



Substitute **W-9**

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.

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| <p>➤ Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</p> <hr/> <p>➤ Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>➤ Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ Exemptions</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p> | <p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company - Individual</p> <p><input type="checkbox"/> Limited Liability Company - Partnership</p> <p><input type="checkbox"/> Limited Liability Company - Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)</p> <p>➤ Taxpayer Identification Number (TIN)</p> <p>_____</p> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p> |
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➤ **Certification**
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- 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.
- 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 | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Bank Routing Number (9-digit ABA #) | Name on Bank Account |
| THIS IS A: | | | |
| <input type="checkbox"/> new direct deposit <input type="checkbox"/> 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: |

CERTIFICATION REQUIRED BY SDCL ch 5-18A

Section 1 Definitions. The words used in this Certification shall mean:

- 1.1. “Prohibited Entity,” an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly-owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates, of those entities or business associations, regardless of their principal place of business, which is ultimately owned or controlled, directly or indirectly, by a foreign parent entity from, or the government of, the People’s Republic of China, the Republic of Cuba, the Islamic Republic of Iran, the Democratic People’s Republic of Korea, the Russian Federation, or the Bolivarian Republic of Venezuela;
- 1.2. “Purchasing agency,” any governmental body or officer authorized by law, administrative rule, or delegated authority, to enter into contracts;
- 1.3. “Contract,” any type of agreement, regardless of what the agreement may be called, for the procurement of supplies, services, or construction;

Section 2. Certification. The undersigned hereby certifies to the State of South Dakota that:

- 2.1. The undersigned is not a Prohibited Entity.
- 2.2. If at any time after making this certification the undersigned becomes a Prohibited Entity, the undersigned will provide immediate written notice to all purchasing agencies with whom the undersigned has a Contract. The undersigned understands and agrees that if the undersigned becomes a Prohibited Entity, agencies may terminate any Contract with the undersigned.
- 2.3. The undersigned acknowledges and agrees that agencies have the right to terminate a Contract with any entity that submits a false certification, and that a false certification or failure to provide written notification to purchasing agencies that an entity has become a prohibited entity is cause to suspend or debar a business under SDCL § 5-18D-12.

Dated _____, 202__.

Contractor: _____

By: _____

Printed Name: _____

Title: _____