Taxpayer Identification Number (TIN) Verification

Print or Type
Please see attachment or reverse for complete instructions. This form can be made available in alternative formats to qualified individuals upon request.

Legal Name
(as entered with IRS) 
If Sole Proprietorship enter your Last, First MI

Business Name
If doing business as (DBA) or enter business name of Sole Proprietorship

Order Address (where order should be mailed)
PO Box or Number and Street, City, State, ZIP + 4

Remit Address (where check should be mailed)
PO Box or number and street, City, State, ZIP + 4

Entity Designation (check only one) Required
- Individual / Sole Proprietor
- Partnership
- C Corporation
- S Corporation
- Limited Liability Company - Individual
- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
- Governmental Entity
- Hospital Exempt from Tax or Government Owned
- Long Term Care Facility Exempt from Tax or Government Owned
- Trust/Estate
- All Other Entities (specify e.g. 501(c)(3), etc.)

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Exemptions
Exempt payee code (if any):
Exemption from FATCA reporting code (if any):

Certification
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 back up 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 subject to back up 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.
3. I am a U.S. person (including a US resident alien).

Printed Name
Printed Title
Telephone Number
(            )
Signature
Date (mm/dd/yy)

Optional Direct Deposit Information
Your Bank Account Number
- Checking
- Savings
Bank Routing Number (9-digit ABA #)
Name on Bank Account

THIS IS A:
- new direct deposit
- change of existing (providing old banking information required to change existing)

Old Bank Account Number
Old Routing Number (9-digit ABA #)
You must provide the previous banking information to make a change.

Required e-mail address (Please make this LEGIBLE)
If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at http://bfm.sd.gov/vendor. We will NOT share your email address with anyone or use it for any purpose other than communicating remittance information.

Information below to be completed by the State Agency. Vendor Number required for any new vendors added to SDAS.
State Agency:
Agency Contact:
Date:
Vendor Number assigned by SDAS: