



Office of Financial Management

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INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE REGISTRATION FORM

The Registration Form should be used to perform the following:

- Register for a new Washington Statewide Vendor Number
- New legal name (ex: change of last name, change of company name)
- New taxpayer identification number

NOTES BEFORE YOU BEGIN:

- If writing instead of typing, please PRINT clearly in blue or black ink only.
- Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.
- If you are a foreign entity, please submit an IRS form W-8. You can find this form at www.irs.gov. You must have a US Taxpayer Identification Number (TIN) to register with Washington State.

PART A - Contact Information:

- Mailing Address – Please indicate the address you wish to receive remittance and/or correspondence.
- Name – The person named here will be contacted to approve any future changes regarding payments and your registration
- Telephone Number – The telephone number of the authorized contact person
- Email Address – The Email address provided will be used as the primary contact method (you will be contacted via email with your Statewide Vendor Number)

PART B - Registration (W-9):

- All numbered sections except section 4 are **required**.
 - If you are a medical or legal/attorney entity and file with the IRS as a corporation or partnership, please indicate your entity type in box 4
- You **MUST** provide your Social Security Number (SSN) OR Employer Identification Number (EIN).
Do NOT provide both.
- **Please sign with a pen (a “wet signature”). Stamped, Inserted or Electronic Signatures will NOT be accepted.**

Direct Deposit Banking:

- To set up direct deposit, complete and submit a Direct Deposit Authorization Form.

Changes and Adding Additional Locations:

- To make changes to an existing registration or to add/delete locations to an existing registration, please complete and submit a Change Form.

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5

OR

Any other questions, please contact the agency you are expecting payment from.

Submitting the Vendor/Payee Registration (W-9):

- Please PRINT and SIGN the completed form
- SCAN to PDF format and Email to: PayeeForms@ofm.wa.gov OR
- FAX to: (360) 664-3363
OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

PLEASE
DO NOT
STAPLE



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PART A – Contact Details

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____ Telephone: (_____) _____ - _____

Email: _____

PART B – Vendor/Payee Registration

Substitute Form W-9	Request for Taxpayer Identification Number and Certification	Rev. 2-2020
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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

3. Check **ONLY ONE** box below

<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)	<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor)	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Local Government
<input type="checkbox"/> Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Tax Exempt Organization	<input type="checkbox"/> State Government
	<input type="checkbox"/> Board/Committee Member	<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Federal Government (Including Tribal)

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

Medical Attorney/Legal

5. **Legal Address** (number, street, and apt. or suite no.) *This should be the address on file with the IRS.*

6. **City, State, and ZIP code**

7. Tax Identification Number (TIN) **PLEASE CHECK ONE**

Enter your EIN OR SSN in the box to the right (do NOT enter both)

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

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

Taxpayer Identification Number								

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), 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.

SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures) _____ Date _____



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INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE DIRECT DEPOSIT AUTHORIZATION FORM

The Direct Deposit Authorization form should be used to perform one of the following:

- Set-Up Direct Deposit Payment
- Modify existing Direct Deposit arrangements
- Cancel Direct Deposit and re-instate payment through U.S. mail

Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.

PART A Identification Details:

- You MUST provide your Statewide Vendor Number unless this form accompanies a new registration.
- If you do not know your Statewide Vendor Number use the link provided - <http://des.wa.gov/vendorlookup>
- You MUST provide your legal name as it appears with the IRS.
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN).
Do **not** provide both.

PART B Payment Option:

- Check the box indicating your preferred method of payment.

PART C Direct Deposit Information and Signature:

- If you checked Direct Deposit in Part B, fill out **all** fields in Part C.
- Please note that if the Account type is left blank we will default to checking account.
- Please note that if Payment type is left blank, we will default to corporate/business payment.
- Please sign with a pen (a “**wet signature**”). Stamped, inserted or electronic signatures will **not** be accepted.

Please Note: Forms must be signed in order for any changes to take effect.

***For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5
OR***

Any other questions, please contact the agency you are expecting payment from.

Submitting the Vendor/Payee EFT Form:

- Please PRINT and SIGN the completed form
- SCAN to PDF format and EMAIL to: PayeeForms@ofm.wa.gov OR
- FAX to: (360) 664-3363 OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

