

Date of Application: _____



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

- Is it **NEW**?
- Adding location? (a sub/child entry to another existing.)
- 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

- TIN TYPE - Social Security Number – if you gave SSN above.
- ORGANIZATION TYPE – Individual
- CLASSIFICATION – choose one (individual/sole prop/st employee/estate/non-res alien)

4. EMPLOYER ID NUMBER

- TIN TYPE- if you gave EIN above.
- ORGANIZATION TYPE – Company
- 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

- LEGAL NAME:** Person's first & last name if an SSN is provided above. **OR** Company's name if an EIN is provided above.
- 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)

- Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. **(if known)**
- Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. **(if known)**

7. PAYMENT ADDRESS

- Address = Street **OR** post office box address **(NOT both)**
- C/O = Care Of or attention to (ATTN) goes in this space.
- City, State, & Zip
- 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)

8. CONTACT

- Contact name for above address that we can contact in reference to payments.
- Contact phone number & extension for above address.
- Contact's Email for above address.
- 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

RETURN TO:
by mail
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)

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."

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 #



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