

State of South Dakota
BFM-0001 (V03/201907)



**SEND TO THE STATE AGENCY
YOU SEND INVOICES**

DO NOT send to IRS

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.

<p>➤ Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</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>➤ Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p>	<p>➤ Taxpayer Identification Number (TIN)</p> <p>_____</p>
<p>➤ Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p>	
<p>➤ Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4</p>	
<p>➤ Exemptions</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</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>

➤ **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:
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