Date of Application:	
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Appendix A: Vendor Form

(all applicants must complete this section)

NOTE: THIS DOCUMENT MUST BE PRINTED AND PHYSICALLY SIGNED. DIGITAL SIGNATURES ARE NOT PERMITTED FOR THE VENDOR FORM AT THIS TIME.

STATE OF MAINE NEW VENDOR & VENDOR UPDATE FORM INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it NEW?
- b. Adding location? (a sub/child entry to another existing.)
- c. CHANGES to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

- * NOTE: Provide only ONE or the other do NOT give us both. If one is not provided the form is NOT processed.
- Your social security number if you are an individual and being paid as such.

OR

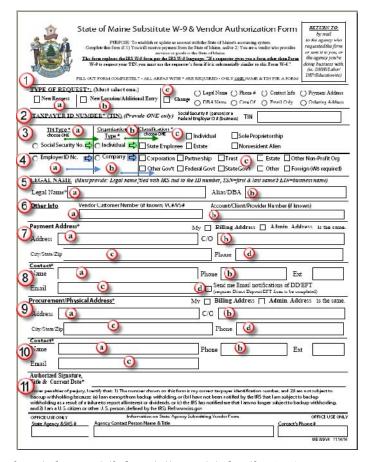
• Your EIN if you're a company and being paid as such.

NOTE: follow ACROSS the paper – do not cross over between the types.

- 3. SOCIAL SECURITY NUMBER
 - a. TIN TYPE Social Security Number if you gave SSN above.
 - b. ORGANIZATION TYPE Individual
 - c. CLASSIFICATION choose one (individual/sole prop/st employee/estate/non-res alien)
- 4. EMPLOYER ID NUMBER
 - a. TIN TYPE- if you gave EIN above.
 - b. ORGANIZATION TYPE Company
 - c. CLASSIFICATION choose one

(corporation/partnership/trust/estate/other non-prof org/other gov't/fed gov't//st gov't/other/foreign)

- 5. LEGAL NAME
 - a. LEGAL NAME: Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.
 - b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.
- 6. OTHER INFO (add in addition to TIN NOT instead of)
 - a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. (if known)
 - b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)
- 7. PAYMENT ADDRESS
 - a. Address = Street **OR** post office box address (**NOT both**)
 - b. $C/O = Care\ Of\ or\ attention\ to\ (ATTN)\ goes\ in\ this\ space.$
 - c. City, State, & Zip
 - d. Phone = the phone number of the legal name above.
 - My BILLING and/or Admin Address is the same.(Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)
- CONTACT
 - a. Contact name for above address that we can contact in reference to payments.
 - b. Contact phone number & extension for above address.
 - c. Contact's Email for above address.
 - d. Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)
- 9. PHYSICAL / PROCUREMENT ADDRESS ~ follow#7's a –d above in reference to contracts.
- 10. CONTACT ~ follow#8's a –d above in reference to contracts.
 - ❖ NOTE: addresses may be different between payment & procurement/physical
- 11. AUTHORIZED SIGNATURE, TITLE & DATE
 - a person authorized to make changes for individual (self if form is for self) or company.



State of Maine Substitute W-9 & Vendor Authorization Form

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."

by mail

RETURN TO:

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)

ME W9 V5 02/21/20

FILL OUT FORM COMPLETELY - ALL AREAS WITH * ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

	WE COMPLETED THE THEFTO WITH THE	The content of the co			
TYPE OF REQUEST*: (Mus	st select one.) ocation/Additional Entry Change		ntact Info Payment Address		
		DBA Name Care Of Em	nail Only Ordering Address		
TAXPAYER ID NUMBER* (TIN) (Provide ONE only) Social Security # (person) or a Federal Employer ID # (business) TIN					
	Classification * Choose ONE Choose ONE	Nonresident Alien			
○ Social Security No. ➡ ○ In	Social Security No. 🖒 🔘 Individual 🖒 🔲 Individual 🔲 Sole Proprietorship				
○ Employer ID No. 🖒 ○ Co	company 🖒 🗌 Corporation 🗌 Part	tnership 🗌 Trust 🗀 Esta	te Other Non-Profit Org		
	Other Gov't Fed	deral Gov't State Gov't Othe	er 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 Cust	tomer Number (if known) VC#/VS#	Account/Client/Provider Nur	mber (if known)		
Payment Address*	I	My Billing Address Ad	lmin. Address is the same.		
Address		C/O			
City/State/Zip		Phone			
Contact* Name		Phone	Ext		
Email		Send me Email notification (requires Direct Deposit/EFT for			
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 Su	bmitting Vendor Form	OFFICE USE ONLY		
State Agency & SHS # Agenc	cy Contact Person Name & Title		Contact's Phone #		



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