

# State of Maine Substitute W-9 & Vendor Authorization Form

**RETURN:**  
by mail  
to the agency who requested the form or sent it to you, or the agency you're doing business with.  
(ex. DHHS/Labor/DEP/Education/etc)

PURPOSE: To establish or update an account with the State of Maine's accounting system.  
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

**This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."**

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

**TYPE OF REQUEST\*: (Must select one.)**

- New Request   
  New Location/Additional Entry   
  Change   
  Legal Name   
  Phone #   
  Contact Info   
  Payment Address  
 DBA Name   
  Care Of   
  Email Only   
  Ordering Address

**TAXPAYER ID NUMBER\* (TIN) (Provide ONE only)**

Social Security # (person) or a Federal Employer ID # (business)    TIN

<b>TIN Type *</b> choose ONE	<b>Organization Type *</b>	<b>Classification *</b> choose ONE	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Estate
<input type="radio"/> Social Security No. ➡	<input type="radio"/> Individual ➡	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	
<input type="radio"/> Employer ID No. ➡	<input type="radio"/> Company ➡	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> SB/Sole Prop
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Fed/Sta Gov't	<input type="checkbox"/> Trust
			<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)

**LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)**

Legal Name\*     Alias/DBA

**Other Info**

Vendor Customer Number (if known) VC#/VS#     Account/Client/Provider Number (if known)

**Payment Address\***

My  Billing Address  Admin. Address is the same.

Address  C/O   
 City/State/Zip     Phone

**Contact\***

Name     Phone     Ext   
 Email

**Procurement/Ordering Address\***

My  Billing Address  Admin. Address is the same.

Address  C/O   
 City/State/Zip     Phone

**Contact\***

Name     Phone     Ext   
 Email

\*Require printed form with wet signature or digital signature with audit trail, such as DocuSign or Adobe Sign.

**Authorized Signature, Title & Current Date**

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 backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

<b>OFFICE USE ONLY</b>	<b>Information on State Agency Submitting Vendor Form</b>	<b>OFFICE USE ONLY</b>
State Agency & SHS # <input style="width: 150px;" type="text"/>	Agency Contact Person Name & Title <input style="width: 300px;" type="text"/>	Contact's Phone # <input style="width: 150px;" type="text"/>