



State of Maine Substitute W-9 & Vendor Authorization Form

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

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."

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.

[Reset Form](#)

All items with an asterisk (*) must be completed.

TYPE OF REQUEST*: (Must select one.)

<input type="checkbox"/> New Request	<input type="checkbox"/> New Location/Additional Entry	<input type="checkbox"/> Change (Choose)	<input type="radio"/> Legal Name	<input type="radio"/> DBA Name
		<input type="radio"/> Payment Address	<input type="radio"/> Ordering Address	<input type="radio"/> Contact Info

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

Social Security Number (SSN) -- OR Federal Employer ID Number (FEIN) -

Organization Type * choose ONE Individual OR Company

Classification * choose ONE

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign (W8 required)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Nonresident Alien		<input type="checkbox"/> Trust	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Other Gov't
			<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Other

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	Information on State Agency Submitting Vendor Form	OFFICE USE ONLY
State Agency & SHS #	Agency Contact Person Name & Title	Contact's Phone #
<input type="text" value="Agriculture SHS#28"/>	<input type="text" value="Debbie Davis, Division of Animal and Plant Health"/>	<input type="text" value="207-287-3891"/>

