

# Tips on Registering for your Statewide Vendor Number

- **Preceptors please do not provide your employers information on this form.**
- Unless otherwise marked do not skip any questions. If the registration is missing any information OFM will not complete your registration and you will not receive a vendor number.
- These instructions are not intended to replace any instructions provided directly from OFM. If you need further assistance with this form, please reach out directly to OFM's customer service team.

## Part B – Vender/Payee Registration

1. Your legal name as shown on your income tax return
2. **Skip #2** you cannot be paid by the Commission using a business SWV
3. Check: Individual/Sole Proprietor only
4. **Skip #4**
5. Your personal address on file with the IRS
6. City, State, Zip
7. Check: For individuals, this is your social security number. Fill in Social Security Number
8. Sign the form



Office of Financial Management

Better information. Better decisions. Better government. Better Washington.

PLEASE DO NOT STAPLE

## Vendor/Payee Registration Form

### PART A – Contact Details

Mailing Address:

City, State, Zip:

Contact Name:

Telephone Number:

Email Address:

## PART B – Vendor/Payee Registration

## Request for Taxpayer Identification Number and Certification – Substitute Form W-9

1. Legal Name (as shown on your income tax return):

2. Business Name, if different from Legal Name above – e.g., Doing Business As (DBA) Name:  
n/a

3. Check **ONLY ONE** box:

☐ Individual/Sole Proprietor (Including LLC-Sole Proprietor)

☐ Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)

☐ State Government☐ Volunteer

1000

**4. For Corporation or Partnership ONLY, check one box below if applicable:**

 Medical

5. Legal Address (number street and apt or suite n)

6. City, State, Zip:

7. Tax Identification Number (TIN) PLEASE CHECK ONE

☐ For individuals, this is your social security number (SSN)

☐ For other entities, this is your employer identification number (EIN)

Enter your EIN or SSN (do NOT enter both):

## 8. Certification

Under penalty of perjury, I certify that

I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

II. I am not subject to backup 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 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

III. I am a U.S. person, including a U.S. resident alien (defined in the W-9 instructions to be found at [www.irs.gov](http://www.irs.gov)), and

IV. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Please note this form does not include a FATCA exemption code field, and therefore item 4 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

DOCUSIGN will allow you to sign electronically.

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)

Date: This form is valid for 90 days

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