

Signature _____ Date _____

For Office Use Only (Refer to Procedure 270.450 for more details)

From
Dept.

Contact
Phone #:

☐ Add
☐ Change
(Include vendor code and changes only
☐ Delete _____
Reason