



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."

Return to:
Maine Ethics Commission
135 State House Station
Augusta, ME 04333-0135
207-287-4179

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

TYPE OF REQUEST* (Must select one.)

New Request

New Location/Additional Entry

Change

- Legal Name
- Phone #
- Contact Info
- Payment Address
- DBA Name
- Care Of
- Email Only
- Ordering Address

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

Social Security # (person) or a Federal Employer ID # (business)

TIN

TIN Type *
choose ONE

Organization Type *

Classification *
choose ONE

Nonresident Alien Estate

Social Security No. ⇨

Individual ⇨

Individual

Sole Proprietorship

Employer ID No. ⇨

Company ⇨

Corporation

Partnership

Trust

Estate

Other Non-Profit Org

Other Gov't

Federal Gov't

State Gov't

Other

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 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
State Agency & SHS #

Information on State Agency Submitting Vendor Form

Agency Contact Person Name & Title

OFFICE USE ONLY
Contact's Phone #

Ethics, 135 SHS

Julie Aube, Commission Assistant

(207) 287-4179

INSTRUCTIONS FOR COMPLETING VENDOR FORM

This Vendor form must be submitted to the Commission in order for the State to issue a payment of Maine Clean Election Act funds to a candidate. Please submit this form when you register. You do not need to set up a campaign bank account before submitting this form.

- All candidates participating in the Maine Clean Election Act program must submit this form **when they register** with the Commission. Check “New Request.”
- The taxpayer identification number (TIN) is either the candidate’s social security number (SSN) or a federal employer identification number (FEIN) if you obtained one from the IRS for your campaign committee. Do not use the treasurer’s SSN.
- “Organization Type” is either “Individual/Candidate” if SSN used or “Committee with FEIN” if FEIN used. “Classification” is either “Individual” if SSN used or “Other” if FEIN used.
- The “Legal Name” is either:
 - a. the candidate’s name, if the TIN is the candidate’s SSN; or
 - b. the committee’s name, if the TIN is the campaign committee’s FEIN.

The legal name must match the name used to get an SSN or an FEIN, if you have a campaign committee. If the candidate is using a “DBA” committee, the “Legal Name” is still the candidate’s name. A committee’s name can be entered as a “Legal Name” only if a committee has an FEIN.

- **The address on this Vendor form must be the same address on your candidate registration for either you or your treasurer or your campaign committee.** If you use EFT/direct deposit to receive your payments, the “Payment Address” on the Vendor form and the “Address of Payee” on the EFT/direct deposit form must match. Please notify the Commission if an address change is needed on your registration.
- **Do not fill out the “Physical Address” section (grayed area).**
- Complete the “Contact” section with the name, email address, and phone number of the person you want the state’s accounting staff to contact concerning questions about your vendor information.
- “Candidate’s Signature” section includes a new IRS requirement. State vendor forms must meet IRS W-9 requirements if a W-9 is not used. MCEA payments are coded as “non-reportable funds” in the State’s accounting system and therefore are not considered as income and subject to withholding. By signing, you are certifying that the TIN number used on this form is correct and that you are a U.S. citizen.
- **Sign and date the form.**
- Please hand-deliver or mail the completed original form to the Commission at the above addresses.
- **Faxed or scanned copies will not processed. The complete and signed original is required.**
- If you need to make any changes to your vendor information, please contact the Commission first.