

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification						
1. Legal Name (as shown on your income tax return)							
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name							
3. Check ONLY ONE box below (see W-9 instructions for additional information)							
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp						
<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member						
<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate						
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:							
<input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal							
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)							
6. Address (number, street, and apt. or suite no.)	For office use						
7. City, state, and ZIP code							
7. Taxpayer Identification Number (TIN)							
Enter your EIN <u>OR</u> SSN in the appropriate 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).							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Social security number</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table> </td> </tr> </table>		Social security number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;">-</td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>			-	
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<p><i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i></p>							
8. Certification							
Under penalty of perjury, I certify that:							
<ul style="list-style-type: none"> • 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 • 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 • I am a U.S. person (including a U.S. resident alien). 							
(For additional information about the W-9 see the W-9 Instructions.)							
SIGNATURE of U.S. PERSON	Date						

STEP 6: Submit

For fastest service, PRINT, SIGN, SCAN and EMAIL to PayeeForms@ofm.wa.gov

If you do not have scanning ability, you may fax to: 360-664-3363

or mail to: Statewide Payee Desk PO Box 41434 Olympia, WA 98504-1434